A higher comorbidity burden was observed in Medicare beneficiaries vs those in the commercial databases (Table 1).

CONCLUSIONS

For Medicare beneficiaries with ASCVD, there was little to no change in statin utilization regardless of potency in the 6 months post-event; however, in those with commercial insurance, we observed an increase in statin utilization during this period, including high-potency statins.

For Medicare beneficiaries with T2DM, we observed an increase in statin utilization, mostly in moderate-potency statins; however, in those with commercial insurance, statin utilization remained relatively constant.

Despite clinical practice guidelines for statin therapy after ASCVD event or T2DM diagnosis, there are at least ~40% of patients not filling a statin prescription.

Future efforts are needed to better understand the reasons for underutilization of statin therapy as well as the differences observed between those with Medicare vs commercial insurance.

ACKNOWLEDGMENTS AND DISCLOSURES

Amgen provided editorial support for this poster. The authors declare no competing interests.

REFERENCES


Figure 2. Proportion of Patients Filling Any Statin Prescription By Duration During Baseline and 6 Months Following an ASCVD event or Diabetes Diagnosis

Table 1. Baseline Demographics of Patients with ASCVD or T2DM

Table 2. Baseline Comorbidities of Patients with ASCVD or T2DM

BACKGROUND

• Cardiovascular disease (CVD) is one of the leading causes of morbidity and mortality in the United States.

• Patients diagnosed with type 2 diabetes mellitus (T2DM) are at increased risk of CVD incidence and mortality.

• National guidelines recommend statin therapy for patients with diabetes.

• To determine the percentage of patients filling statins after an atherosclerotic CVD (ASCVD) event or a diagnosis of T2DM in 3 real-world data systems

METHODS

• We used data from 2 commercial claims data systems (MarketScan and Optum Research Labs) and a 5% sample of Medicare beneficiaries.

• International Statistical Classification of Diseases, 9th Revision, Clinical Modification codes; Common Procedural Terminology codes; and National Drug Codes (NDC) were used to identify 2 cohorts of patients:—ASCVD cohort: Patients with a diagnosis of myocardial infarction, ischemic stroke, unstable angina, or transient ischemia attack;—T2DM cohort: Patients with a diagnosis of T2DM with concurrent medication use for the treatment of T2DM.

• States were identified via NDC and potencies classified according to the 2013 American College of Cardiology/American Heart Association guidelines on lipid modification for reducing the risk of ASCVD.

RESULTS

• Patients in the MarketScan and Optum commercial databases were younger than those in Medicare, a higher proportion of Medicare beneficiaries were female than those in the commercial databases (Table 1).

• A higher comorbidity burden was observed in Medicare beneficiaries vs those in the MarketScan and Optum databases; the burden was also higher in the ASCVD cohort vs the T2DM cohort (Table 2).

• The proportion of patients with ASCVD using statins between baseline and the first 6 months (Figure 2) — remained constant at ~56% among Medicare beneficiaries — increased from 34% to 49% in the MarketScan database — increased from 44% to 61% in the Optum database

• The proportion of patients with T2DM using statins between baseline and the first 6 months (Figure 2) — increased from 49% to 64% in the Medicare database — remained constant at ~61% in the MarketScan and Optum databases

• Among states, user prevalent statin use were mostly used frequently.

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• Deborah Kim, MS1; Yi Peng, MS2; Suying Li, PhD2; Jill Hardin, PhD1; Anne Beaubrun, PhD1; Brian D. Bradbury, DSc1; Keri L. Monda, PhD1; Paul Muntner, PhD3; Robert S. Rosenson, MD1; Charles A. Herzog, MD1

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Deborah Kim, MS1; Yi Peng, MS2; Suying Li, PhD2; Jill Hardin, PhD1; Anne Beaubrun, PhD1; Brian D. Bradbury, DSc1; Keri L. Monda, PhD1; Paul Muntner, PhD3; Robert S. Rosenson, MD1; Charles A. Herzog, MD1

1Center for Observational Research, Amgen Inc., Thousand Oaks, CA; 2Chronic Disease Research Group, Minneapolis, MN; 3University of Alabama at Birmingham, Birmingham, AL; 4SUNY School of Medicine at Mount Sinai, New York, NY; 5Hennepin County Medical Center and University of Minnesota, Minneapolis, Minnesota

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