

# Cost-related Nonadherence (CRN) to Medication

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## Introduction

- Cost-related nonadherence (CRN) to medication is a growing health-care issue in the United States.
- CRN to medication is usually defined as skipping doses, taking less medication than prescribed, and/or delaying medication use due to costs.
- Among 11 developed countries, the United States' CRN to medication is the highest at 17 percent.
- When individuals experience CRN to medication, they become vulnerable to additional adverse health outcomes, which may lead to more frequent hospitalizations, emergency department visits, and, in the worst-case scenario, death.
- Mitigation of CRN to medicine may lead to a reduction in patients' use of health-care services by improving patients' overall health and preventing hospital admissions.

## Vulnerable Populations

- Patients with chronic conditions, including cancer survivors, are most vulnerable to CRN to medication.
- This population requires extensive medical interventions, including medicine.
- Higher-out-of-pocket expenses due to multiple medications and having a lower income can increase risk of CRN to medication.

## Declining Affordability of Medicine

- The rising cost of medication is a chief factor contributing to financial stress within the vulnerable population.
- The vulnerable population can be exposed to even higher medication costs if the individuals have limited to no prescription coverage or higher-out-of-pocket costs for prescriptions.
- Having a high-deductible health plan is also associated with CRN to medication.

## Effect of Government Policies

- Changes in policy can both positively and negatively affect CRN to medication.
- The Affordable Care Act gave more individuals access to prescription coverage.
- After the implementation of Medicare Part D in 2006, the percentage of seniors not filling prescriptions dropped from 5.4% to 3.6%.
- A coverage gap exists in the Medicare Part D policy. This can promote CRN to medication.

## Cost-related Nonadherence (CRN) to Medication

### CRN TO MEDICATION BEHAVIORS

- Skipping medication doses to save money
- Taking less medication than prescribed to extend medication supply
- Delaying medication refills due to costs

**17%** Among 11 developed countries, the United States' CRN to medication is the highest at 17%.

### WHO IS AFFECTED?

Individuals who have chronic illnesses, including cancer survivors, are most vulnerable due to high usage of expensive medications.

### IMPACT OF CRN TO MEDS

CRN to medication can lead to:

- Frequent hospitalizations
- ED visits
- Death

### RISING COST OF MEDICATIONS

Individuals face increasing medication costs due to:

- Medication supply chain complexities that drive up medication prices
- Structure of health insurance pharmacy benefits
- No health insurance

**7.4 MILLION** The number of people who use insulin to treat diabetes in the United States.

**3X** The cost of insulin has tripled from 2002 to 2013.

### SUPPORT CHANGES TO REDUCE MEDICINE COSTS

- Support public health initiatives that reduce costs of other needs, such as food, for those with low income and high medication usage.
- Support legislation that will reduce healthcare costs and make changes to the structure and offerings of health insurance pharmacy formularies.

Make a difference today by supporting the American Diabetes Association's legislative activities to reduce the cost of insulin. Learn more here:



## Complex Medication Supply Chain

- The medication supply chain can drive pricing for medications, as well as the types of medications covered within an insurance plan.
- Tiering of drug formularies and utilization management techniques (prior authorizations) can increase CRN to medication.

## Interventions

- Public health initiatives, such as the federal Supplemental Nutrition Assistance Program (SNAP) can positively impact the population most vulnerable to CRN to medication.
- SNAP reduces participants' food costs and may free up more money for medication purchases.

## Advocacy Efforts

- Efforts focused on CRN to insulin among individuals with type 1 or type 2 diabetes. These individuals must take their insulin every day or face serious health complications, including coma and death.
- Became an American Diabetes Association (ADA) diabetes advocate.
- Watched several advocacy webinars offered through the ADA.
- Promoted several insulin cost-reduction programs through personal social media account.
- Wrote to my federal and state legislators regarding several pending insulin cost-reduction bills.
- Sen. Roy Blunt positively responded to my letter. Going forward, I hope to meet with him in person.

## Call to Action

- With the growing economic fallout from COVID-19, efforts to reduce the cost of insulin are more important than ever.
- In April 2020, two of the three insulin manufacturers made decisions to further reduce the cost of their insulin products.
- More work needs to be done! Go to <https://www.diabetes.org/advocacy/platform> to inform your federal legislators of the importance of the Insulin Price Reduction Act.

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