

Consumers' Views on Therapeutic Substitution

Final Report

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Introduction and Methodology

Introduction

Background on Therapeutic Substitution

- ***Therapeutic substitution*** is the practice of dispensing an alternative drug that is not chemically or generically equivalent to an originally prescribed drug but is in the same therapeutic class.
- A key concern is that both consumers and physicians should be involved in the decision to switch. There are controversies associated with therapeutic substitution, with physician groups often opposed to the practice, or at least expressing reservations, and pharmacist groups more supportive of it as a way to control costs and optimize patient care.
- The apparent lack of transparency around therapeutic substitution is of concern. Without transparency, the practice may introduce safety issues and may evoke confusion or worry on the part of patients.

Introduction

Objectives

- The primary objectives of this research are to assess:
 - Current awareness of therapeutic substitution;
 - Views and attitudes toward the different ways therapeutic substitution may occur;
 - Level of concern about therapeutic substitution; and
 - Opinions on different methods of reform to address therapeutic substitution.

Method

Sampling

- To accomplish the objectives of this survey, two samples were selected:
 - 1) U.S. adults (18+) who have filled a prescription drug in the past year (approximately 73% of the adult population):
 - To recruit this population, the HI panel of respondents (HPOL) was used. An email invitation was sent to a random sample of U.S. adults in the panel. This email contained a brief description of the research topic, and provided a website address to enter a password protected site that hosted the survey. Respondents were qualified if they had filled a prescription medication in the past year.
 - We offered HIStakes and HIpoints incentives to participants for completing this survey.
 - The final sample included 1035 general population Rx users across the US.

Method

Sampling (continued)

- 2) An oversample of respondents who used a statin medication in the past year (a class of drugs that lower cholesterol; approximately 27% of the adult population):
 - To create this oversample, we sampled respondents from our Chronic Illness Panel (CIP) who were identified with high cholesterol. An email invitation was also sent at random and contained a brief description of the research topic, with a website address to enter a password protected site that hosted the survey.
 - We offered HlStakes and Hlpoints incentives to participants for completing this survey.
 - The final sample included 352 respondents across the US.

Method

Quantitative Survey Design

- The **online survey** was 20 minutes in average length.
- This survey, designed by The National Consumers League (NCL) and Harris Interactive (HI), included the following items:
 - Screening questions to establish eligibility;
 - Unaided concerns about therapeutic substitution;
 - Awareness of therapeutic substitution;
 - Prevalence of therapeutic substitution;
 - Concerns about and appropriateness of therapeutic substitution;
 - Process and regulations of therapeutic substitution;
 - Health care coverage; and
 - Demographics
- The general population prescription users were asked about their last prescription medication in general, and statin users were asked specifically about the statin medication that they are currently taking.

Method

Weighting

- Final data for the general population sample (age 18+, both qualified and non-qualified based on prescription medication use) were weighted to reflect national demographic targets of the U.S. adults general populations. The weighting variables used included: education, age, gender, race, region, and income.
- Final data for the oversample of statin users (both qualified and non-qualified based on statin use) were weighted by national demographic targets of the U.S. adults who have high cholesterol. The weighting variables used included: education, age, gender, race, region, and income.
- Propensity weighting, to adjust for likelihood to be online, was also applied to those two samples.

Notes on Charts

- All significance testing was conducted at $p < .05$.
- Differences that are statistically significant are marked. Significant differences are noted next to the figure that is significantly higher than the figure for one or more of the other comparison groups.
- Percentages may not add up to 100% due to rounding, the acceptance of multiple responses or the exclusion of any “not sure” or “decline to answer” responses.



Executive Summary

Overall Key Findings

Awareness and Concerns about Therapeutic Substitution

- Awareness of therapeutic substitution is low.
 - Sixty-six percent of Rx users have never heard of therapeutic substitution. Only 7% of RX users are aware of therapeutic substitution and understand that it involves replacing the prescribed drug with a chemically different one.

- Overall, prescription drug users would be very concerned if a drug they were taking was switched to another drug in the same class without their doctor’s knowledge or consent.
 - About 3 in 4 Rx users (70%) would be very or extremely concerned if their prescription had been changed **without** their doctor’s knowledge and consent into a different medication meant to treat the same condition.
 - A large majority of Rx users (77%) very much oppose the practice of therapeutic substitution without the consent of the prescribing doctor or patient.

- Doctor’s opinions are pivotal to people’s acceptance of therapeutic substitution. Concerns are greatly reduced (but not completely eliminated) if their doctor is aware of and consents to the change.
 - 22% of Rx users would be very or extremely concerned if their prescription had been changed **with** their doctor’s knowledge and consent into a different medication meant to treat the same condition.
 - Rx users are most likely to consider switching to a different medication if their physician felt that the two were interchangeable (57% are very or extremely likely).

Overall Key Findings *(continued)*

Awareness and Concerns about Therapeutic Substitution

- While there is some support for insurance companies communicating directly with members regarding lower cost options available to them for therapeutic substitution, most would then turn to their doctor for advice on a possible change. Many would research the alternative.
 - More than half of Rx users (59%) would favor (somewhat or very much) health insurance companies contacting patients to inform them of lower cost alternatives to their medications.
 - If informed about a lower cost alternative by their insurance company, most Rx users (71%) would likely to talk to their doctor about the medication.
 - About half (52%) would research the recommended alternative.
 - A minority of Rx users (17%) would ask to be switched to the new medication after being informed of an alternative by their insurance company.

Overall Key Findings *(continued)*

Perceived Prevalence of and Experiences with Therapeutic Substitution

- Most Rx users believe that therapeutic substitution is happening, often without informing the patient or physician.
 - The vast majority of Rx users (84%) think that therapeutic substitution occurs *at least sometimes* in the US, without informing the patient (68%) or the prescribing physician (59%).

- Very few Rx users report having recently experienced therapeutic substitution themselves.
 - Ten percent of Rx users report that they experienced therapeutic substitution in the past two years.
 - When asked about family members, 9% said that a family member experienced this, for a total of 15% of general Rx users saying that they or a family member experienced therapeutic substitution.
 - One in three Rx users (33%) who experienced therapeutic substitution say that their (or their family member's) doctor was not consulted before the substitution occurred, and two-thirds (66%) say that they/their family members themselves were not consulted about the switch.
 - Some report a positive impact for therapeutic substitution, but more do not see the benefits, and many are unsure.
 - 34% of Rx users said they believed the new drug was just as effective while 40% said it was not (another 25% were unsure).
 - 49% said there was no change in side-effects with the new drug, while 30% said they experienced more side effects (another 2% said less side effects and 19% were unsure).
 - 30% said they had lower costs with the new drug, while 47% said they did not (another 23% were unsure).
 - Overall, about nearly half of Rx users (47%) were dissatisfied (or their family was) with how the process occurred, while another 21% were satisfied.

Overall Key Findings *(continued)*

Decision-Making About Therapeutic Substitution

- Side-effects, efficacy, doctor's opinion, and patients medical history are all considered critical to decision-making around therapeutic substitution. Cost, pharmacist opinion, and coverage are seen as far less important.
 - Large majorities of Rx users think that the potential side effects of the new medication (64%), the patient's medical history (61%), how well the drug works (57%) and the prescribing physician's opinion (58%) are factors that are *absolutely essential* when decisions are made about therapeutic substitution.
 - Smaller proportions of Rx users think that cost (42%), coverage (45%), or pharmacist opinion (41%) are very important.

- While cost is seen as less important overall, it does seem to play a small role in considerations of therapeutic substitution. As the cost of the drug to the patient increases, so does likelihood to consider therapeutic substitution.
 - Depending on condition severity, 20-28% of Rx users would consider switching to a different drug if the cost of the original was very expensive, while 13-19% would consider switching if it was not expensive. (Percentage range reflects condition severity variation.)

- Disease severity also appears to play a role in considerations of therapeutic substitution. Rx users are more likely to consider therapeutic substitution if the drug is meant to treat non-chronic conditions.
 - 13-20% of respondents would consider switching to a different drug if the drug is meant to treat a life-threatening disease, and 19-28% would consider switching if the drug is for a non-chronic condition. (Percentage range reflects cost variation.)

Overall Key Findings *(continued)*

Perceptions of the Process and Regulation of Therapeutic Substitution

- Currently, Rx users are most likely to believe that insurers are very or extremely influential in regulating the policies and appropriateness of therapeutic substitution. Consumers are least likely to be seen as having influence.
 - Seventy percent of Rx users think that insurers are very/extremely influential in regulating therapeutic substitution. Only 18% think that consumers are very/extremely influential in this process.
- Rx users would like to see greater influence of physician groups and consumers in regulating the process.
 - Seventy-seven of Rx users think that physicians or physician groups should be very or extremely influential in this decision, and 48% think that consumers or consumer groups should be very/extremely influential in this process.
- Currently, there is confusion about how therapeutic substitution is, or is not, regulated.
 - A large majority of Rx users (90%) are not sure if there is a law in their state that regulates therapeutic substitution.
 - Support for a law in one's state to regulate therapeutic substitution is rather mixed. Half of Rx users (51%) would favor such legislation (somewhat or very much), 18% would oppose such legislation, and 32% are neutral.
- Most Rx users want explicit requirements to consult physicians and patients prior to a substitution.
 - Majorities of respondents (78%) *very much favor* an explicit requirement to *consult the physician* before any and all therapeutic substitution takes place, and a requirement that *patients always be notified* if their prescription is changed (85%).
- And they oppose incentives by health insurance companies to physicians or pharmacists to switch patients to lower cost drugs.
 - Rx users *very much oppose* health insurance companies providing incentives to physicians (49%) or pharmacists (55%) for switching patients to lower cost alternatives to medications.

Overall Key Findings *(continued)*

Statin Users

- Statin users were interviewed to examine differences between the general population of Rx users and a group of respondents who are taking a specific medication for a chronic condition that could be subject to therapeutic substitution.
- Generally, there are very few differences between Rx users in general and statin users on awareness, concerns or attitudes about therapeutic substitution.
- A few areas of differentiation:
 - Statin users would be less likely than general Rx users to consider switching to a different medication that cost them less.
 - For a medication that was a little less expensive, 22% of statin users would be likely (very/extremely) to consider switching, compared to 32% of all Rx users.
 - For a medication that was much less expensive, 27% of statin users would be likely (very/extremely) to consider switching, compared to 44% of all Rx users.
 - Statin users also seem to have a weaker relationship with pharmacists than Rx users in general.
 - If a pharmacist called to discuss a possible change, 12% of statin users would be likely (very/extremely) to consider switching, compared to 31% of all Rx users.
 - If they received information from their insurance company about an alternative, 25% of statin users would be likely (very/extremely) to discuss it with their pharmacist, compared to 35% of all Rx users.
 - Statin users are more likely to strongly oppose therapeutic substitution without the consent of the doctor or patient than are Rx users (87% of statin users vs. 77% of Rx users).
- Data suggest that therapeutic substitution is of concern both to Rx users in general and when discussing a specific medication (statins). While there are few differences between these two groups, statin users appear to be somewhat more cautious about therapeutic substitution.

Overall Key Findings *(continued)*

In Summary:

- There is a clear and pressing need for educating consumers on therapeutic substitution, particularly in terms of clarifying the prevalence and processes by which therapeutic substitution occurs; the merits and costs of therapeutic substitution; and, what would be the appropriate level of regulation of this practice.
- The data suggests that consumers' decisions about and acceptance of therapeutic substitution are likely to be multi-faceted. A number of factors appear to drive people's attitudes, including the doctors' knowledge and approval, the efficacy of the drug, the disease severity, and these factors should be borne in mind in any policy formulations or discussions about therapeutic substitution.
- Doctors are indispensable to any decisions on therapeutic substitution and must be a critical participant in any discussions about this process and its regulation. The majority of consumers would also like to be themselves very influential in any discussions of therapeutic substitution.
- There is tempered support for direct contact between insurance companies and patients about alternatives for therapeutic substitution. If contacted by their insurance company regarding an alternative medication, consumers are likely to discuss the alternative with their doctor, or research the suggested medication. However, from the consumers' point of view, insurance companies would ideally have less influence in this sphere.
- We deduce that while consumers are not highly aware of the practice of therapeutic substitution, significant concerns exist that must be addressed in order for consumers to become more accepting of this practice. With sufficient transparency, involvement of doctors and consumers in the final decision on substitution particularly in instances involving treatment of serious conditions, and appropriate regulation of the practice, consumers may come to accept the practice of therapeutic substitution.



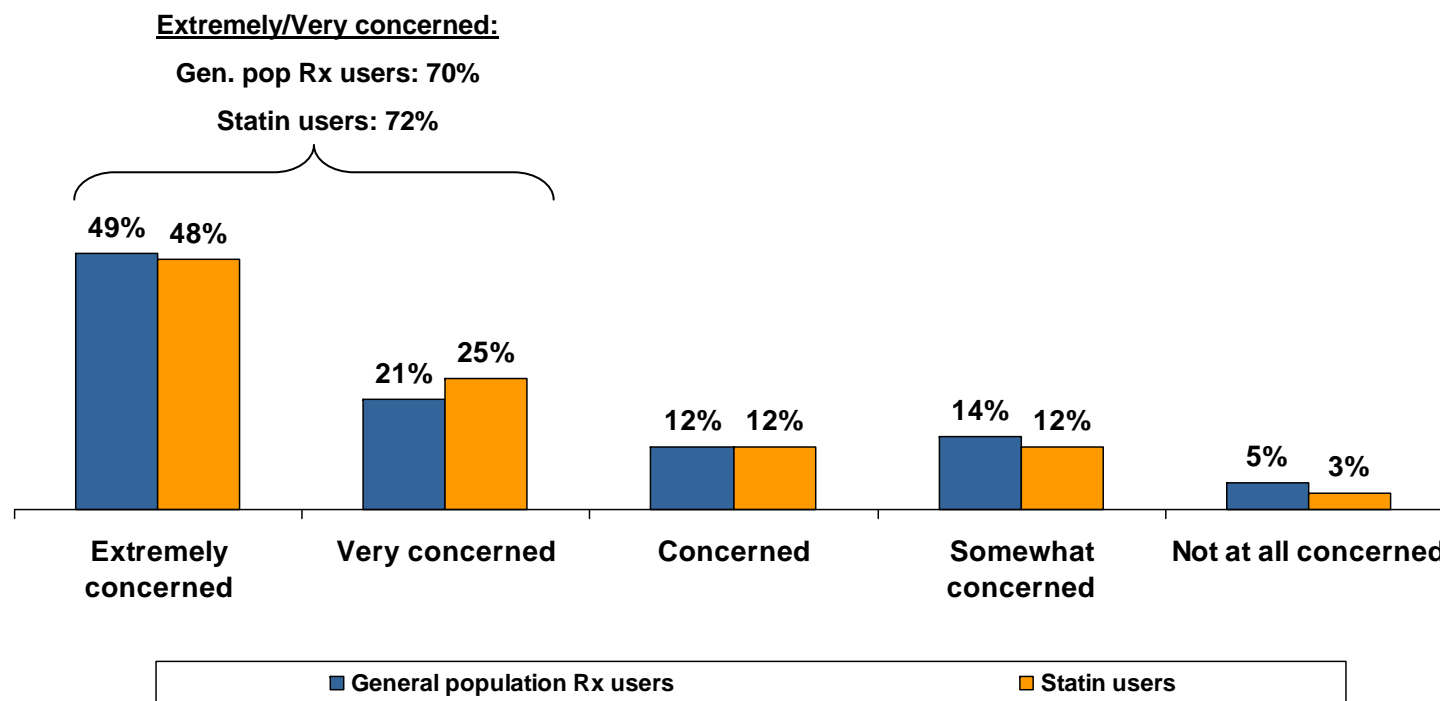
Detailed Findings



Part I: Unaided Concerns about Therapeutic Substitution

Almost 3 in 4 prescription users and statin users would be very or extremely concerned if their prescription was changed *without* their doctor's knowledge and consent to a different medication meant to treat the same condition.

Concern if prescription/statin had been changed by the pharmacist, without doctor's knowledge and consent, to a different medication meant to treat the same condition/statin?



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

Q600. How concerned would you be if you learned that a prescription you filled had been changed by the pharmacist, without your doctor's knowledge and consent, from the original medication to a different medication meant to treat the same condition?

Base: CIP Qualified Respondents (Statin users = 352)

Q625. How concerned would you be if you learned that your prescription for [current statin] had been changed by the pharmacist, without your doctor's knowledge and consent, to a different statin?

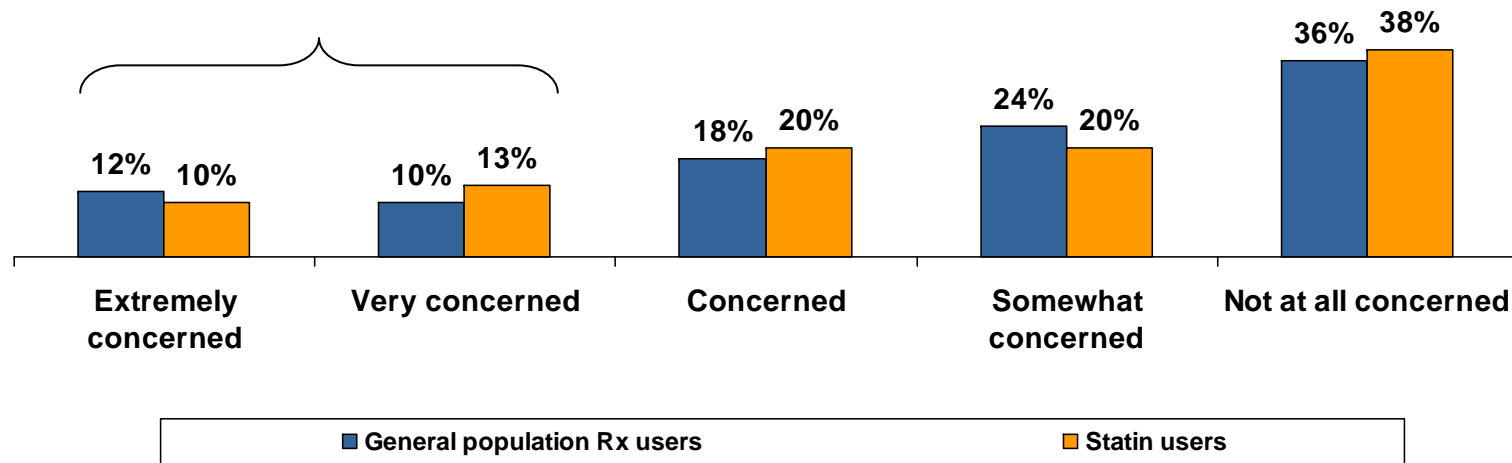
Concern about therapeutic substitution would decline sharply if it were to occur *with* a doctor's knowledge. However, one in five would continue to be extremely or very concerned.

Concern if prescription/statin had been changed by the pharmacist, with doctor's knowledge and consent, to a different medication meant to treat the same condition/statin?

Extremely/Very concerned:

Gen. pop Rx users: 22%

Statin users: 23%



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

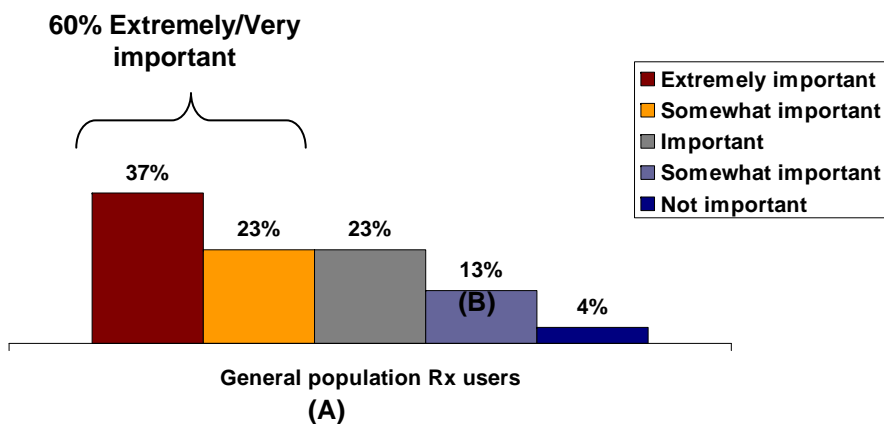
Q605. How concerned would you be if you learned that a prescription you filled had been changed by the pharmacist, with your doctor's knowledge and consent, from the original medication to a different medication meant to treat the same condition?

Base: CIP Qualified Respondents (Statin users = 352)

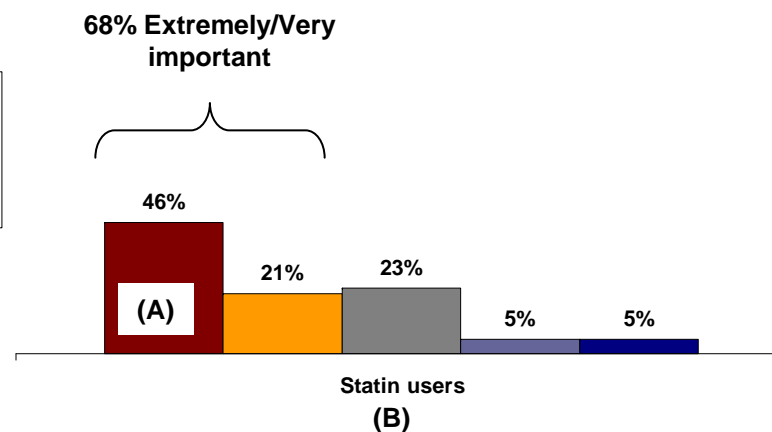
Q630. How concerned would you be if you learned that your prescription for [current statin] had been changed by the pharmacist, with your doctor's knowledge and consent, to a different statin?

Majorities of Rx users and statin users report that it would be very or extremely important to be consulted about a potential change from the originally prescribed medication to another medication meant to treat the same condition.

Importance to be consulted about a potential change to another medication meant to treat the same condition?



Importance to be consulted, along with doctor, about a potential change to another statin?



Harris Interactive

Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

Q610. How important would it be to you to be consulted about a potential change from the medication your doctor originally prescribed to another medication meant to treat the same condition?

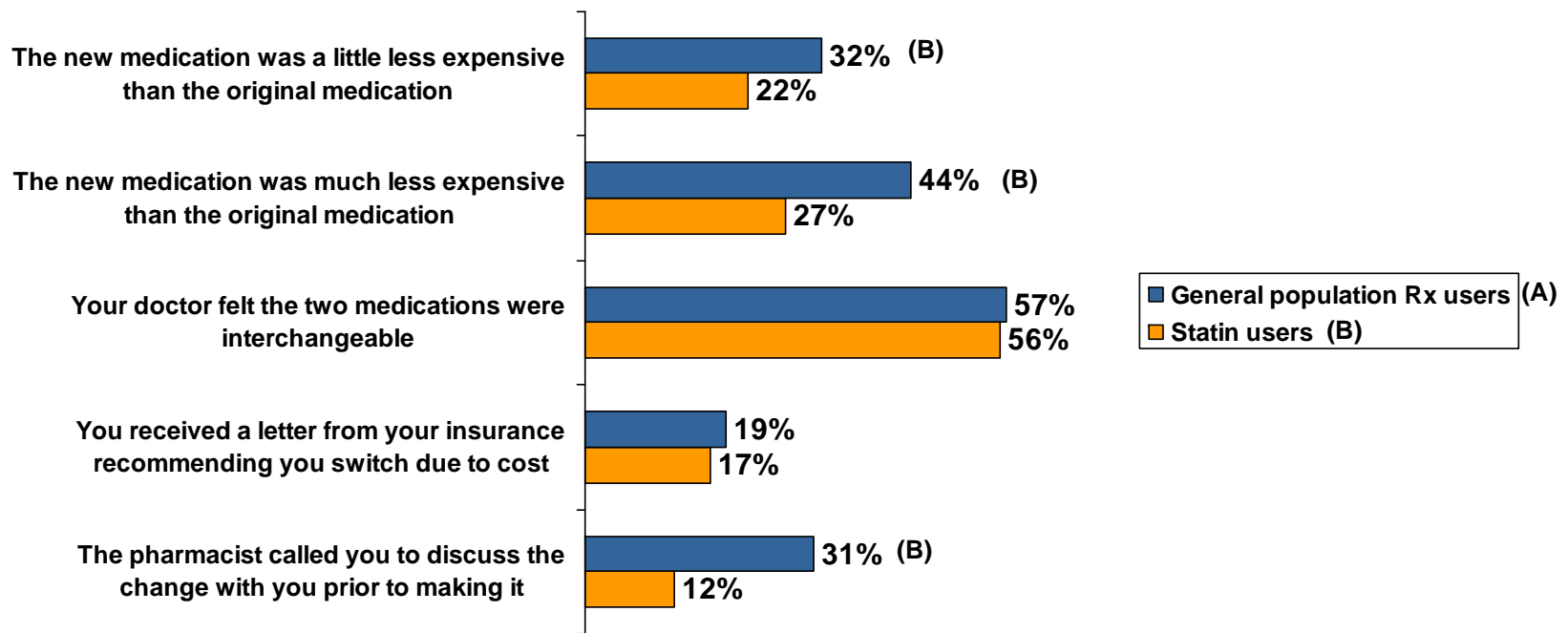
Base: CIP Qualified Respondents (Statin users = 352)

Q635. How important would it be to you to be consulted about a potential change from [current statin] to another statin?

More than half of Rx users and statin users would be likely to switch to a different medication meant to treat the same disease or statin if their doctor felt that the two were interchangeable. Cost, pharmacist outreach, and insurance company outreach are less motivating.

How likely would you be to consider switching to a different medication/statin meant to treat the same disease if...?

Extremely/Very Likely



Base: All Qualified Respondents (Gen pop Rx users=1035)

Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

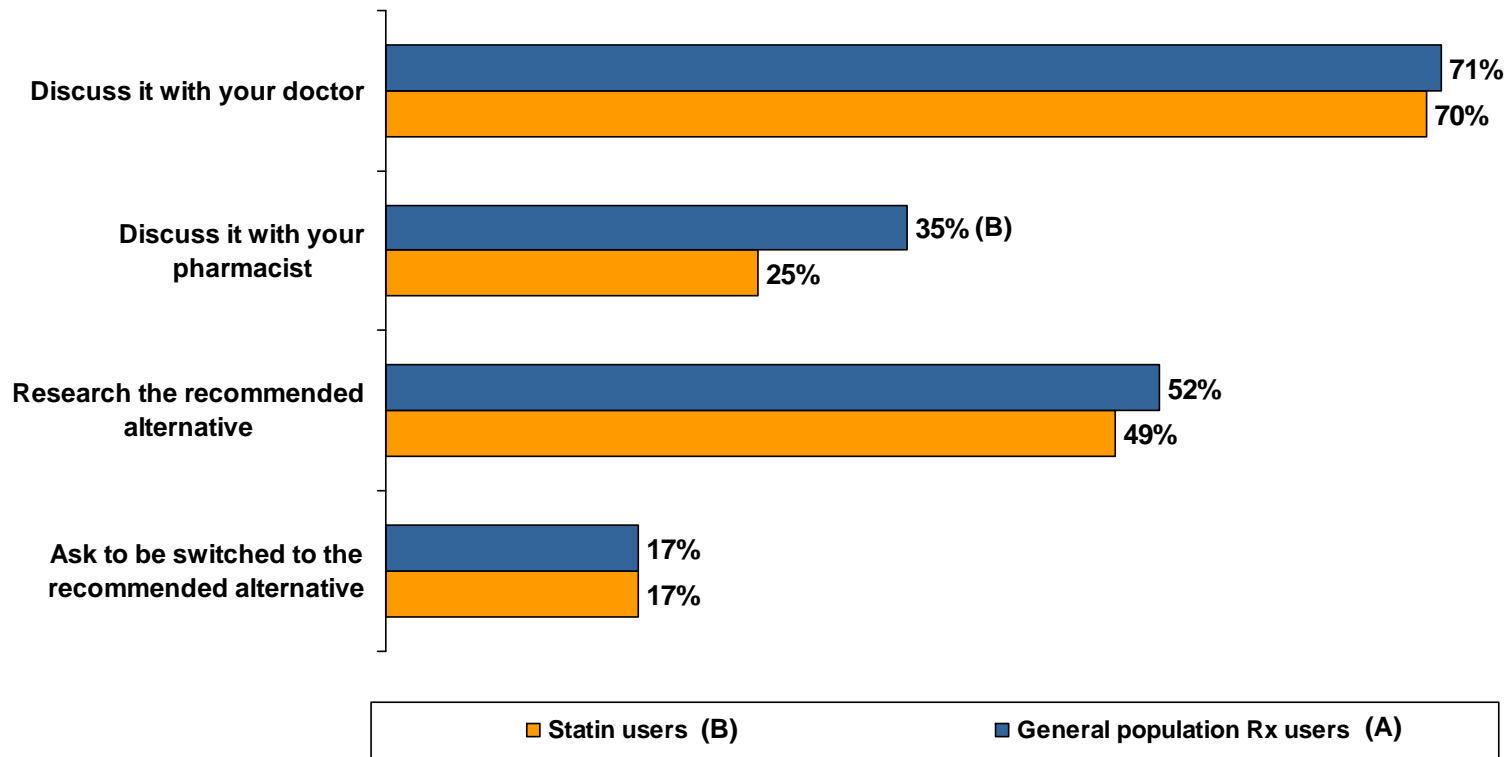
Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

If approached by their health insurance company suggesting a new medication that would cost less, Rx users are highly likely to discuss the alternative with their doctor.

If you received a letter from you insurance company suggesting an alternative medication that would cost less, how likely would you be to...

Extremely/Very Likely



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

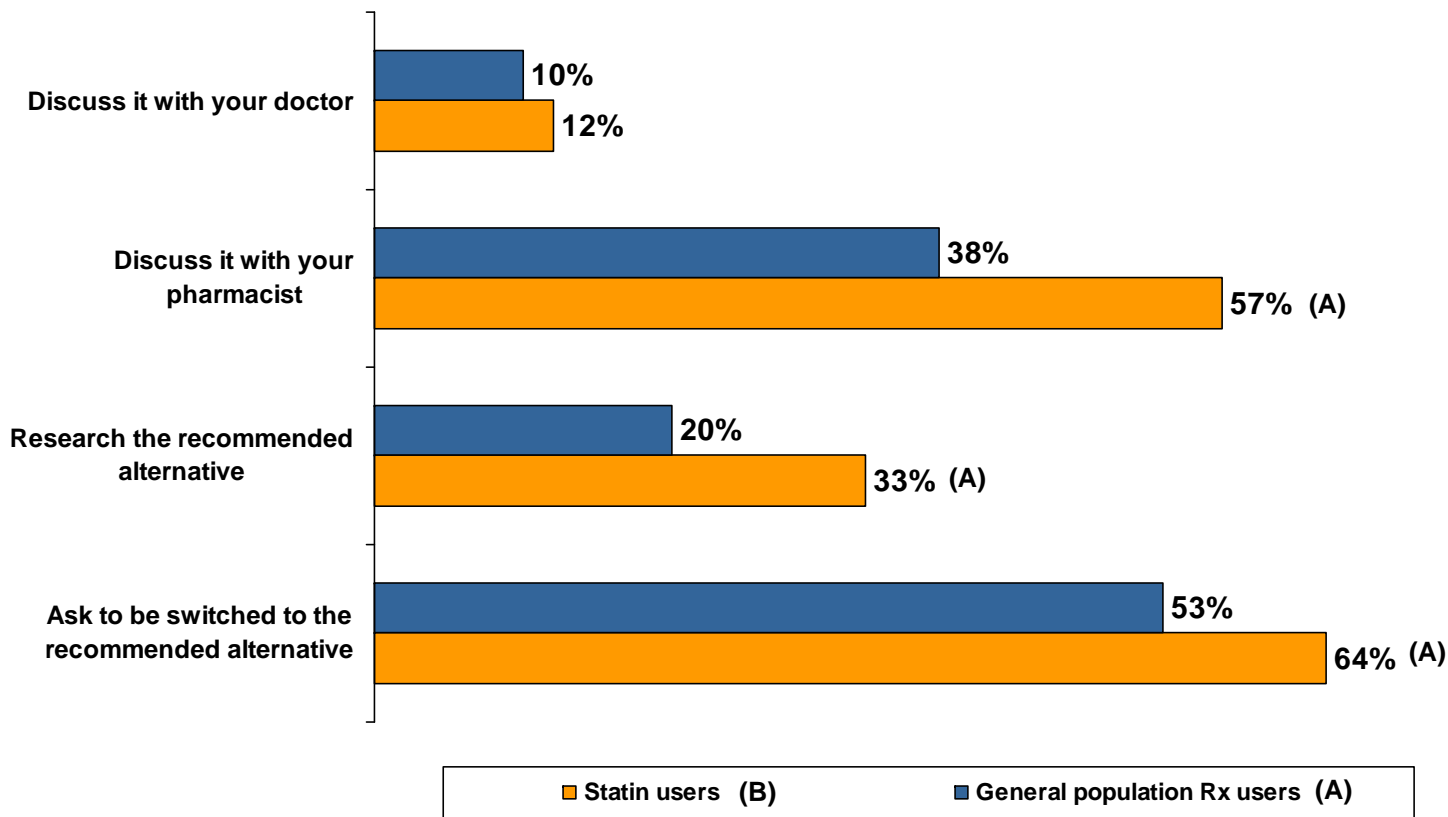
Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?

If they received a letter from their insurance company suggesting a new medication that would cost less, more than half of Rx users would be unlikely to ask to be switched to the recommended alternative.

If you received a letter from you insurance company suggesting an alternative medication that would cost less, how likely would you be to...

Somewhat/Not at all Likely



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

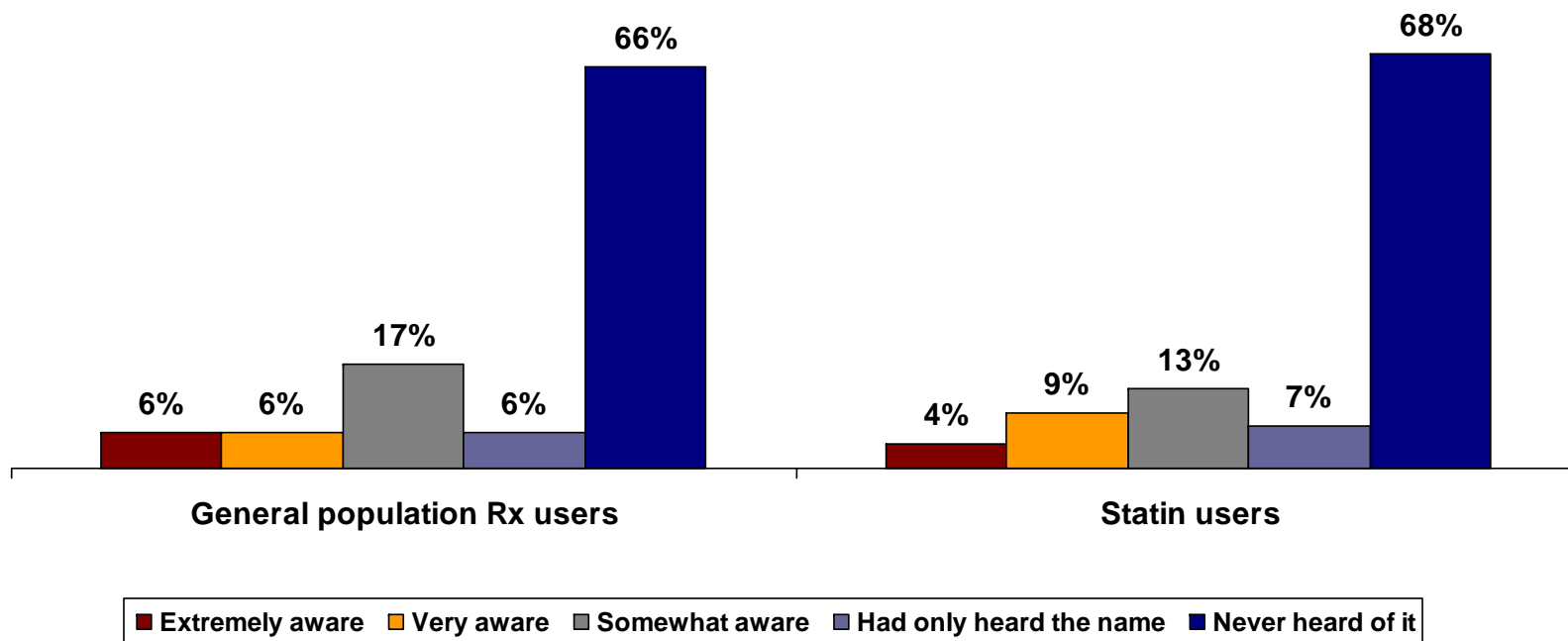
Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?



Part II: Awareness of Therapeutic Substitution

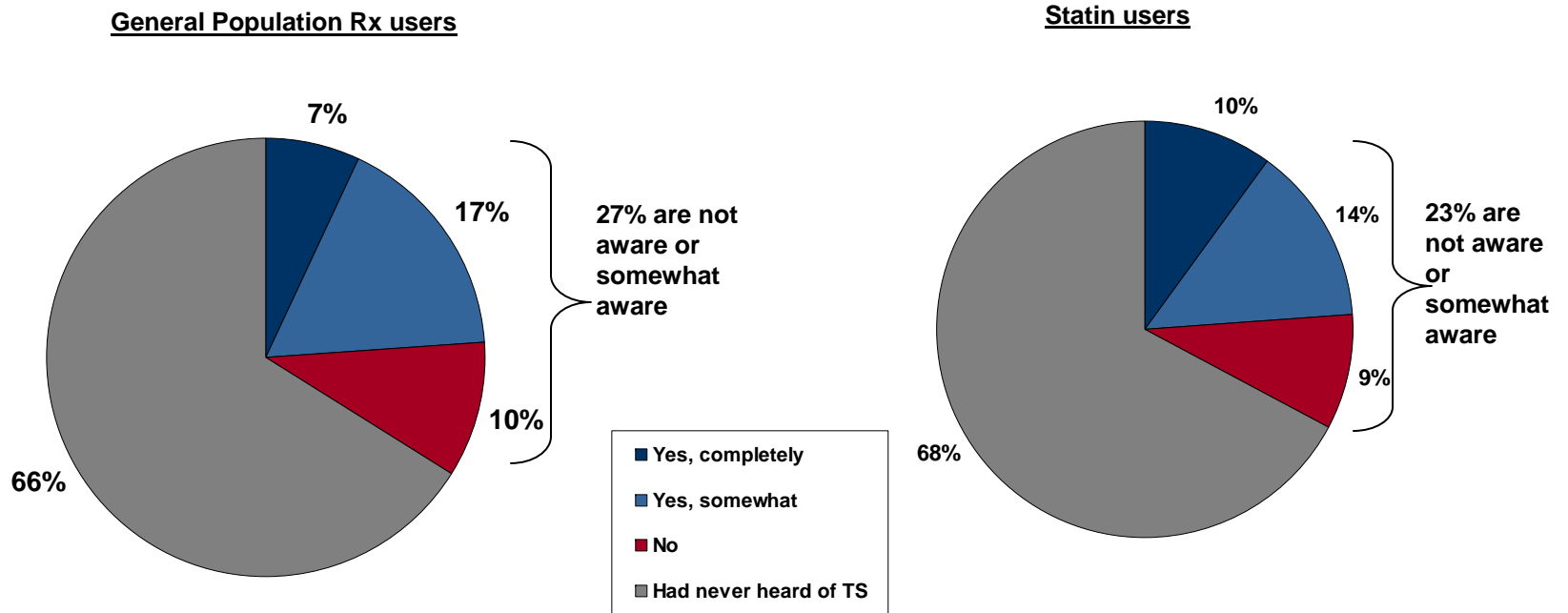
2 in 3 Rx users and statin users have not heard of therapeutic substitution. But 1 in 3 say they have some awareness of it (even if they have only heard the name).

Before today, were you aware of the practice of therapeutic substitution?



About 1 in 4 Rx users or statin users are not aware or only somewhat aware that therapeutic substitution involves replacing the prescribed drug with a chemically different drug.

Before today, were you aware that the practice of therapeutic substitution involves replacing the prescribed drug with a chemically different drug (not just generic version of the branded prescribed drug)?



Base: All Qualified Respondents (Gen pop Rx users = 1035) (statin users = 352)

Q655. Before today, were you aware that the practice of therapeutic substitution involves replacing the prescribed drug with a chemically different drug (not just generic version of the branded prescribed drug)?

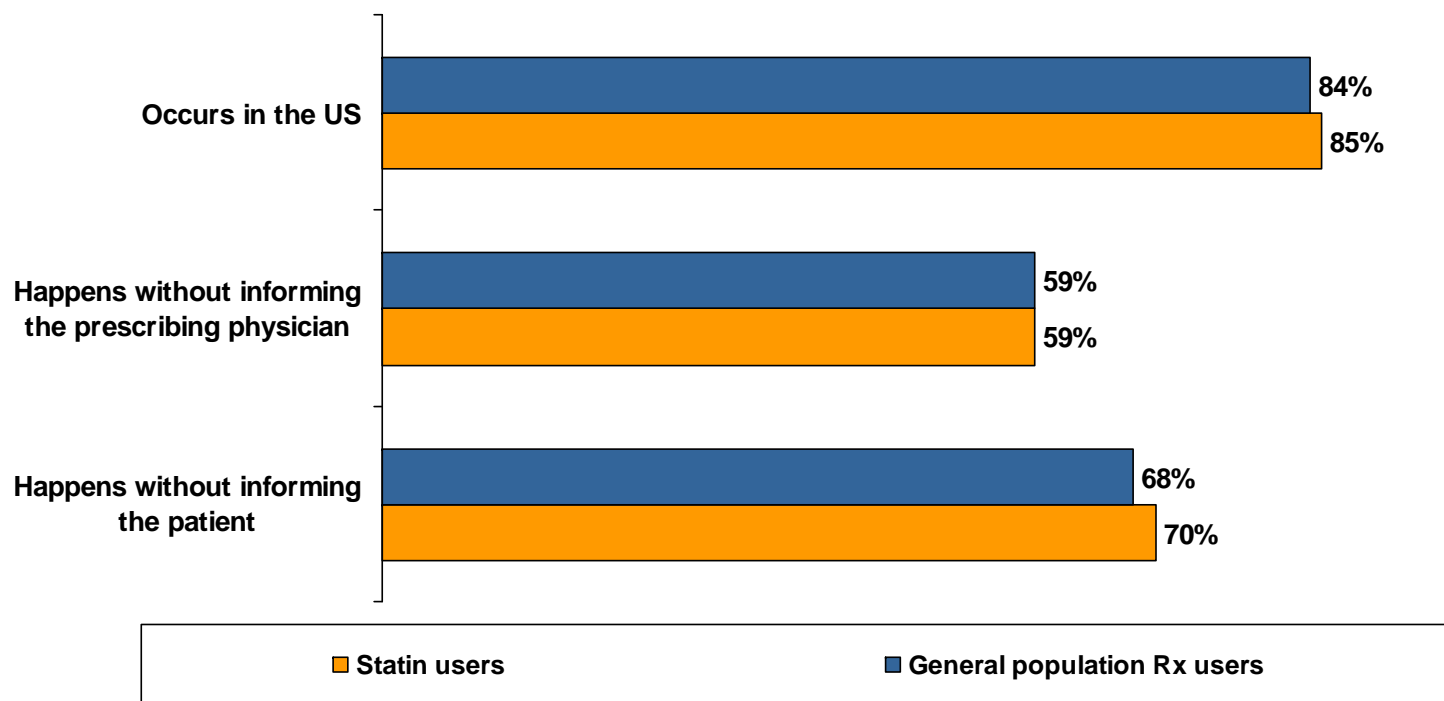


Part III: Prevalence of Therapeutic Substitution

The majority of Rx users and statin users think that therapeutic substitution occurs at least sometimes in the United States. Majorities also think that it occurs without informing the prescribing physician or the patient.

How frequently do you think therapeutic substitution...

Sometimes/Often



See Appendix for Detail

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)

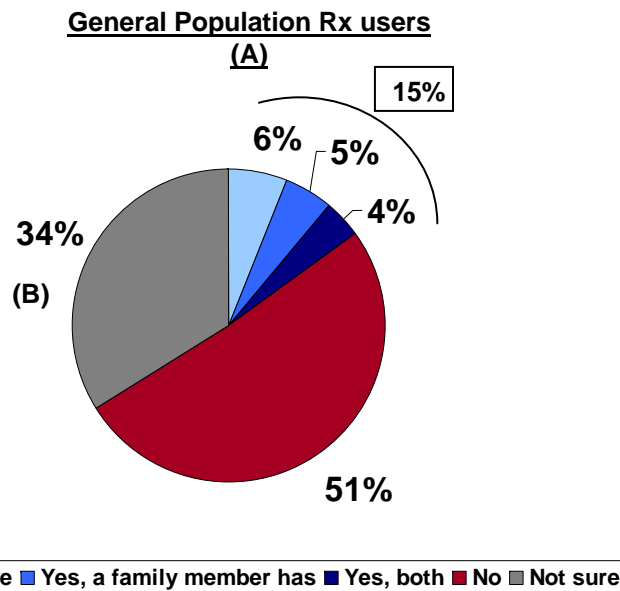
Q660. How frequently do you think therapeutic substitution occurs in the United States?

Q665. How frequently do you think therapeutic substitution happens without informing the prescribing physician?

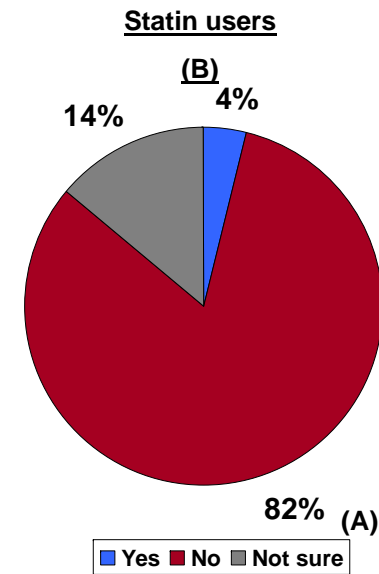
Q670. How frequently do you think therapeutic substitution happens without informing the patient?

About 1 in 6 Rx users say that they or someone in their family recently experienced therapeutic substitution. Among statin users, 4% say that they experienced therapeutic substitution of their statin in the past two years.

In the past two years, do you believe that either you or someone in you family has experienced therapeutic substitution?



In the past two years, do you believe that you experienced therapeutic substitution of your statin?



The 15% of general Rx users who had experienced therapeutic substitution were asked in an open-ended question to describe the condition which the substituted drug was intended to treat. Conditions most frequently mentioned were: blood pressure issues and cholesterol problems, chronic pain, thyroid issues and psychological issues (full list of conditions mentioned available in the data tables).

Base: HPOL Qualified Respondents (Gen pop Rx users =1035)

Q675. In the past two years, do you believe that either you or someone in you family has experienced therapeutic substitution?

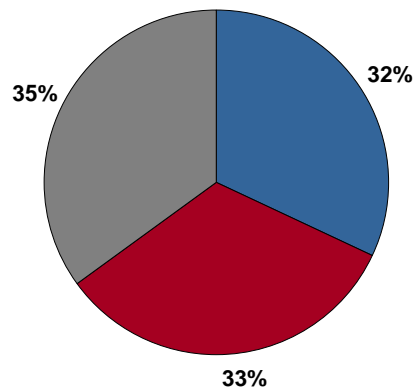
Base: CIP Qualified Respondents (Statin users = 352)

Q680. In the past two years, do you believe that you experienced therapeutic substitution of your statin?

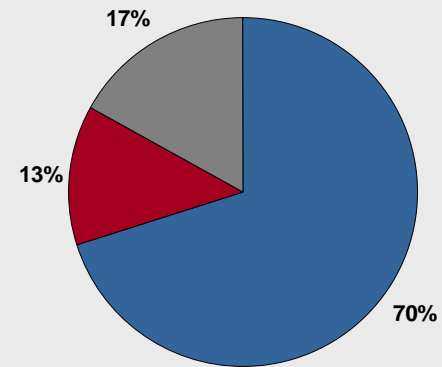
About 2 in 3 Rx users that experienced therapeutic substitution do not believe their doctor was consulted (or are unsure if he/she was) prior to the substitution.

Was the doctor consulted on the substitution before it occurred?

General Population Rx users



Statin users
(For discussion only)



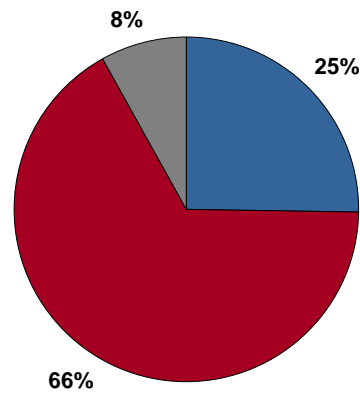
Note: Small Base

Base: If yes, TS has occurred in past 2 years (Gen pop Rx users = 119) (Statin users = 18)
Q690. Was the doctor consulted on the substitution before it occurred?

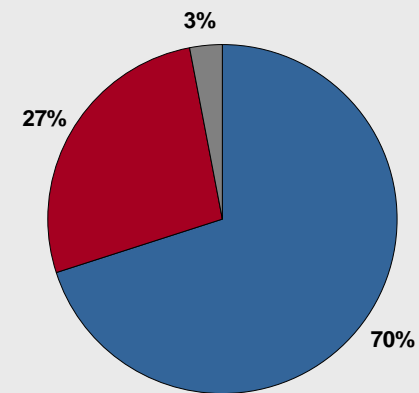
Only 1 in 4 Rx users that experienced therapeutic substitution were (or their family was) themselves consulted about the substitution before it occurred.

Were you or your family member consulted about the substitution before it occurred?

General Population Rx users



Statin users
(For discussion only)



Note: Small Base

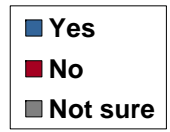
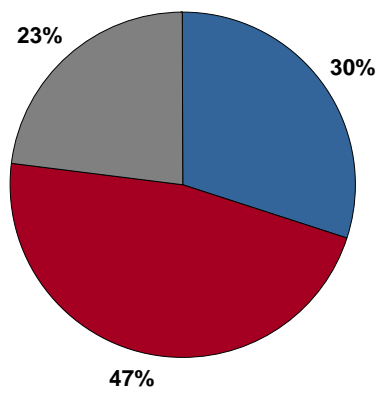
Base: If yes, TS has occurred in past 2 years (Gen pop Rx users = 119) (Statin users = 18)

Q695. [Now we ask you to think of the substitution as it happened to you]. Were you [or your family member] consulted about the substitution before it occurred?

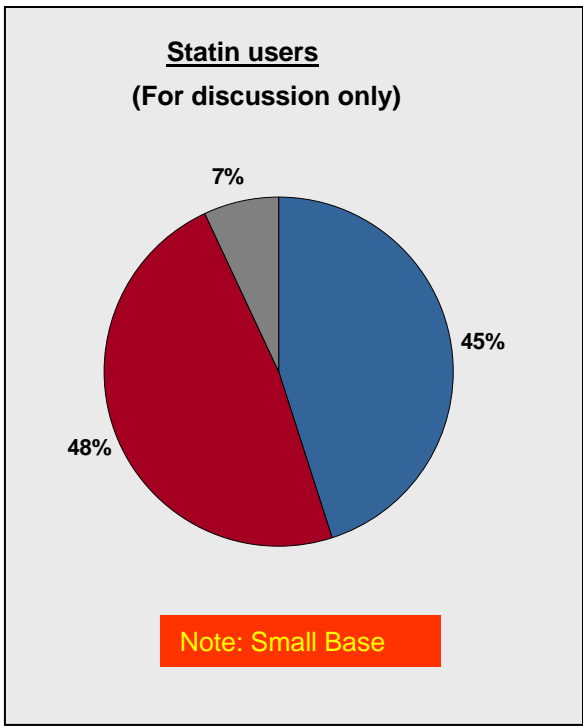
For only 1 in 3 did this substitution result in lower out of pocket costs for them or their family member.

Did this substitution result in lower pocket costs for you or your family member?

General Population Rx users



Statin users
(For discussion only)

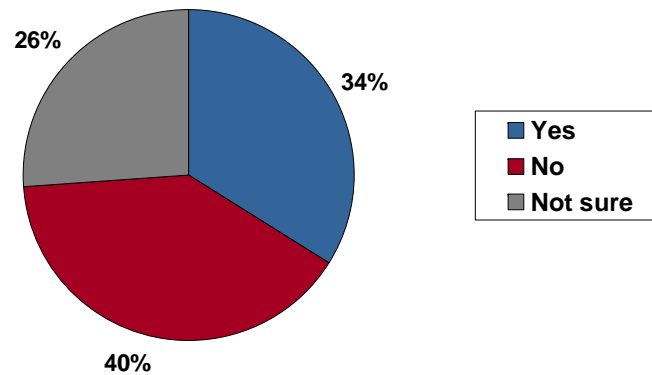


Base: If yes, TS has occurred in past 2 years (Gen pop Rx users = 119) (Statin users = 18)
Q700. [Now we ask you to think of the substitution as it happened to you]. Did this substitution result in lower pocket costs for you [or your family member]?

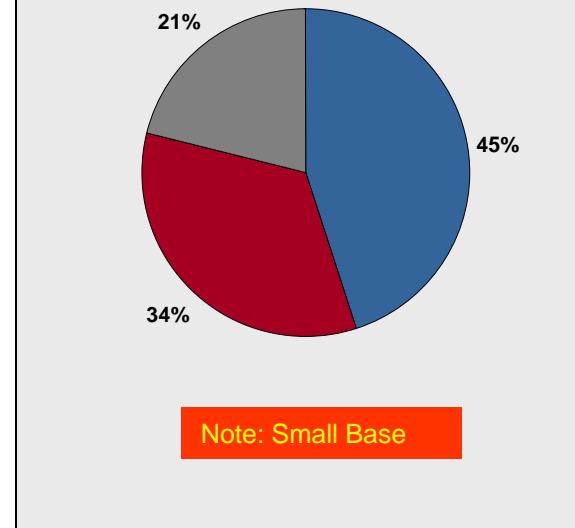
More than a third of Rx users did not feel that the substituted medication was just as effective as the original medication.

Do you feel the substituted medication was just as effective as the original medication?

General Population Rx users



Statin users
(For discussion only)



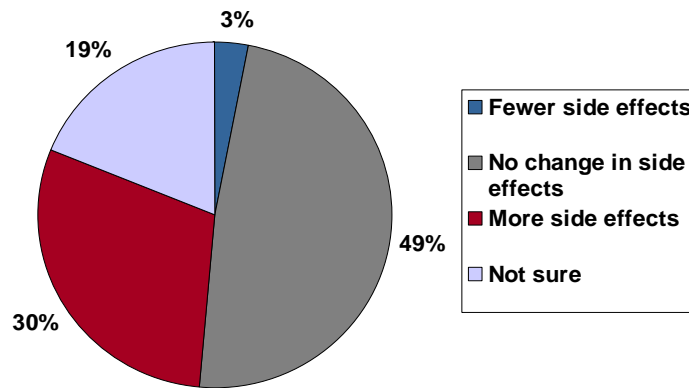
Base: If yes, TS has occurred in past 2 years (Gen pop Rx users = 119) (Statin users = 18)

Q710. [Now we ask you to think of the substitution as it happened to you]. Do you feel the substituted medication was just as effective as the original medication?

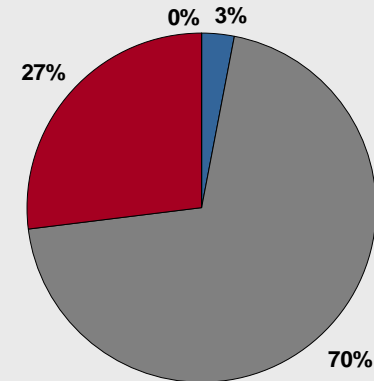
Almost 1 in 3 Rx users (or their family) and statin users experienced more side effects following the substitution. For only 3% did the number of side effects reduce.

Following the substitution, what changes in side effects, if any, did you/your family member experience?

General Population Rx users



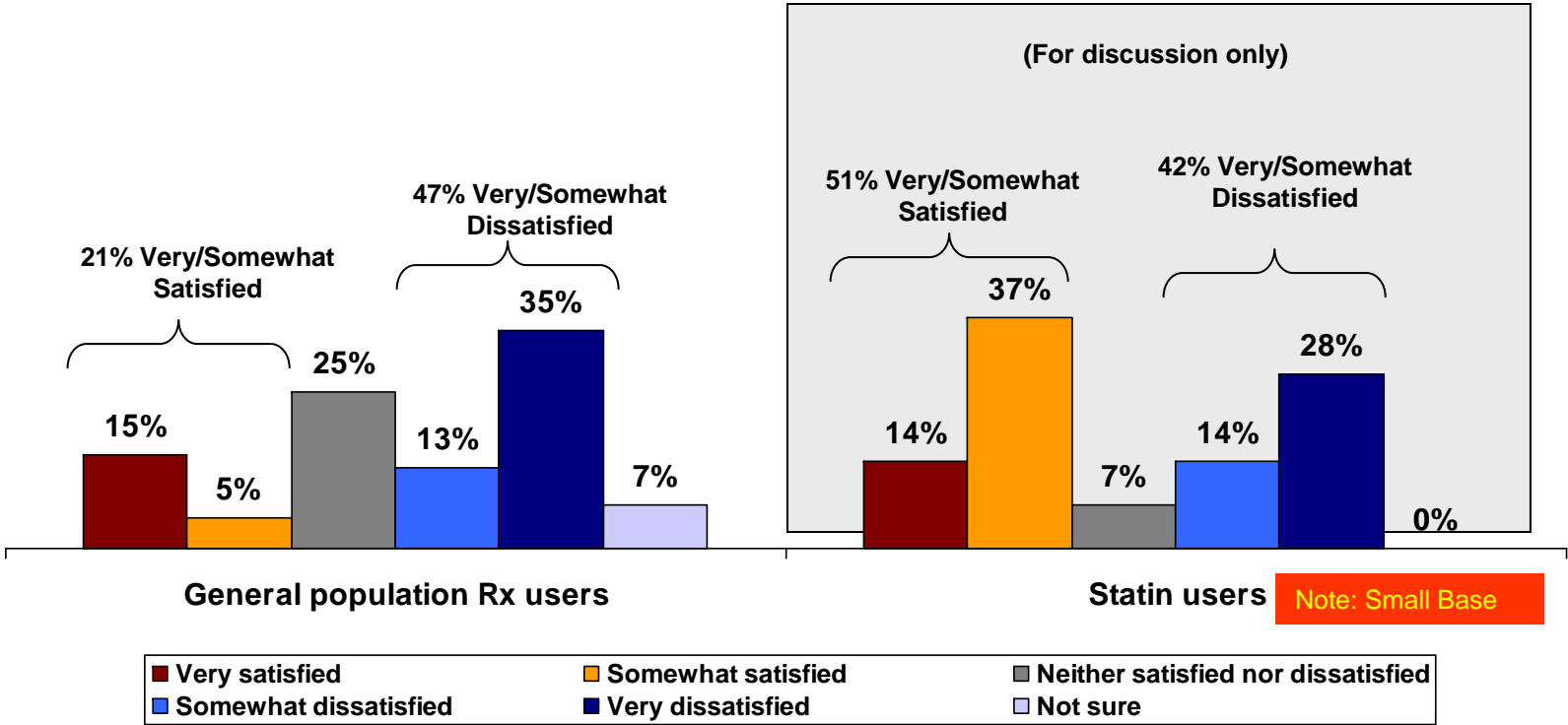
Statin users
(For discussion only)



Note: Small Base

Nearly half of Rx users were (or their family was) dissatisfied with how the process of therapeutic substitution occurred.

How satisfied were you with how the process occurred?



Harris Interactive

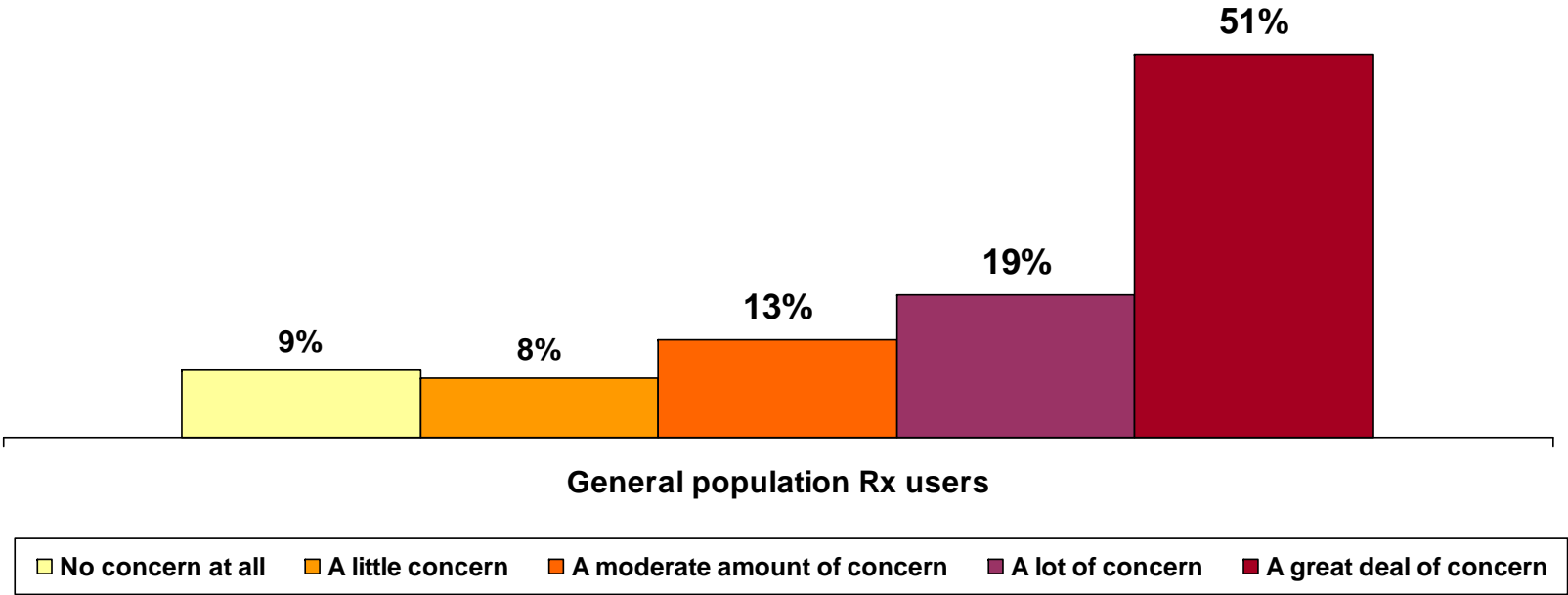
Base: If yes, TS has occurred in past 2 years (Gen pop Rx users = 119) (Statin users = 18) Q705. [Now we ask you to think of the substitution as it happened to you]. How satisfied were you [or your family member] with how the process occurred?



Part IV: Concerns About and Appropriateness of Therapeutic Substitution

Half of Rx users would experience a great deal of concern if their most recent prescription drug was substituted.

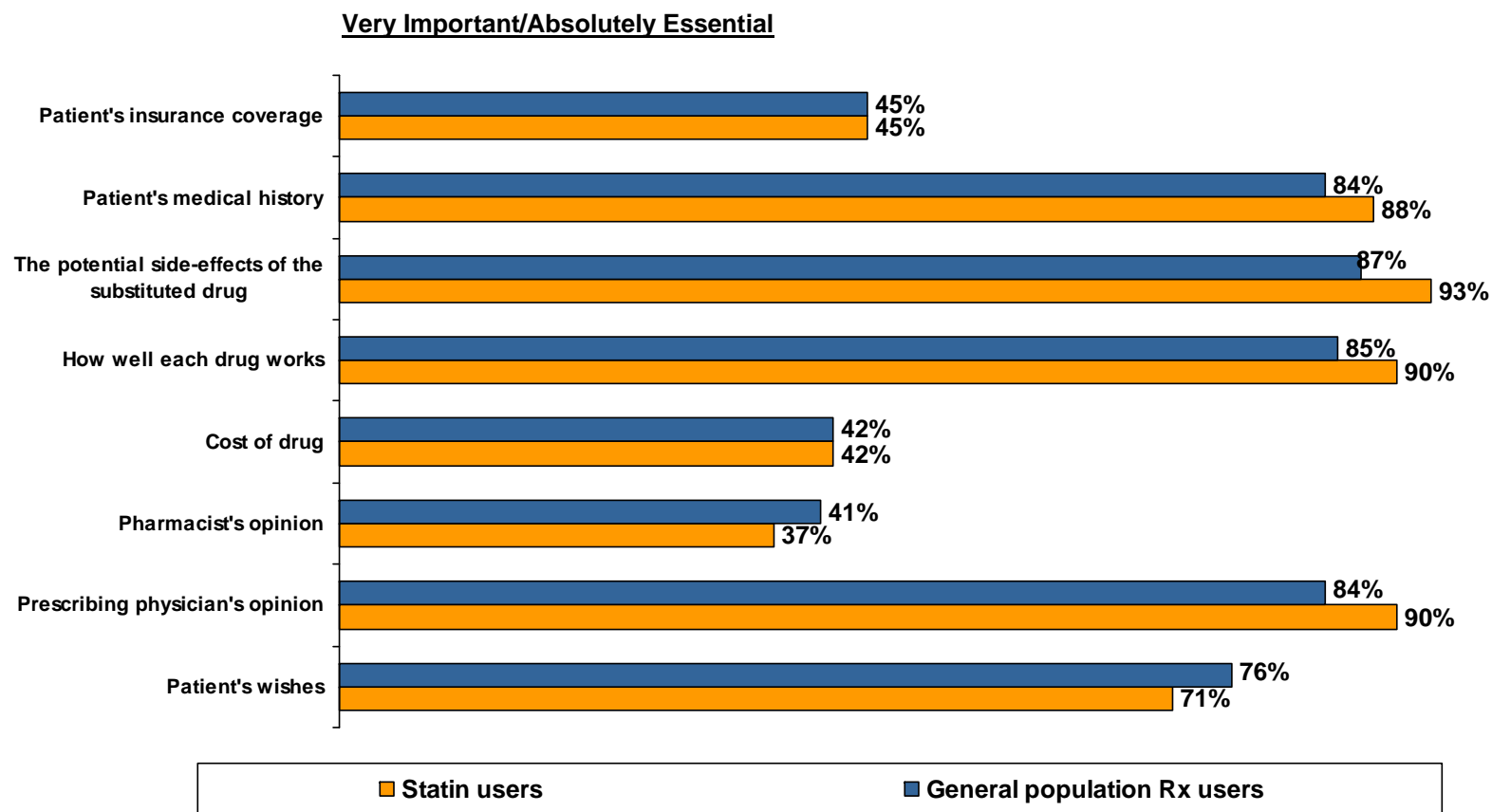
Thinking specifically about the last prescription you filled, how concerned would you be if your prescription drug was substituted without consulting you or your physician?



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)
Q720.Thinking specifically about the last prescription you filled, how concerned would you be if your prescription drug was substituted with another one that is chemically different but has the same expected clinical effect, without consulting you or your physician?

Potential side effects of the new medication, patient’s medical history, drug efficacy, and the prescribing physician’s opinion are seen as critically important when decisions are made about therapeutic substitution. Cost, pharmacist opinion, and insurance coverage are considered less important.

How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?

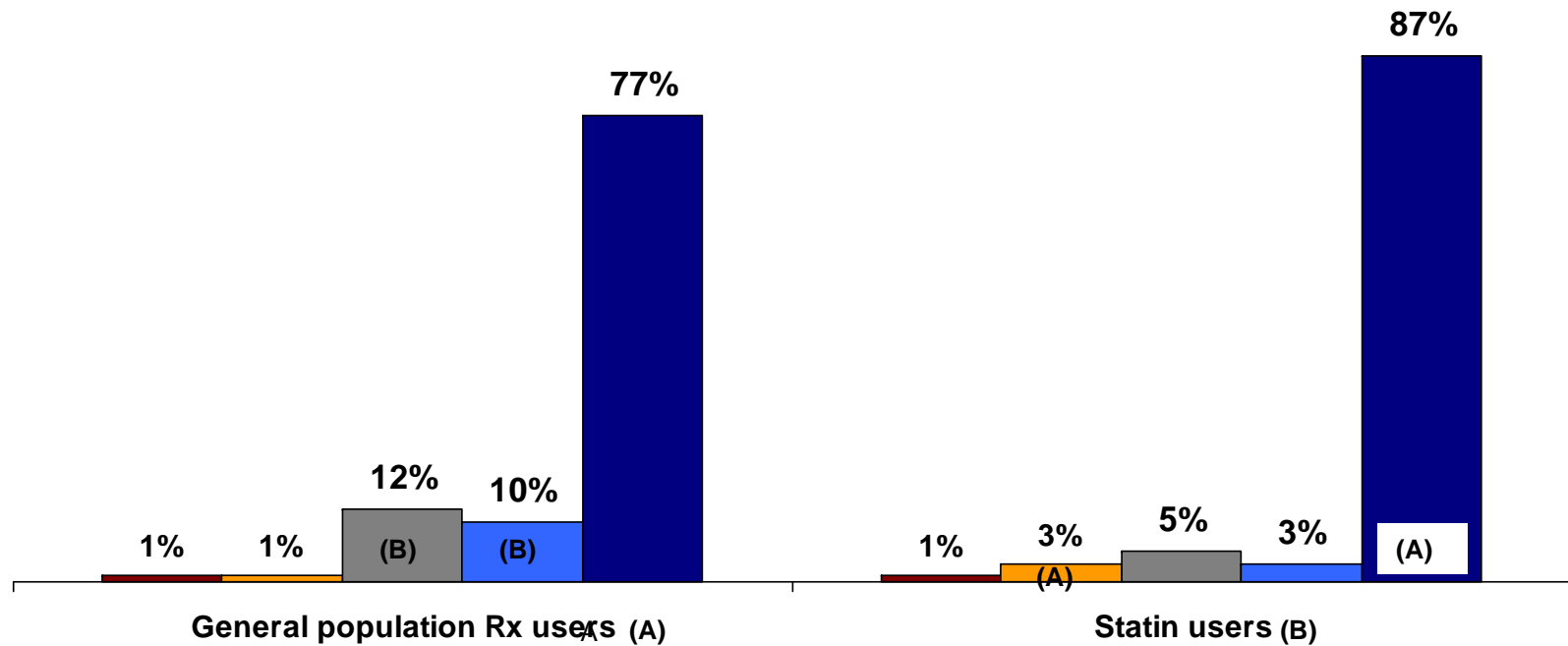


See Appendix for Detail

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q725. How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?

The large majority of the general population Rx users and statin users very much oppose the practice of therapeutic substitution without the consent of the prescribing doctor or patient.

To what extent do you favor or oppose the therapeutic substitution of a drug *without the consent of the prescribing doctor or patient?*

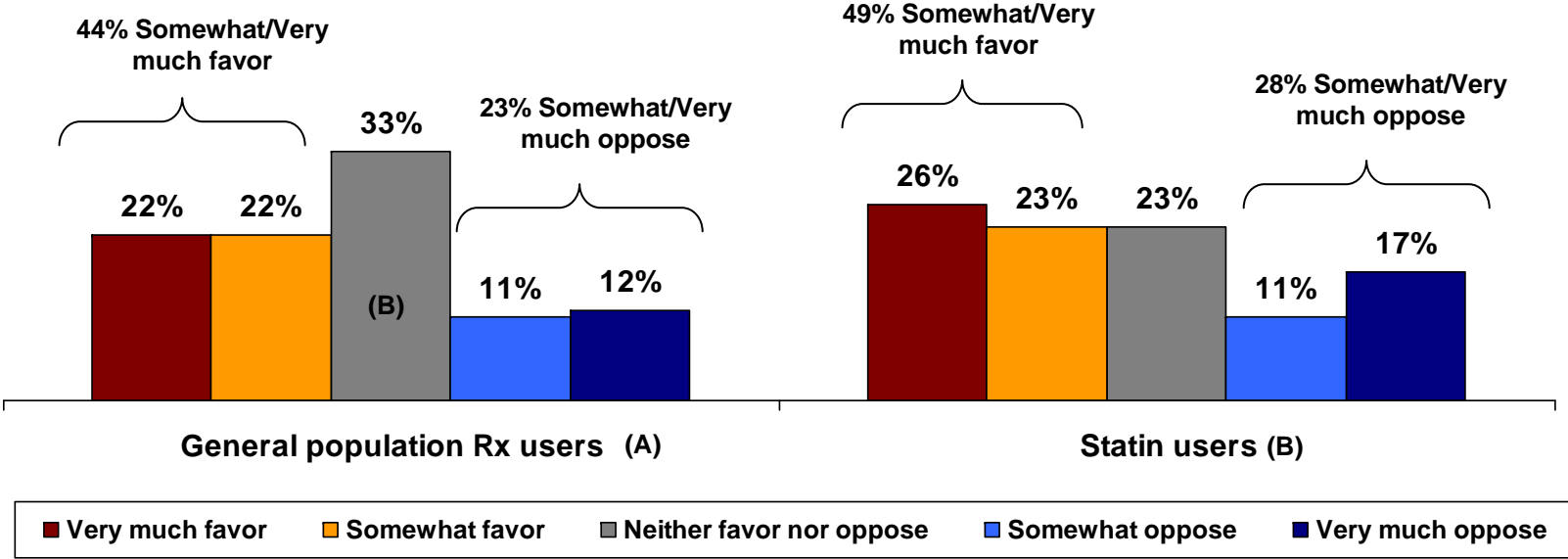


■ Very much favor
 ■ Somewhat favor
 ■ Neither favor nor oppose
 ■ Somewhat oppose
 ■ Very much oppose

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q730. To what extent do you favor or oppose the therapeutic substitution of a drug *without the consent of the prescribing doctor or patient?*

General Rx users and statin users are split in their support for insurance companies communicating directly with their members regarding options available to them for therapeutic substitution.

To what extent would you favor or oppose an insurance company communicating directly with their members regarding the options available to them for therapeutic substitution?

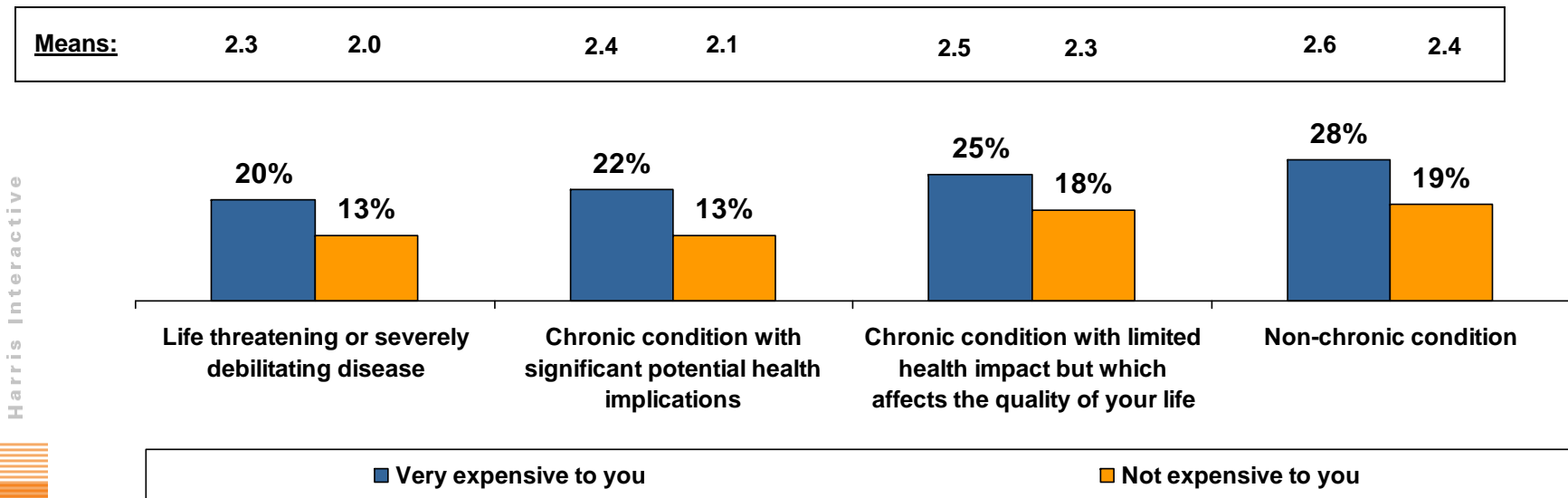


Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q735.To what extent would you favor or oppose an insurance company communicating directly with their members regarding the options available to them for therapeutic substitution?

Overall, only about 1 in 5 Rx or statin users are likely to consider therapeutic substitution. Cost appears to have some effect on therapeutic substitution, in that likelihood of considering therapeutic substitution slightly increases for more expensive drugs. The seriousness of the disease is also a factor with likelihood increasing as the seriousness of the disease decreases.

Assuming you are taking a prescribed drug for..., how likely would you be to consider therapeutic substitution if the originally prescribed drug is...?

Very/Extremely Likely



See Appendix for Detail

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)

Q740. Assuming you are taking a prescribed drug for ..., how likely would you be to consider therapeutic substitution if the originally prescribed drug is...?

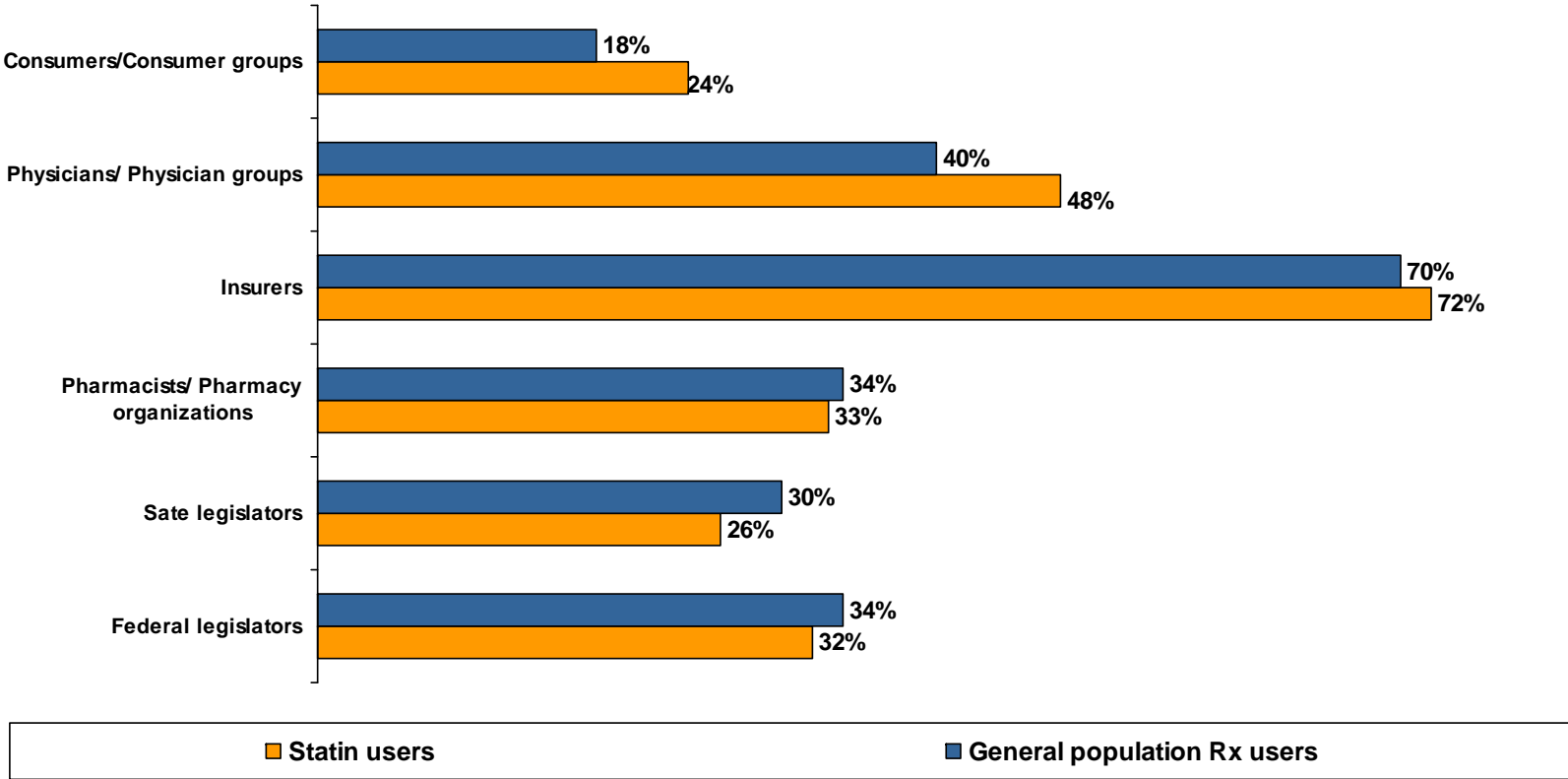


Part V: Perceptions of the Process and Regulation of Therapeutic Substitution

Rx users and statin users are most likely to think that insurers are currently very or extremely influential in regulating the policies and appropriateness of therapeutic substitution.

How influential do you believe that each of the following parties *currently is* in regulating the policies and appropriateness of therapeutic substitution?

Very/Extremely Influential



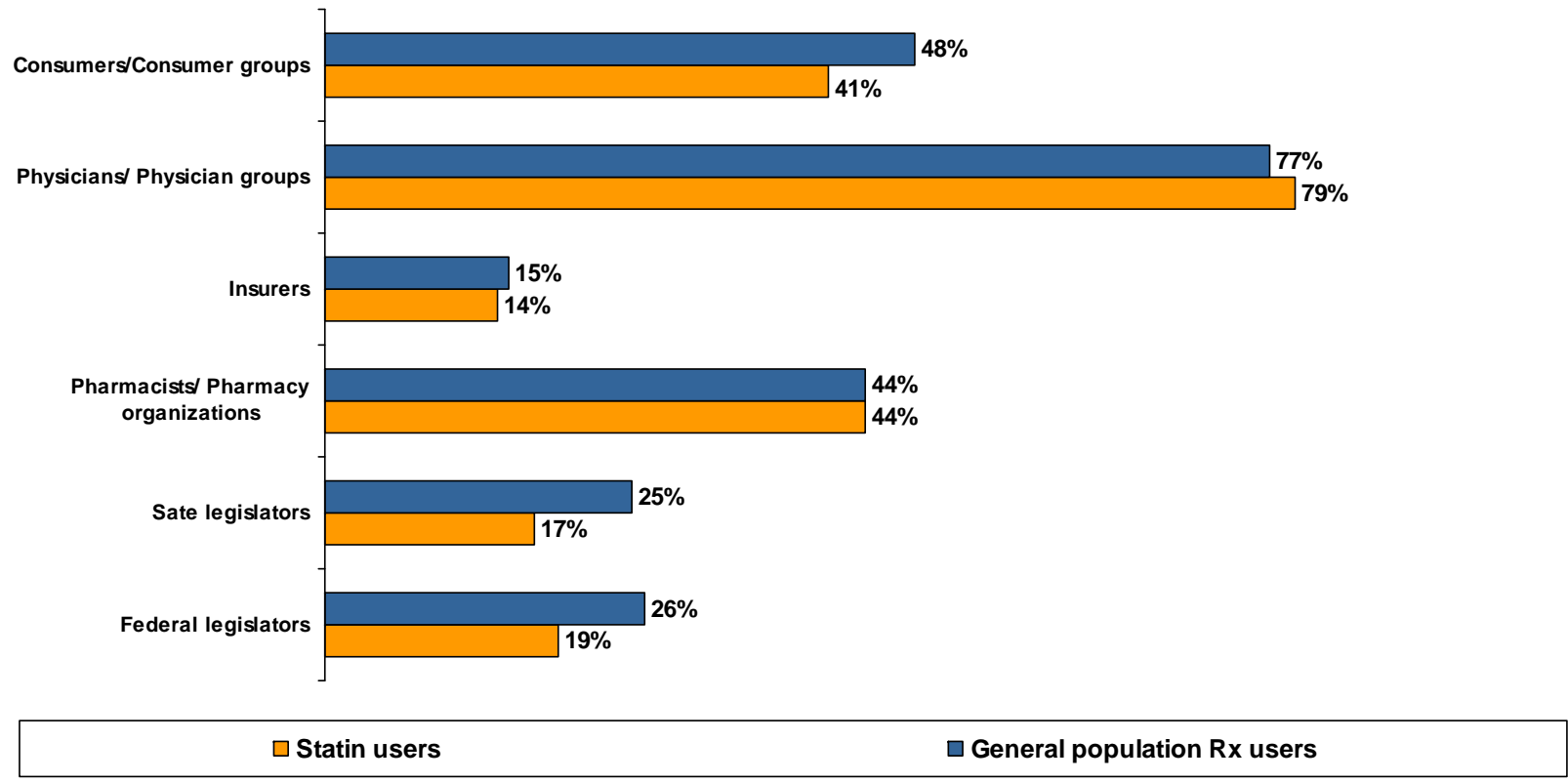
See Appendix for Detail

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q760. How influential do you believe that each of the following parties currently is in regulating the policies and appropriateness of therapeutic substitution?

Rx users and statin users are most likely to think that physicians and physician groups should be extremely influential in regulating the policies and appropriateness of therapeutic substitution.

How influential do you believe that each of the following parties *should be* in regulating the policies and appropriateness of therapeutic substitution?

Very/Extremely Influential



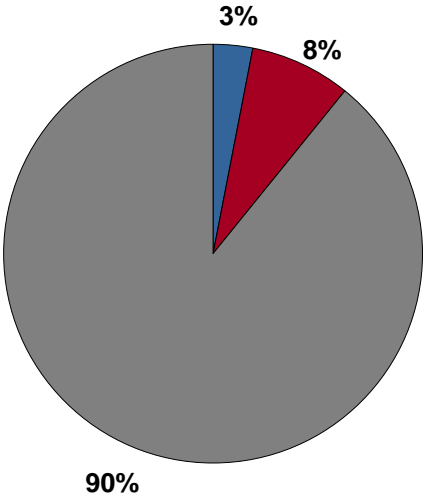
See Appendix for Detail

Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q765. How influential do you believe that each of the following parties should be in regulating the policies and appropriateness of therapeutic substitution?

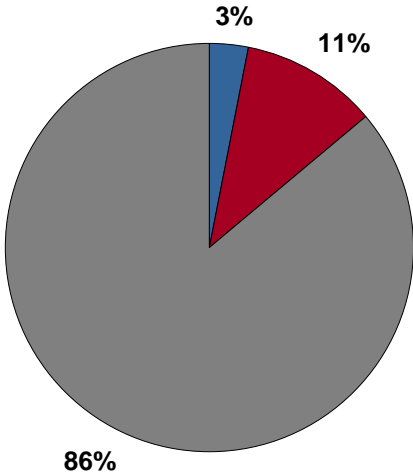
A large majority of Rx users and statin users are not sure if there is a law in their state that regulates therapeutic substitution.

To the best of your knowledge, is there a law in your state that regulates therapeutic substitution?

General Population Rx users

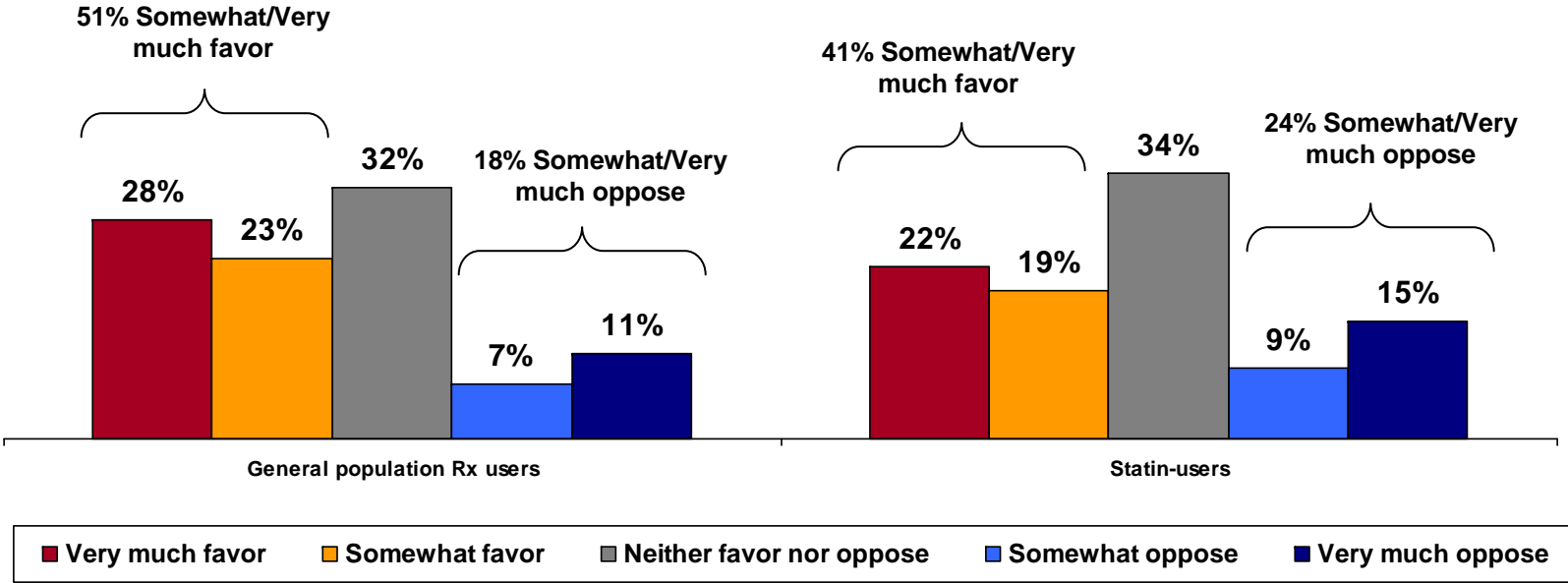


Statin users



Generally, Rx users and statin users are uncertain whether or not they would support a law in their state that regulates therapeutic substitution. Overall, more would favor such a legislation.

Would you favor or oppose a law in your state that regulates therapeutic substitution?

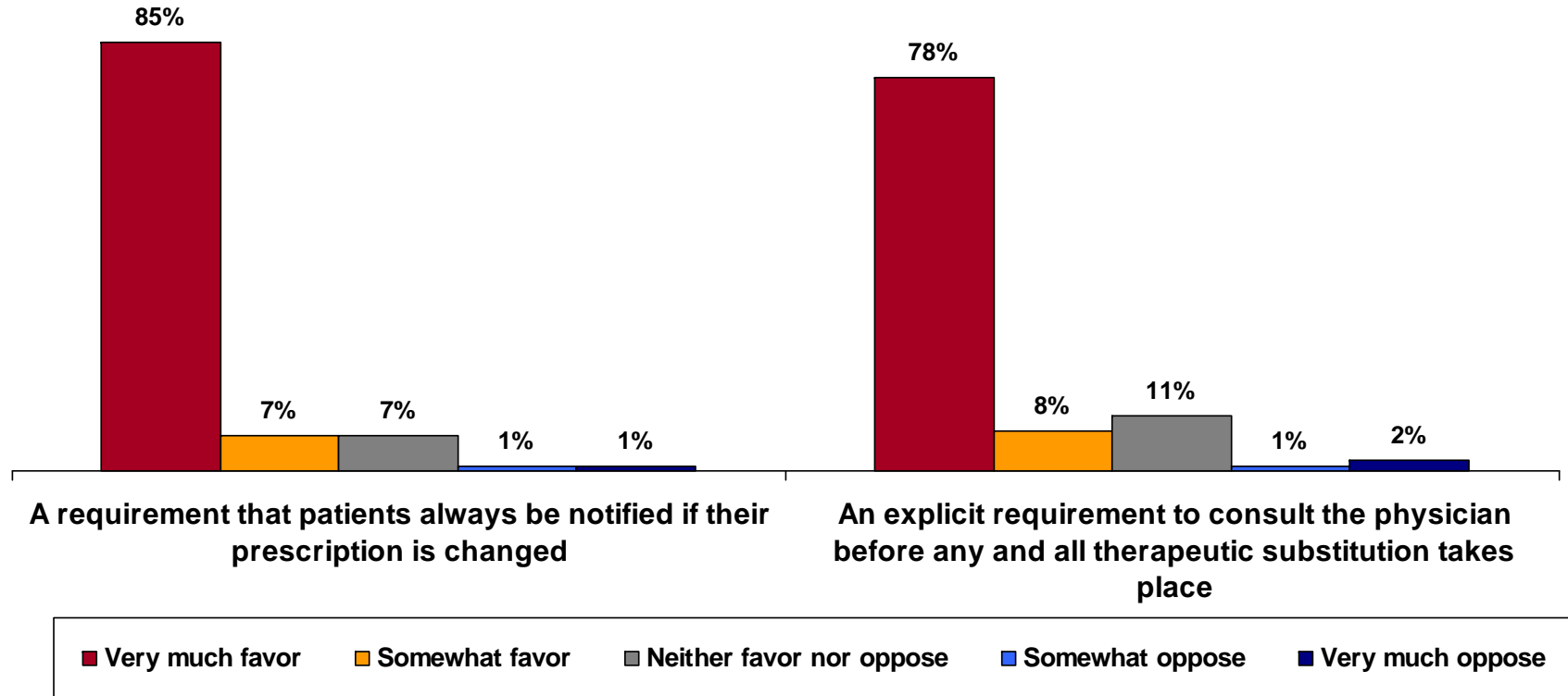


Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q780. Would you favor or oppose a law in your state that regulates therapeutic substitution?

Rx users would very much favor requirements that patients and physicians always be notified and consulted before a therapeutic substitution occurs.

How much would you favor or oppose...?

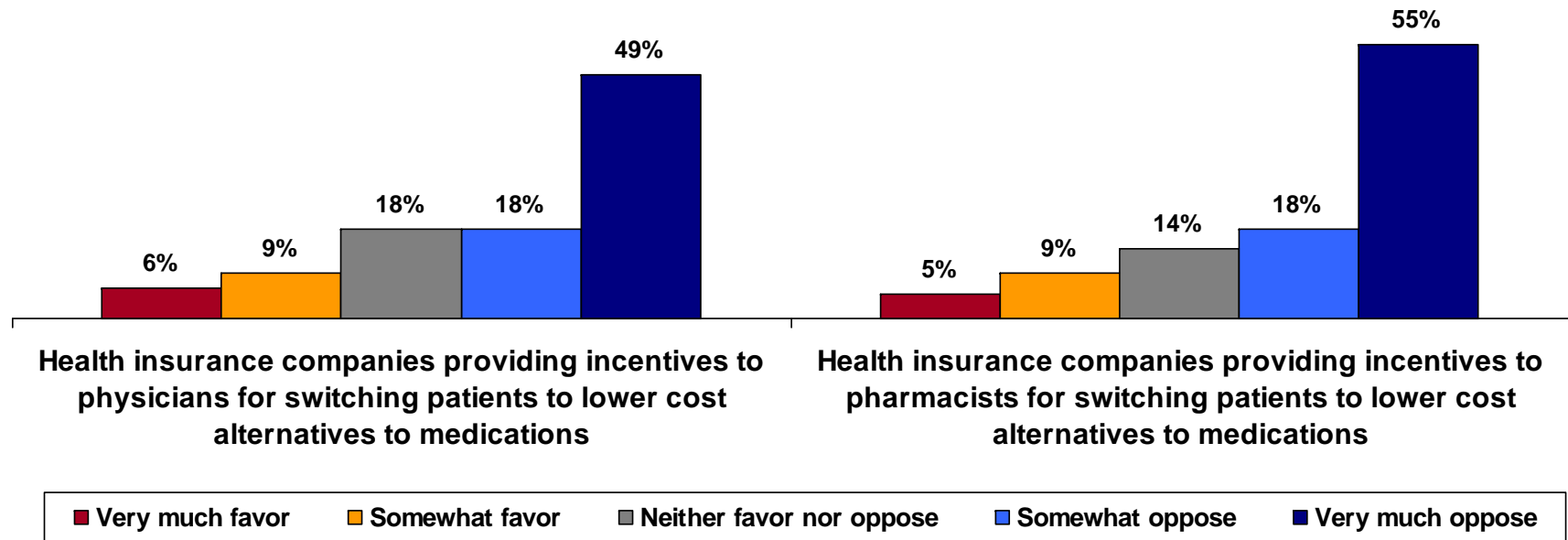
General population Rx users



Rx users generally oppose insurance companies providing incentives to physicians or pharmacists to switch patients to lower cost alternatives.

How much would you favor or oppose...?

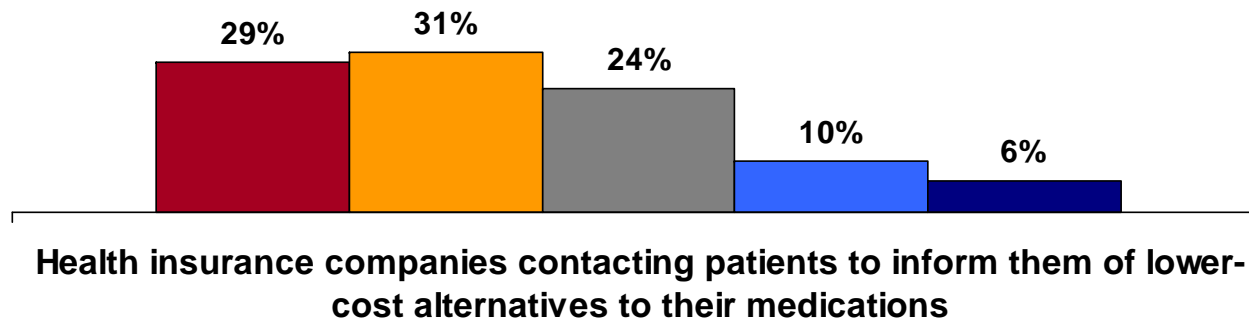
General population Rx users



There is more mixed support for insurance companies contacting patients to inform them of lower cost alternatives, with Rx users generally in favor of this practice.

How much would you favor or oppose...?

General population Rx users



■ Very much favor ■ Somewhat favor ■ Neither favor nor oppose ■ Somewhat oppose ■ Very much oppose



Part VI: Demographics

General Population Rx users - Demographic profile

	Total
Gender	%
Male	45
Female	55
Age	%
18-24	10
25-34	12
35-49	26
50-64	29
65+	22
<i>MEAN</i>	<i>50.2</i>
<i>MEDIAN</i>	<i>52</i>

	Total
Race	%
White	79
Black/African American	8
Asian or Pacific Islander	1
Native American or Alaskan Native	0
Mixed race	1
Some other race	0
Decline to Answer	1

General Population Rx users - Demographic profile *(continued)*

		Total	
	Total	Education Level	%
Income in USD (2007)	%	High School or Less	43
49,999 or less	41	Attended College or College Degree	45
50,000 to 74,999	16	Attended Graduate School or Graduate Degree	11
75,000 +	27		
Decline to Answer	17		Total
		Health insurance	%
US Region	%	Health insurance or HMO through your work or union or someone else's work or union	55
East	24	Health insurance or HMO brought directly by you or another member of your family	18
Midwest	23	Medicare or a Medicare HMO	31
South	31	Medicaid, Medicaid HMO or medical assistance	12
West	22	Health insurance from some other source	15
			15
			<i>(Weighted data)</i>

Statin Users - Demographic profile

	Total
Gender	%
Male	55
Female	45

Age	%
18-24	0
25-34	1
35-49	21
50-64	38
65+	40
<i>MEAN</i>	<i>60.5</i>
<i>MEDIAN</i>	<i>60</i>

	Total
Race	%
White	82
Black/African American	4
Asian or Pacific Islander	1
Native American or Alaskan Native	0
Mixed race	0
Some other race	0
Decline to Answer	3

Statin Users - Demographic profile (continued)

		Total	
	Total	Education Level	%
Income in USD (2007)	%	High School or Less	34
49,999 or less	40	Attended College or College Degree	49
50,000 to 74,999	15	Attended Graduate School or Graduate Degree	17
75,000 +	27		
Decline to Answer	16		Total
		Health insurance	%
		Health insurance or HMO through your work or union or someone else's work or union	59
US Region	%	Health insurance or HMO brought directly by you or another member of your family	17
East	29	Medicare or a Medicare HMO	42
Midwest	18	Medicaid, Medicaid HMO or medical assistance	13
South	30	Health insurance from some other source	18
West	22		

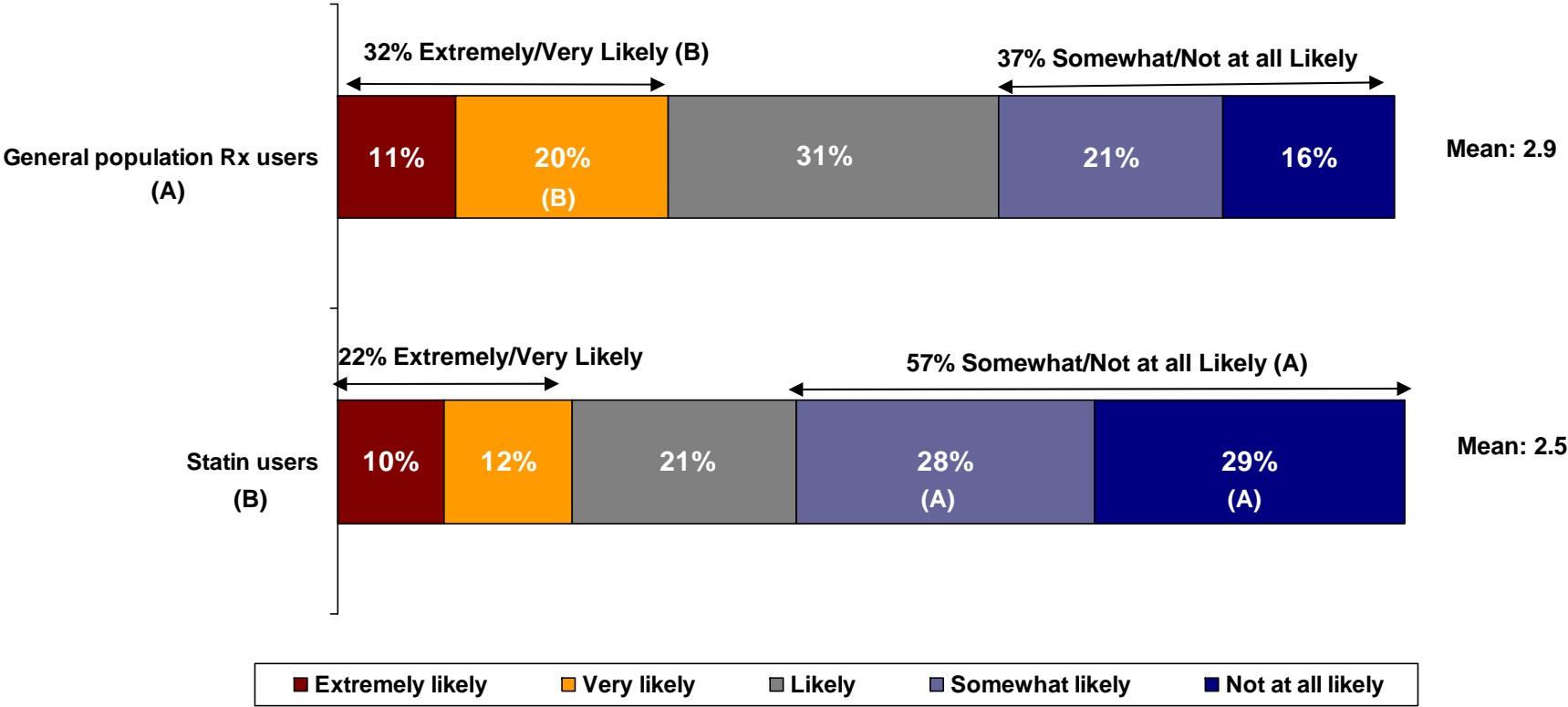
(Weighted data)



Part VII: Appendix (Detailed Responses to Key Questions)

About one-third of Rx users and more than a half of statin users are only somewhat or not at all likely to make a change to a new medication or statin that is a little less expensive than the original one.

How likely to consider switching to a different medication/satin if it was a little less expensive?



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

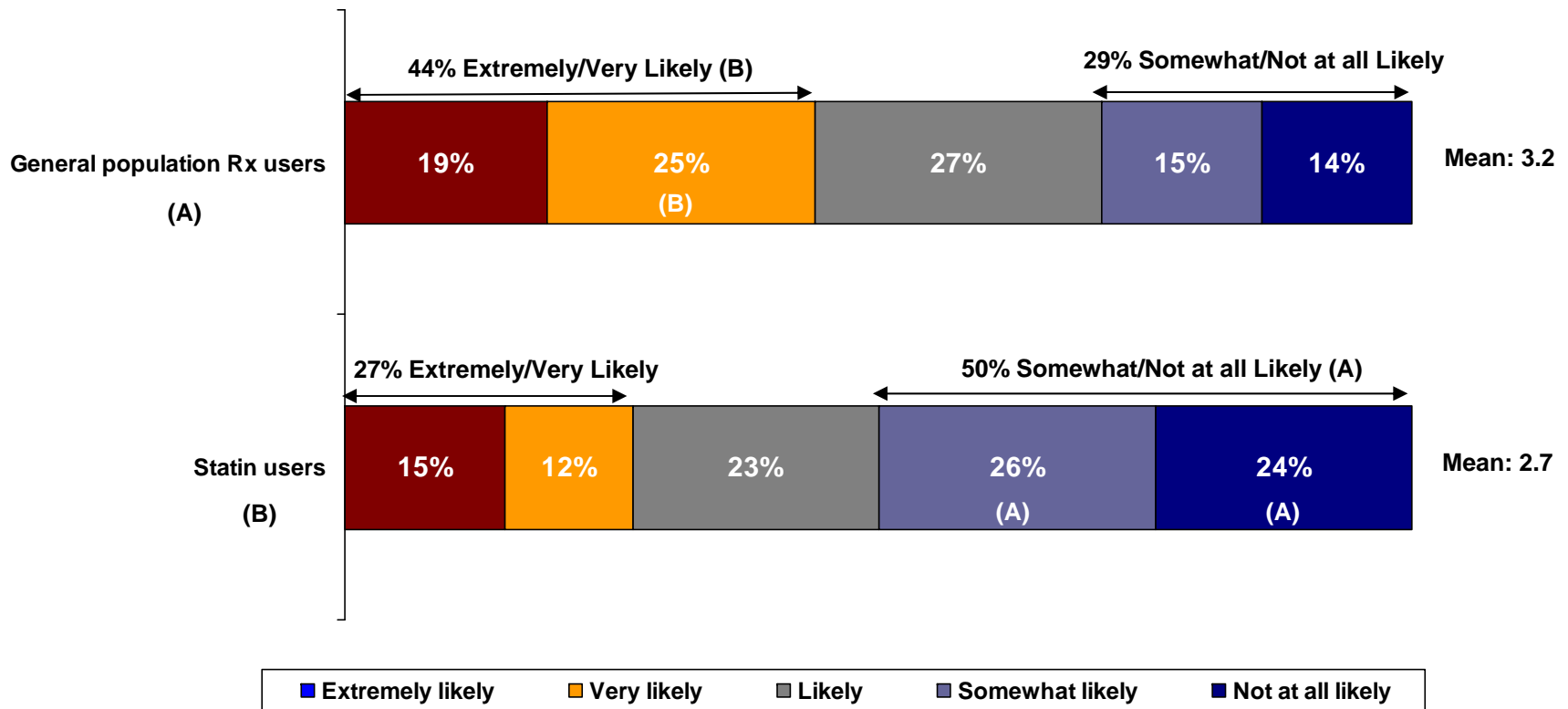
Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

More than 2 in 5 Rx users and one-fourth statin users are extremely or very likely to change their medication/statin to a new one that is much less expensive. The general population Rx users are more likely than statin users to consider such a switch.

How likely to consider switching to a different medication/statin if it was much less expensive?



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

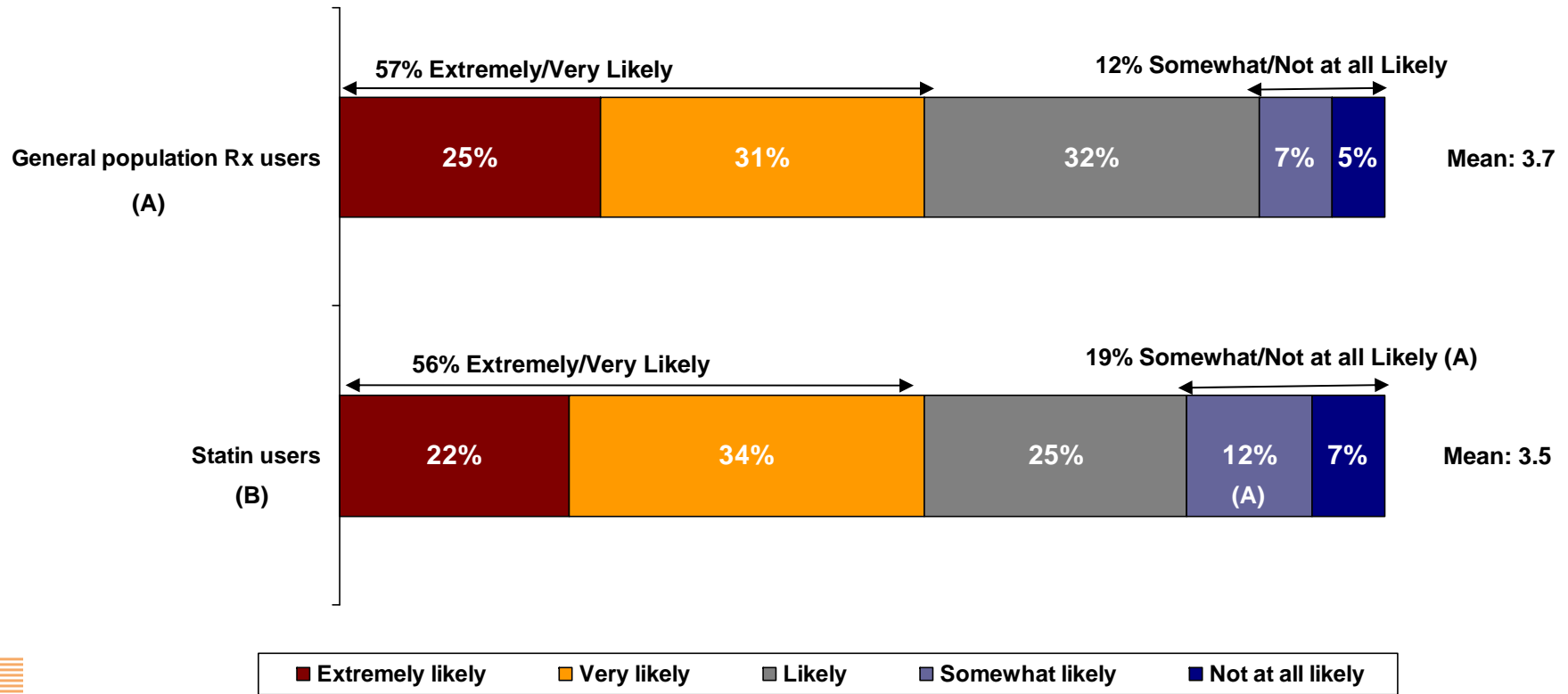
Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

More than half of Rx users and statin users are very or extremely likely to switch their medication/statin to a different one if their doctor felt that the two were interchangeable.

How likely to consider switching to a different medication/statin if doctor felt the two medications/statins were interchangeable?



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Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

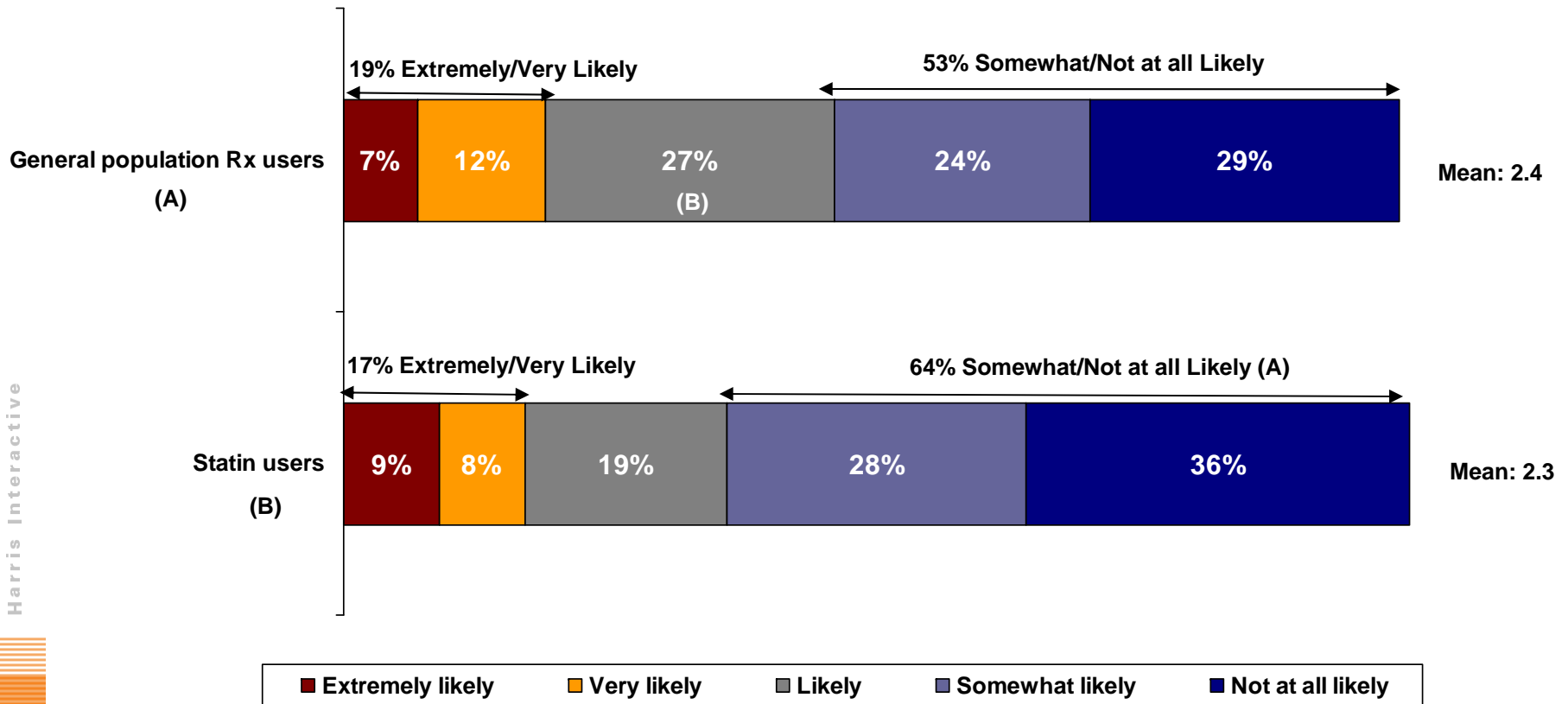
Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

More than a half of Rx users and almost two-thirds of statin users are somewhat or not at all likely to consider switching to a different medication meant to treat the same disease/statin if their insurance company sent a letter recommending this change.

How likely to consider switching to a different medication/statin if received a letter from insurance company recommending a switch due to cost?



Base: HPOL Qualified Respondents (Gen pop Rx users =1035)

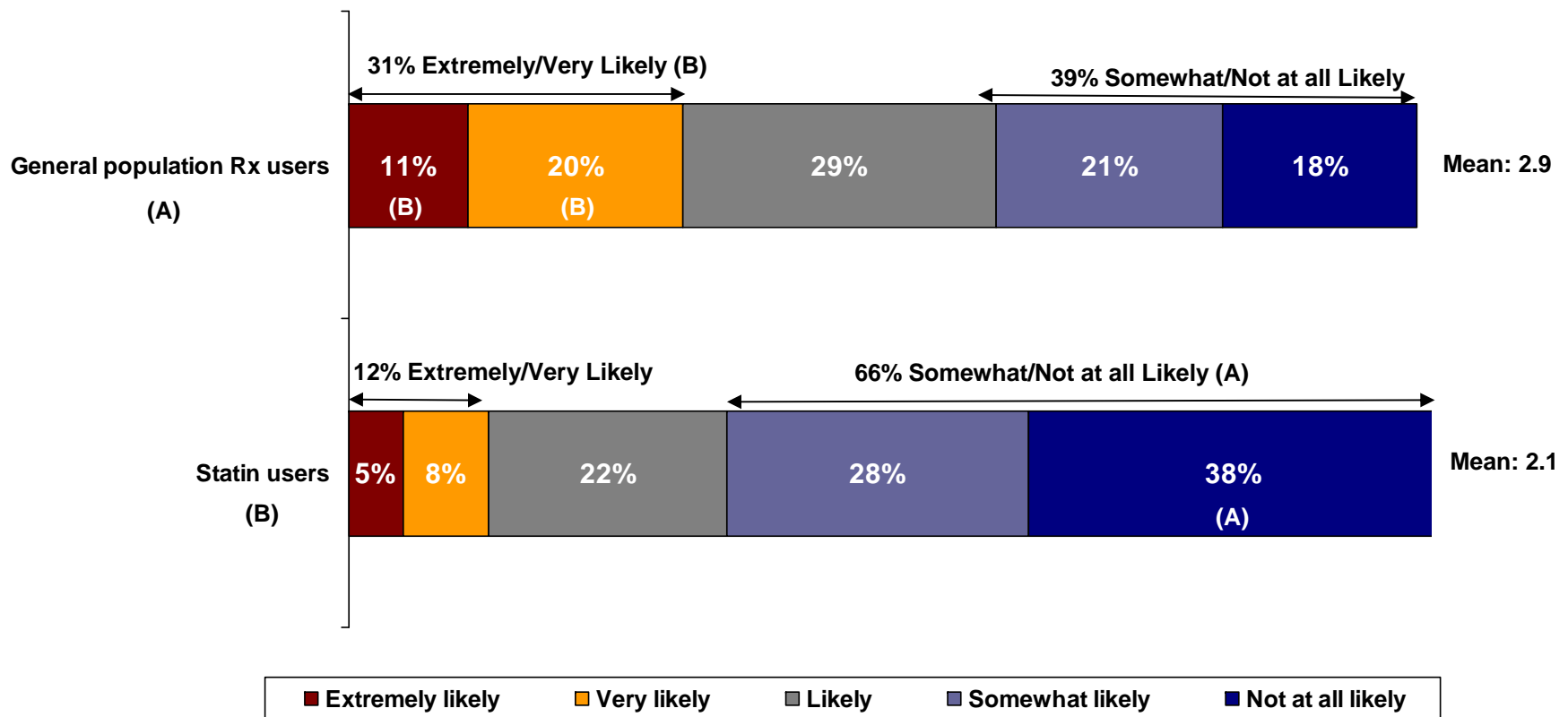
Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

39% of Rx users and two-thirds of statin users would somewhat or not at all be likely to consider to switch medications if their pharmacist called to discuss an alternative medication/statin. And statin users are less likely than the general population Rx users to do such a switch.

How likely to consider switching to a different medication/statin if the pharmacist called to discuss the change prior to making it?



Base: HPOL Qualified Respondents (Gen pop Rx users = 1035)

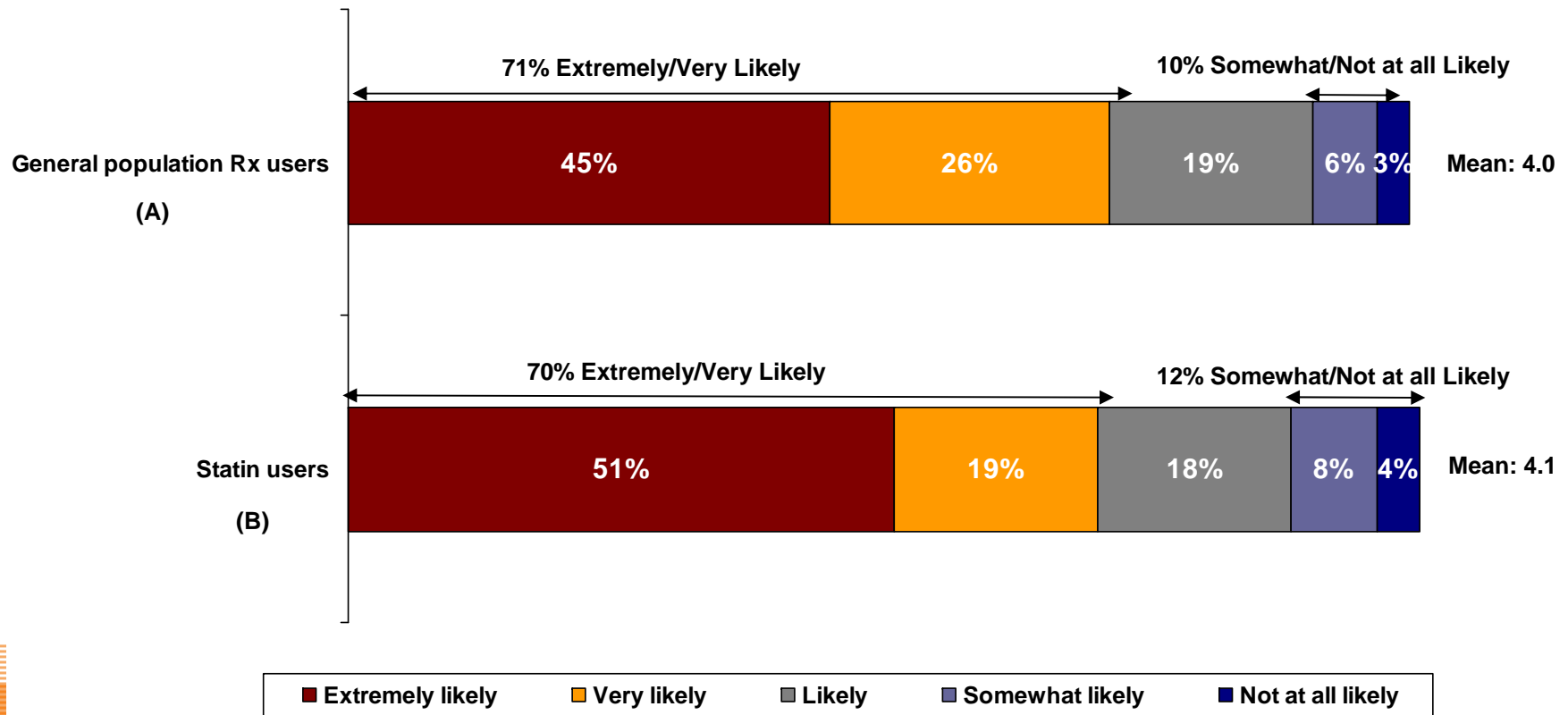
Q615. How likely would you be to consider switching a prescribed medication to a different medication meant to treat the same disease if...?

Base: CIP Qualified Respondents (Statin users = 352)

Q640. How likely would you be to consider switching [current statin] for a different statin in the following situations...?

The majority of Rx users and statin users would discuss a switch with their physician if they received a letter from their insurance company suggesting an alternative medication that would cost less.

If you received a letter from your insurance company suggesting an alternative medication that would cost you less, how likely would you be to discuss it with your doctor?



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

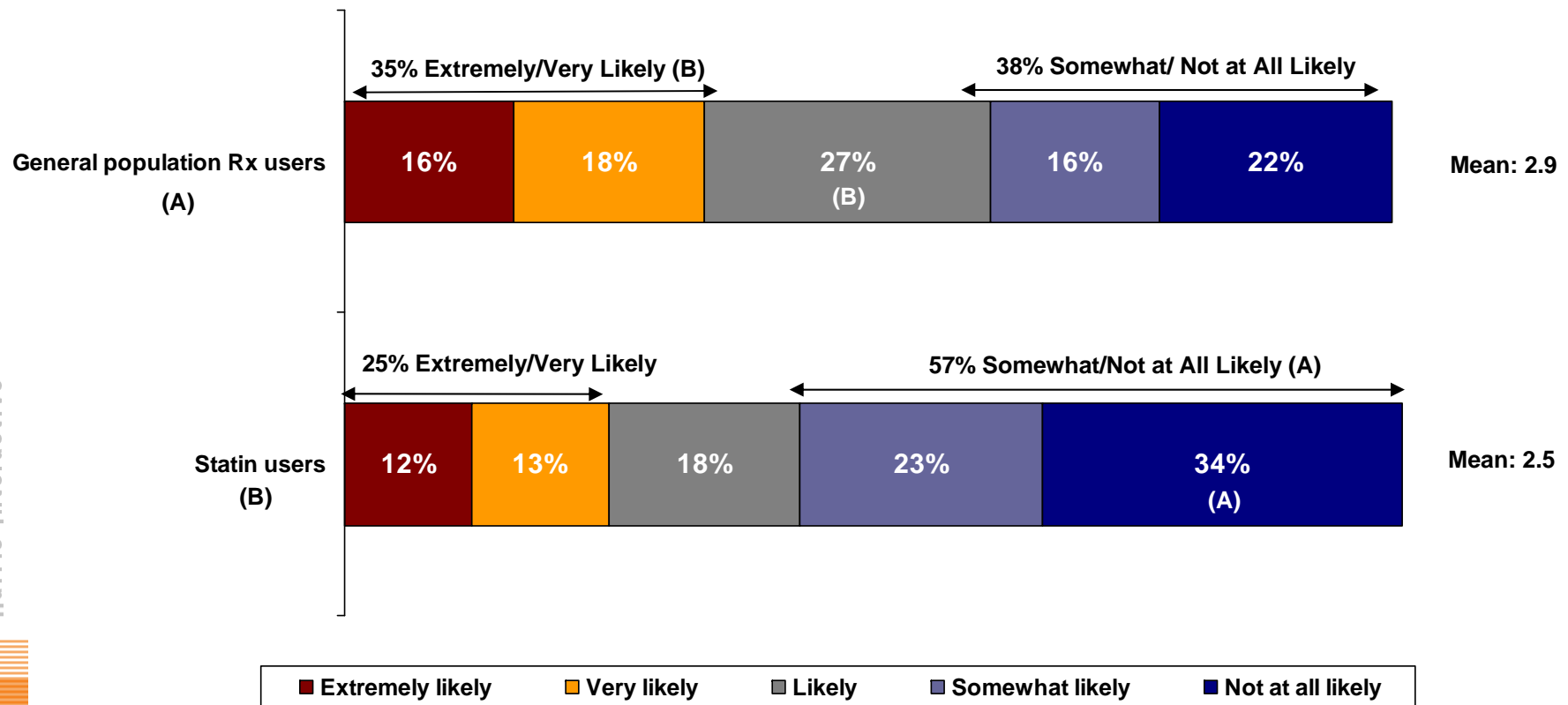
Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?

More than a third of Rx users and half of statin users would be somewhat or not at all likely to discuss with their pharmacist an alternative medication that would cost them less, if they received a letter from their insurance company suggesting this change.

If you received a letter from your insurance company suggesting an alternative medication that would cost you less, how likely would you be to discuss it with your pharmacist?



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

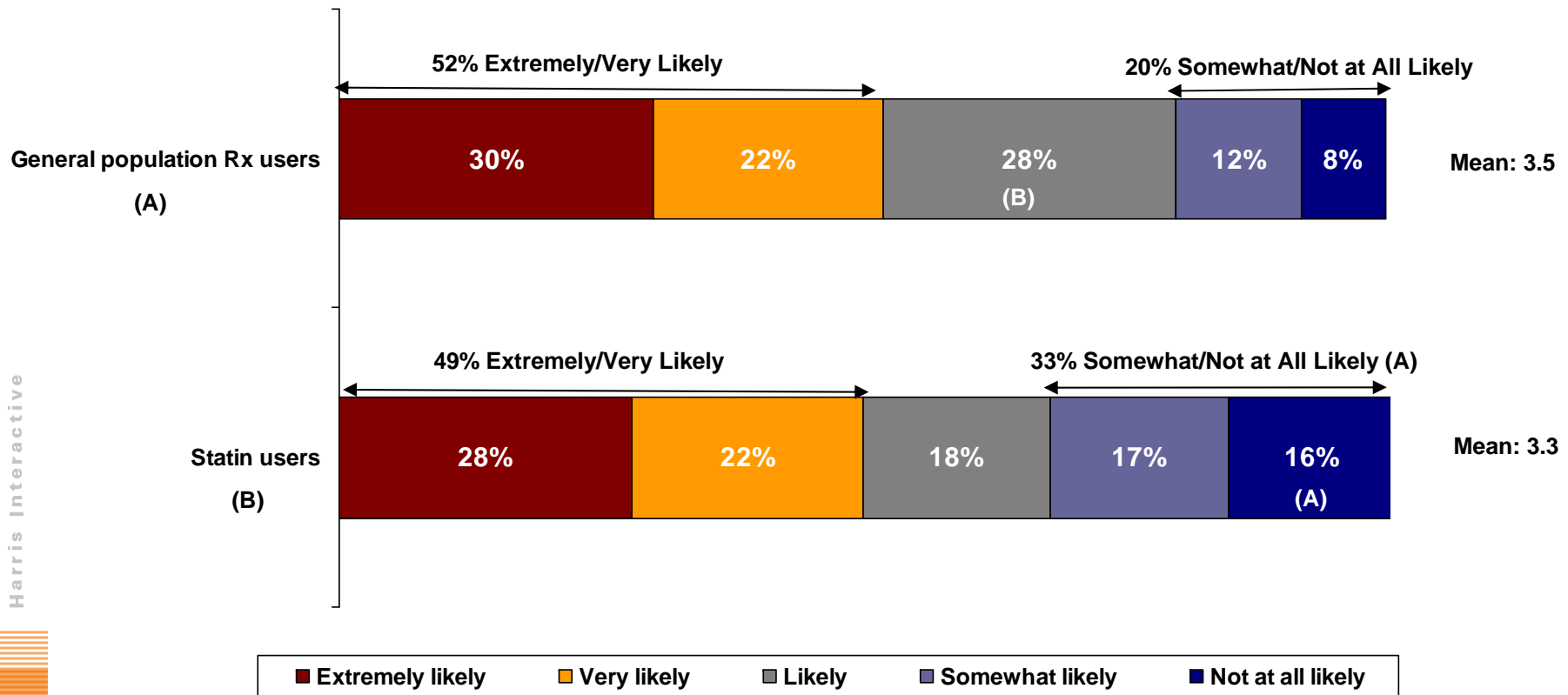
Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?

About a half of Rx users and statin users are very or extremely likely to research the recommended alternative if their insurance company recommended an alternation medication that would cost less.

If you received a letter from your insurance company suggesting an alternative medication that would cost you less, how likely would you be to research the recommended alternative?



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

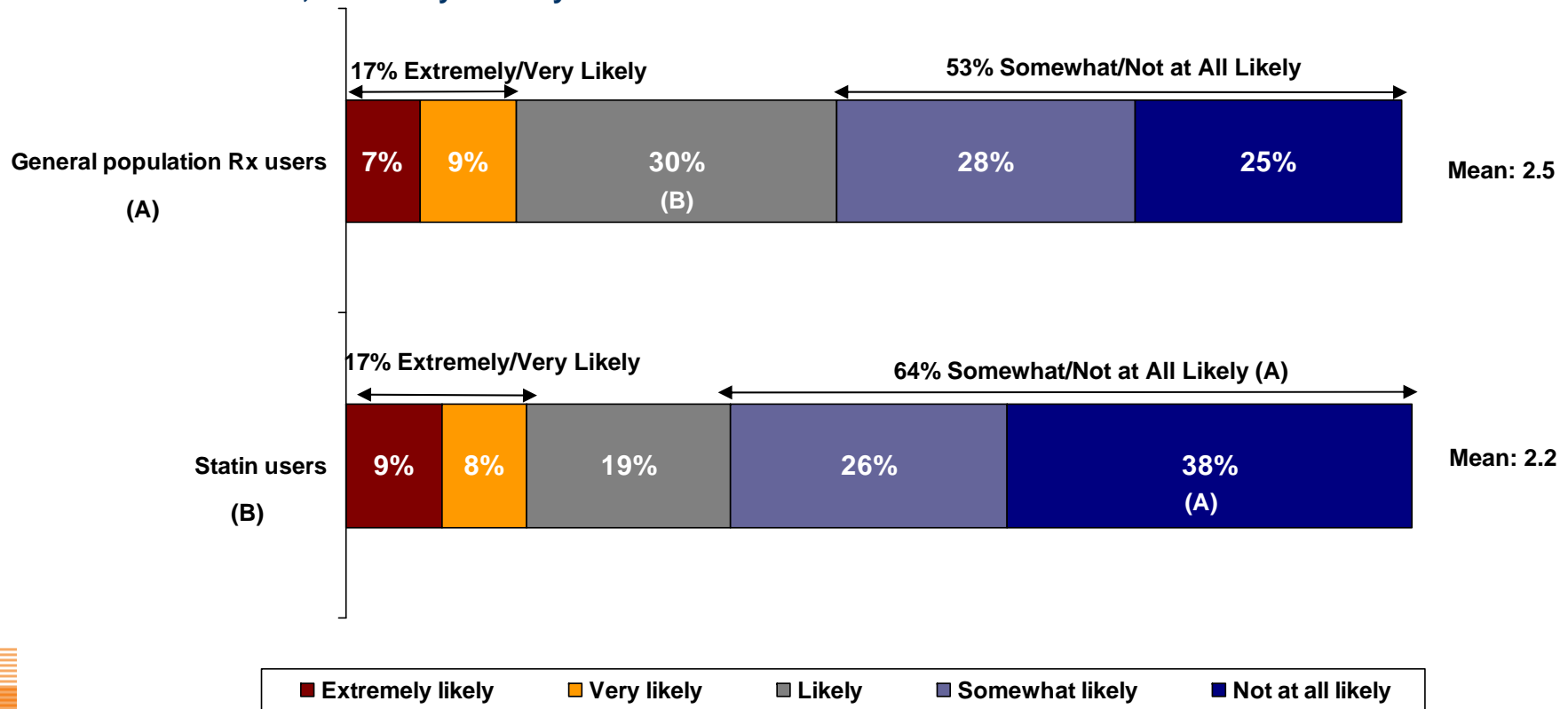
Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?

More than a half of Rx users and almost two-thirds of statin users are somewhat or not at all likely to ask to be switched to the alternative medication if they received a letter from the insurance company regarding a switch that would cost them less.

If you received a letter from your insurance company suggesting an alternative medication that would cost you less, how likely would you be to ask to be switched to the recommended alternative?



Base: HPOL Qualified Respondents Who Are Insured (Gen pop Rx users = 954)

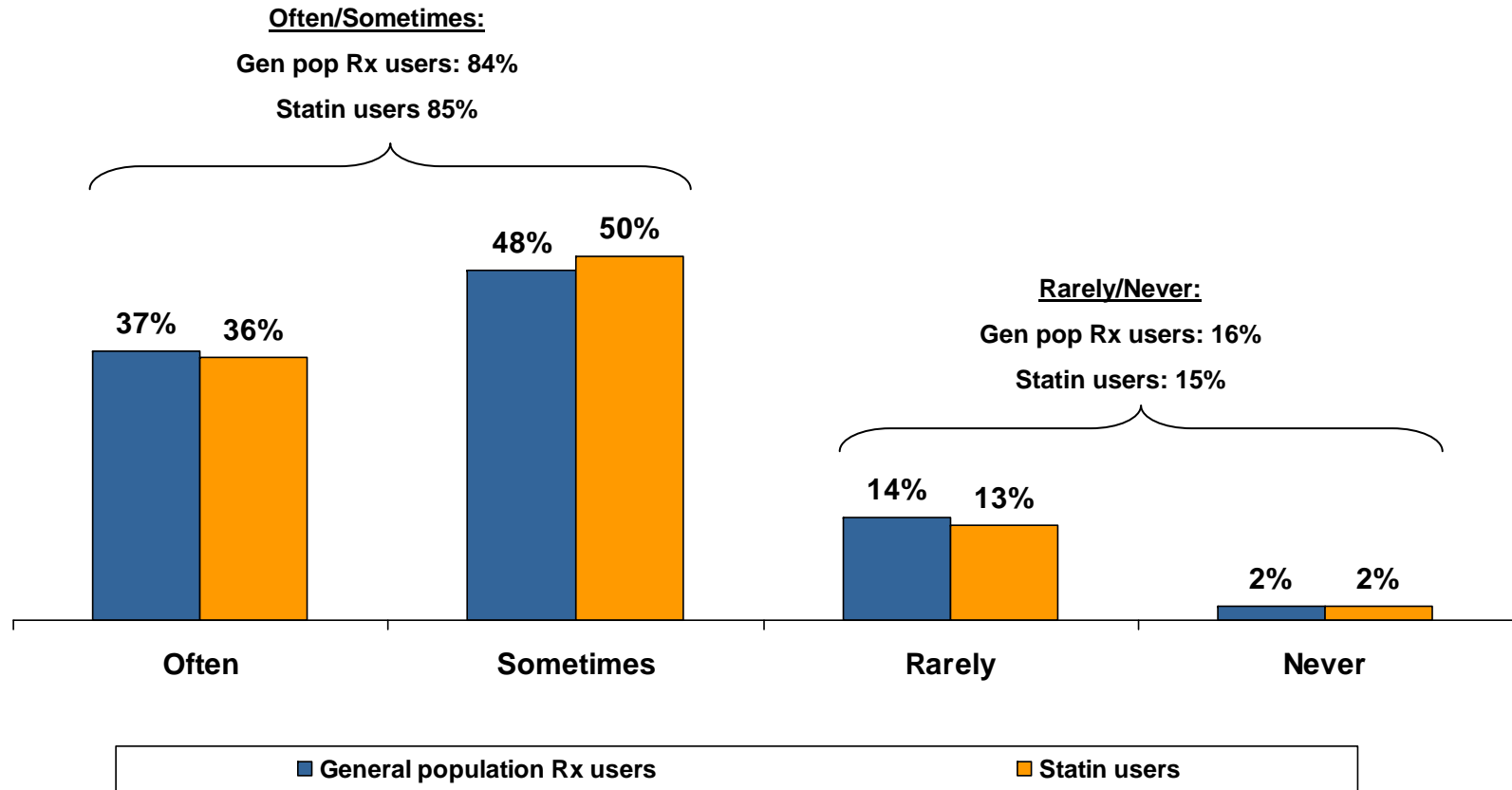
Q620. If you received a letter from you insurance company suggesting an alternative to a medication you are currently taking that would cost you less, how likely would you be to do each of the following?

Base: CIP Qualified Respondents Who Are Insured (Statin users = 341)

Q645. If you received a letter from you insurance company suggesting an alternative to [current statin] that would cost you less, how likely would you be to do each of the following?

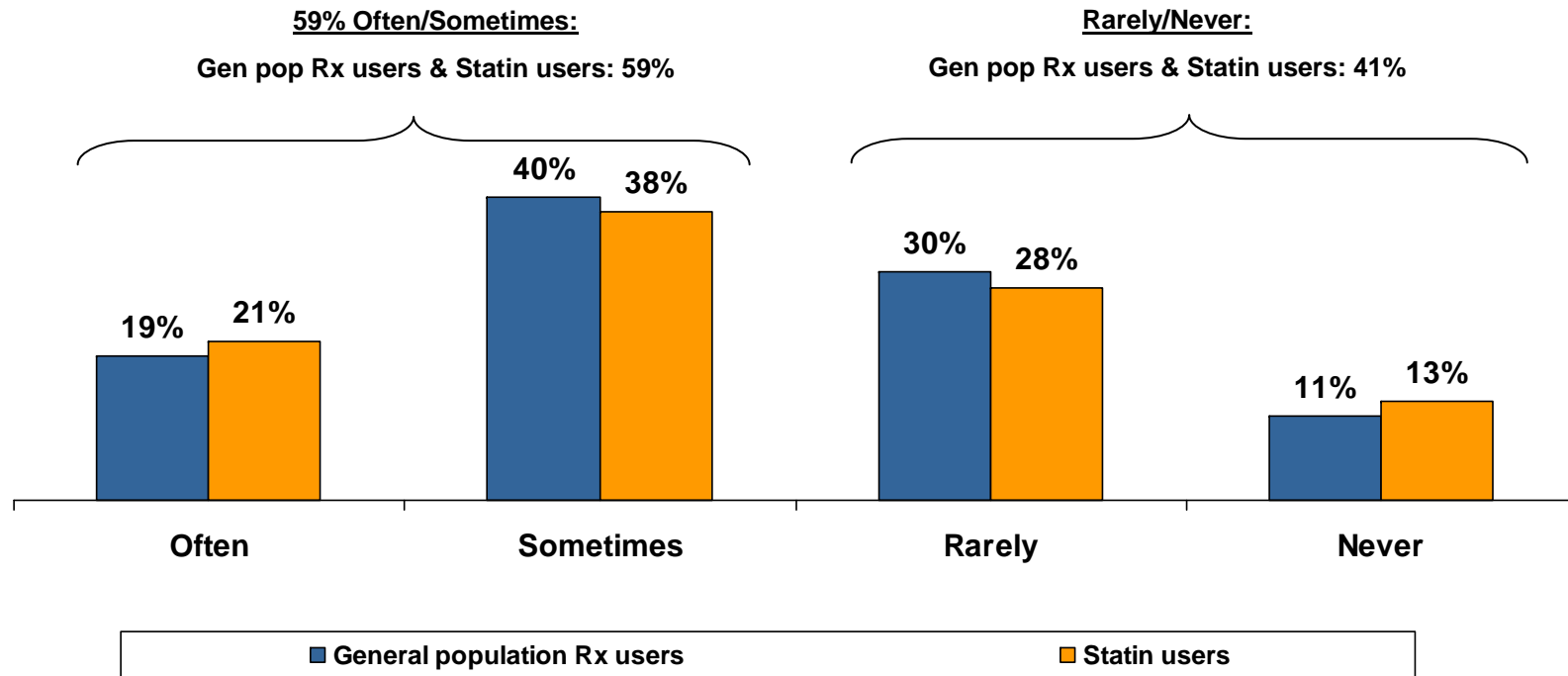
The vast majority (over 80%) in both groups think that therapeutic substitution occurs sometimes or often in the United States. One in 3 believe that it happens often.

How frequently do you think therapeutic substitution occurs in the United States?



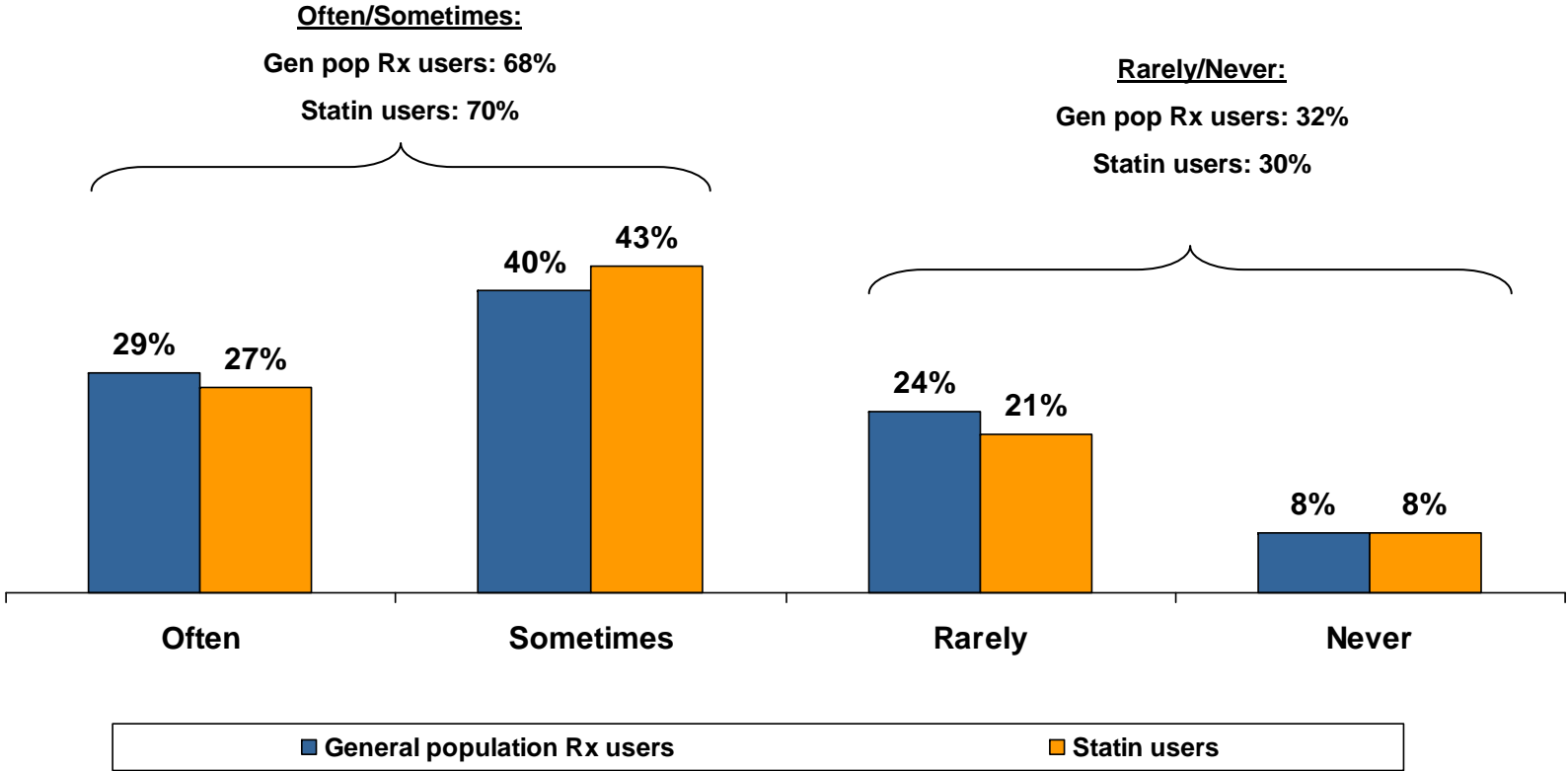
59% of the general population Rx users and statin users think that therapeutic substitution happens sometimes or often without informing the prescribing physician.

How frequently do you think therapeutic substitution happens *without informing the prescribing physician?*



More than two-thirds of Rx and statin users think that therapeutic substitution happens sometimes or often without informing the patient.

How frequently do you think therapeutic substitution happens *without informing the patient*?

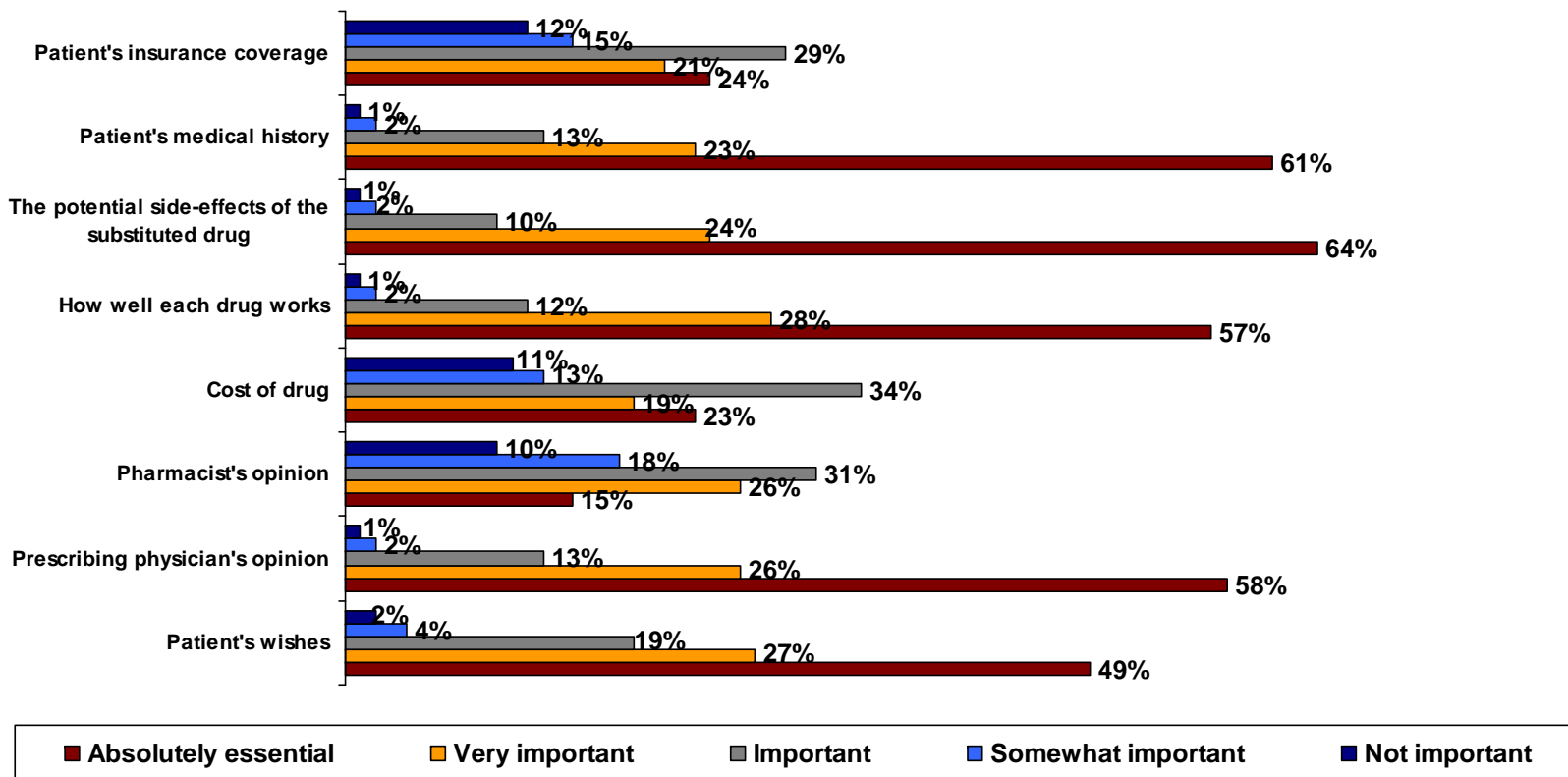


Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q670. How frequently do you think therapeutic substitution happens without informing the patient?

A vast majority of Rx users think that the potential side effects of the new medication, the patient's medical history, how well the drug works and the prescribing physician's opinion are factors that are absolutely essential when decisions are made about therapeutic substitution.

How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?

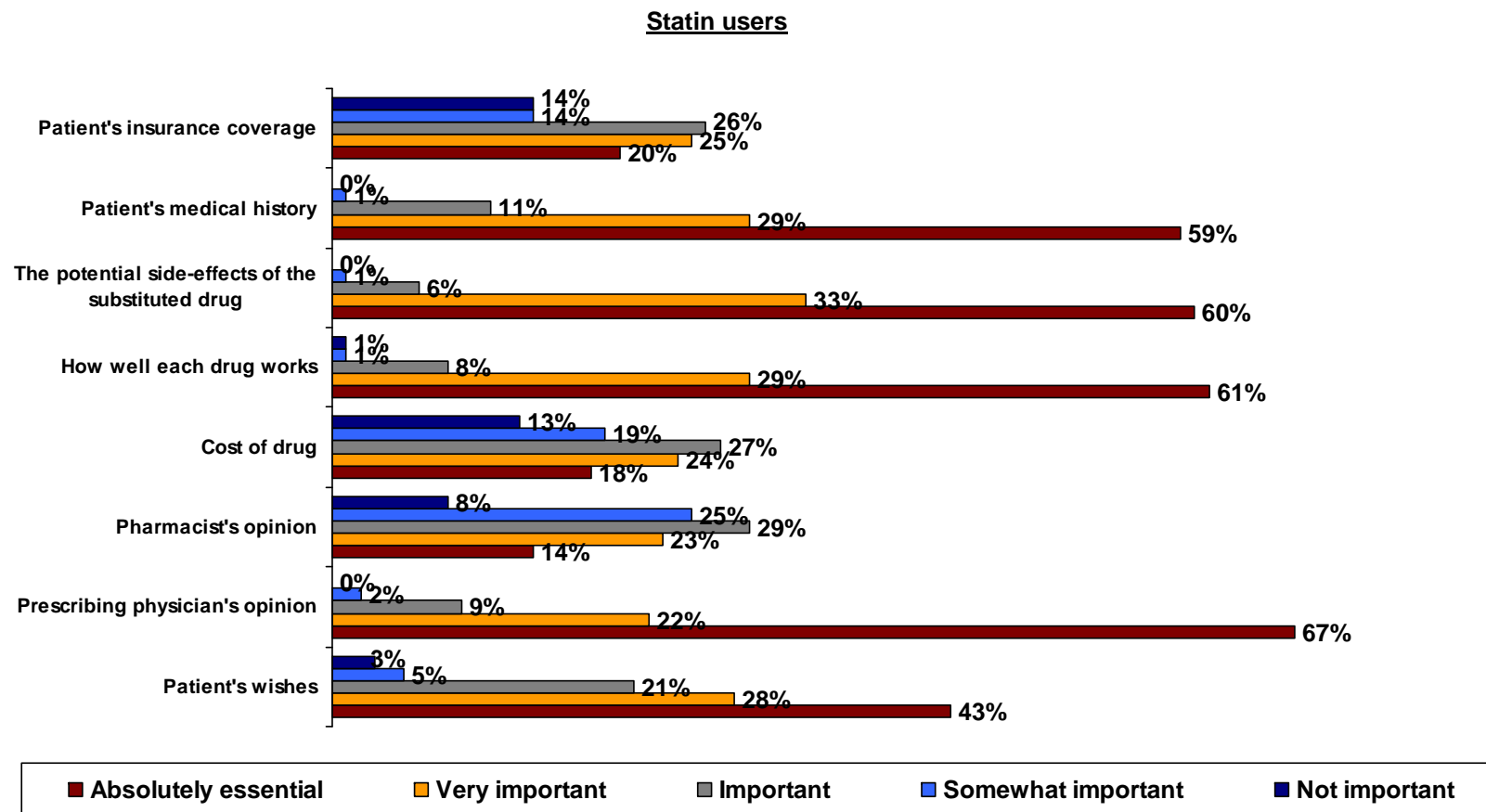
General Population Rx users



Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q725. How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?

The majority of statin users also think that factors such as the prescribing physician's opinion, the potential side effects of the drug, how well each drug works and the patient's medical history are absolutely essential when making a decision about therapeutic substitution.

How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?



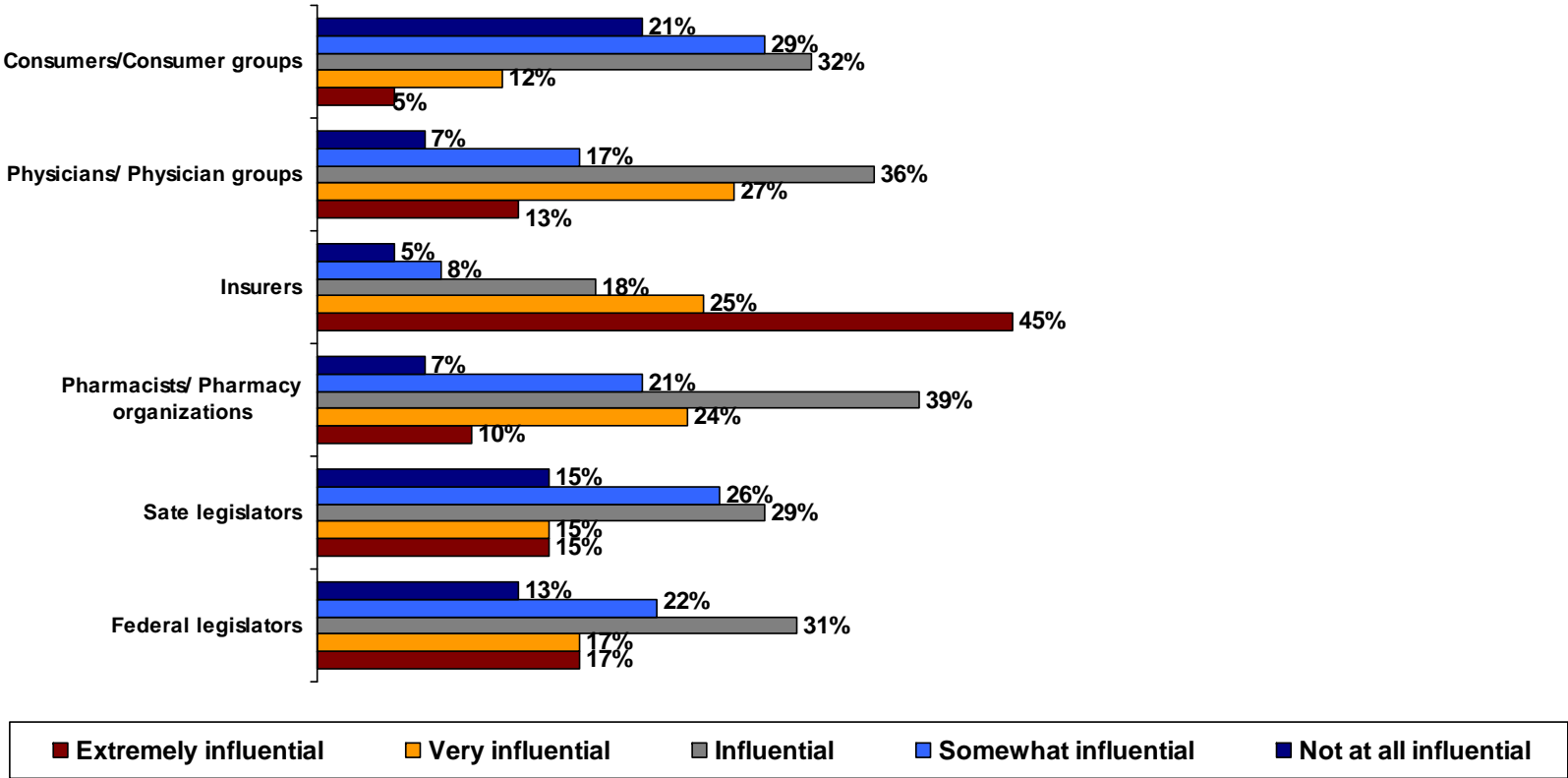
Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)

Q725. How important do you think that each of the following factors should be when decisions are made about therapeutic substitution?

General population Rx users are most likely to think that insurers are currently extremely influential in regulating the policies and appropriateness of therapeutic substitution.

How influential do you believe that each of the following parties *currently is* in regulating the policies and appropriateness of therapeutic substitution?

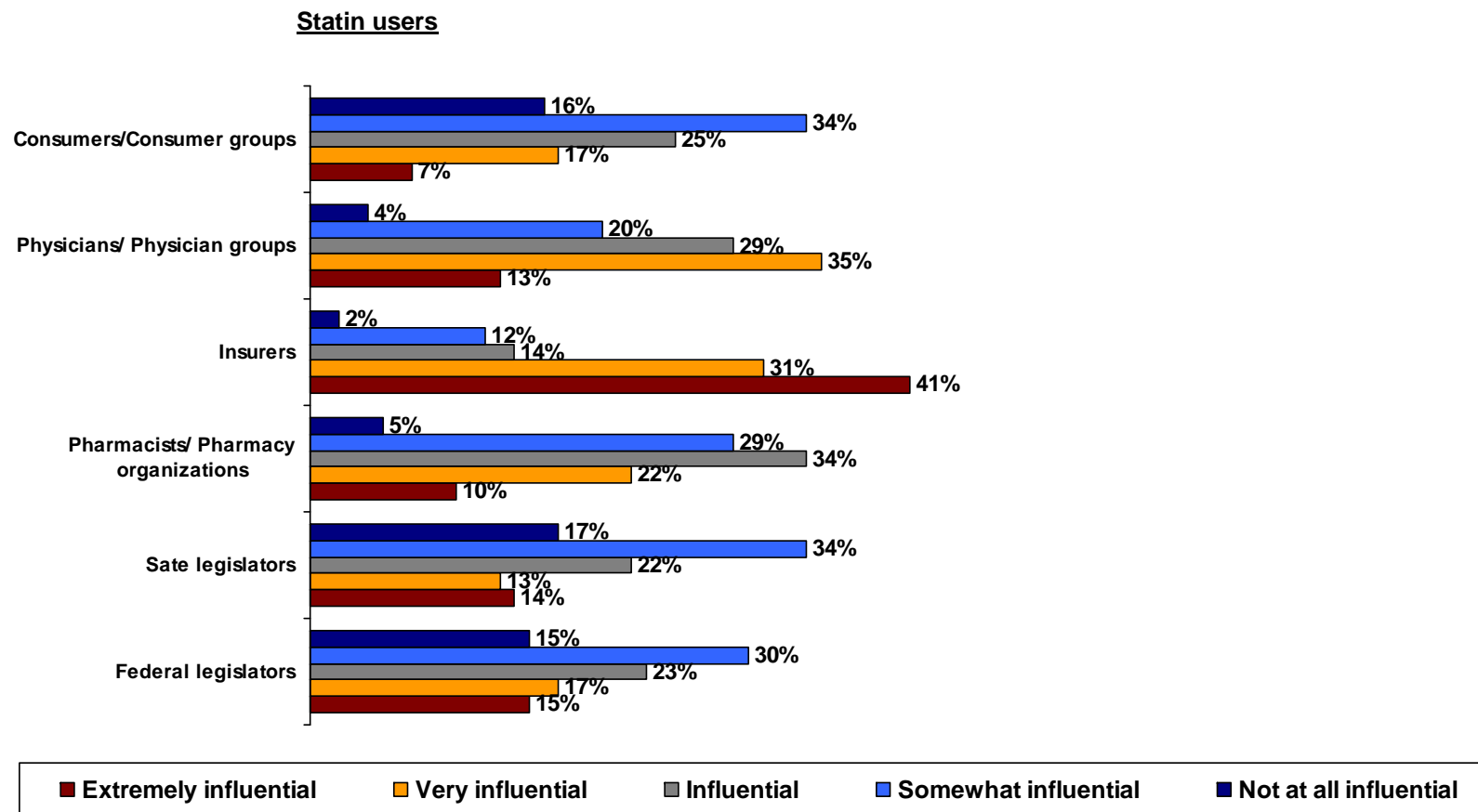
General population Rx users



Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q760. How influential do you believe that each of the following parties currently is in regulating the policies and appropriateness of therapeutic substitution?

Statin users are also most likely to believe that insurers are currently extremely influential in regulating the policies and appropriateness of therapeutic substitution.

How influential do you believe that each of the following parties *currently* is in regulating the policies and appropriateness of therapeutic substitution?

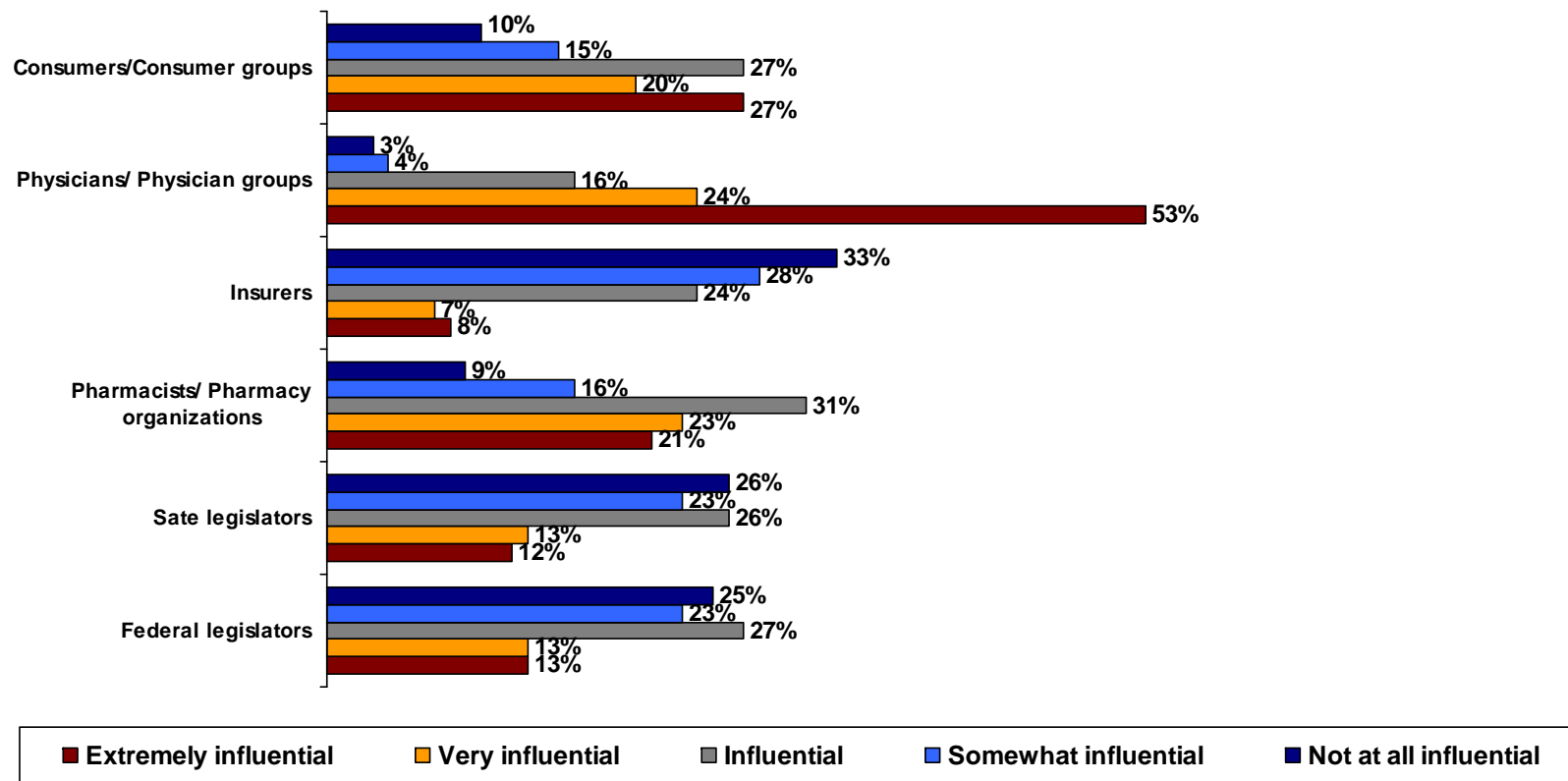


Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q760. How influential do you believe that each of the following parties currently is in regulating the policies and appropriateness of therapeutic substitution?

More than a half of Rx users think that physicians and physician groups should be extremely influential in regulating the policies and appropriateness of therapeutic substitution. Insurers, state and federal legislators are expected to be the least influential.

How influential do you believe that each of the following parties *should be* in regulating the policies and appropriateness of therapeutic substitution?

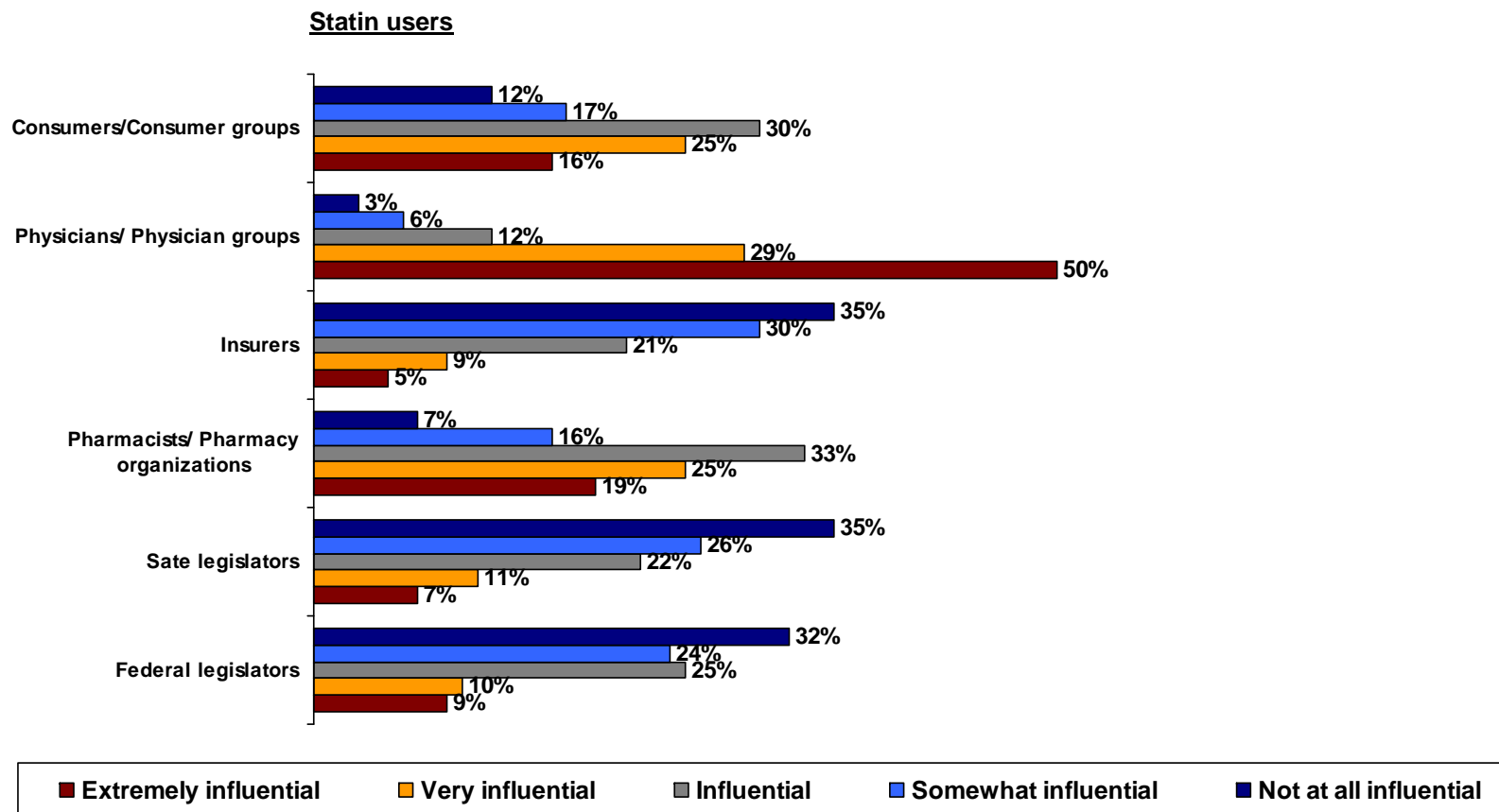
General population Rx users



Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q765. How influential do you believe that each of the following parties should be in regulating the policies and appropriateness of therapeutic substitution?

Half of statin users think that physicians and physician groups should be extremely influential in regulating the policies and appropriateness of therapeutic substitution. And about a third of statin users think that insurers, and state and federal legislators should not be influential at all in this decision.

How influential do you believe that each of the following parties *should be* in regulating the policies and appropriateness of therapeutic substitution?

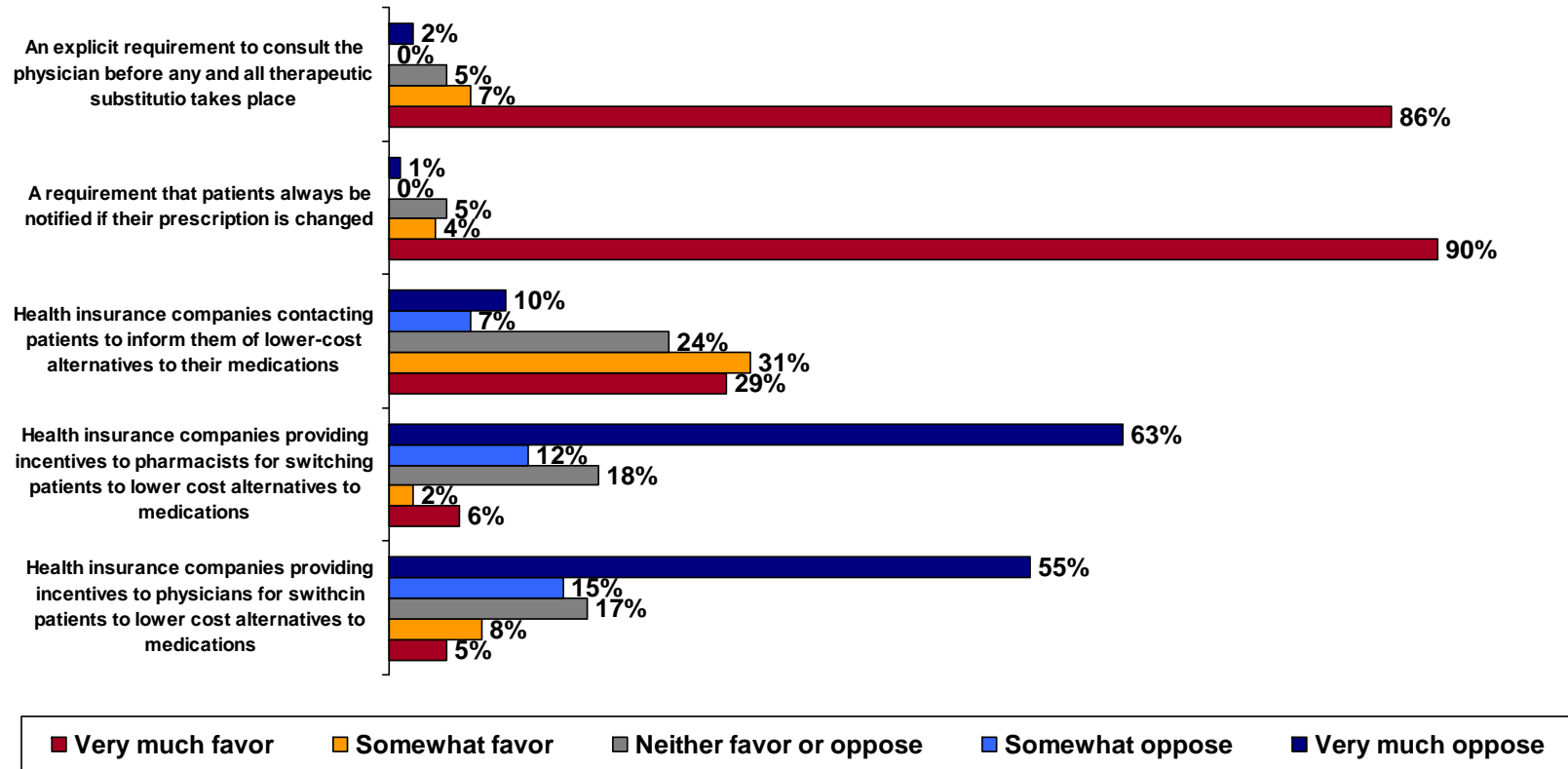


Base: All Qualified Respondents (Gen pop Rx users = 1035) (Statin users = 352)
 Q765. How influential do you believe that each of the following parties should be in regulating the policies and appropriateness of therapeutic substitution?

A high majority of statin users very much favor an explicit requirement to consult the physician and notify the patient before therapeutic substitution takes place. More than a half very much oppose health insurance companies providing incentives to pharmacists or physicians for such a switch.

How much would you favor or oppose...?

Statin-users





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