

Full Rx coverage ups outcomes for patients discharged after MI

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(HealthDay)—For patients discharged from hospital after myocardial infarction, full prescription coverage is associated with improved health outcomes and less resource use, according to research published online May 5 in *Circulation: Cardiovascular Quality and Outcomes*.

Kouta Ito, M.D., from Harvard Medical School in Boston, and colleagues developed a Markov model simulating a hypothetical cohort of commercially insured myocardial infarction patients who were discharged from hospital. Patients received β -blockers, renin-angiotensin system antagonists, and statins with full coverage (no cost sharing) or usual coverage (at the current level of insurance coverage). The incremental cost-effectiveness ratio, as measured by cost per quality-adjusted life-year gained, was the main outcome measured.

The researchers found that patients receiving full coverage lived an average of 9.60 quality-adjusted life-years after the event and incurred costs of \$167,401, while those with usual coverage lived 9.46 quality-adjusted life-years and incurred costs of \$171,412. Full coverage would result in greater quality-adjusted survival and less resource use per patient, compared with usual coverage. The results were sensitive to variations in the risk reduction for post-myocardial infarction events associated with full coverage.

"Providing full [prescription drug coverage](#) for evidence-based pharmacotherapy to commercially insured post-[myocardial infarction](#) patients has the potential to improve [health outcomes](#) and save money from the societal perspective over the long term," the authors write.

Several authors disclosed financial ties to medical insurance and health care industries.

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