



Pharmacy closures cause decline in cardiovascular medication adherence



Nonadherence to cardiovascular prescription medications is observed in nearly 50% of patients. Despite efforts to improve the affordability of these drugs among older adults, the problem of nonadherence still persists.

Several factors contribute to this nonadherence including the cost of drugs as well as pharmacy accessibility. Geographical accessibility of pharmacies varies from one community to another. Pharmacy closures may decrease this access and further affect the patient's ability to fill their prescription and adhere to it.

A study was conducted to determine if there was an association between pharmacy closures and adherence to cardiovascular medications including statins, β -blockers, and oral anticoagulants among adults 50 years or older in the US. The primary outcomes of the study were difference in monthly adherence during a 12-month baseline and follow up period.

Findings showed that 3,089,803 individuals filled a statin prescription at a pharmacy that subsequently closed. Before the pharmacy closed, monthly adherence was similar in the closure and control cohorts. Individuals who filled at pharmacies that closed experienced an immediate and significant decline in adherence to their statin prescription during the first three months after closure. This persisted over the 12 month follow-up period. Similar declines in adherence were observed for β -blockers and oral anticoagulants.

These findings suggest that pharmacy closures are associated with persistent and clinically significant declines in adherence to cardiovascular medications. Therefore, pharmacy closures should be considered an important factor and should be considered when evaluating nonadherence.

The implementation of effective policies can mitigate the deleterious effects of pharmacy closure on adherence. These policies could be designed to provide better access to medications, reimbursement for prescription medications so as to prevent pharmacies from closing, and increasing the number of preferred pharmacy networks. The study results indicate that nonadherence is highest when the patient's home pharmacy closes.

Source: [JAMA Network Open](#)

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