Supplemental Appendix

Table A4: Changes in Spending and Adherence After Reaching the Gap Threshold for Non-Antipsychotic Bipolar Disorder Drug Therapies

	Standard Gap			No Gap (LIS)			Gap – No Gap		
Bipolar Disorder	Diff	95%	CI	Diff	95%	CI	Diff	95%	CI
Total drug spending ($)	-11	(-15,	-7)	12	(8,	15)	-22	(-28,	-17)
Out-of-pocket drug spending ($)	26	(25,	28)	-0.27	(-2,	1)	27	(24,	29)
Proportion of days covered (percentage points)	-5.4	(-6.4,	-4.4)	0.2	(-0.7,	1.1)	-5.6	(-6.9,	-4.2)

Notes: Non-antipsychotic Bipolar Disorder drugs include: Carbamazepine, Divalproex, Divalproex Sodium, Lamotrigine, Oxcarbazepine, Valproate Sodium, Valproic Acid, Carbamazepine, Lithium Carbonate, Lithium Citrate. To examine changes in drug spending and adherence (PDC), we used linear regression models with fixed effects estimation methods (xtreg, fe in Stata 10). Because the average days supply of an antipsychotic prescription was 30 days, we examined separately the first month after reaching the gap (transition period), and ≥31 days after reaching the gap; these tables report the post-transition period, after beneficiaries would have been more likely to have exhausted any existing drug supply from fills dispensed prior to or at the point of reaching the gap. The models included indicators for these two gap periods and interactions between these indicators and an indicator for having a coverage gap vs. no gap due to the LIS. We censored outcomes during the catastrophic coverage period for subjects who reached it.