Table 1. Demographic characteristics for MAPD members with AD and control members.

| Characteristic                | AD (n = 3,374) | Control (n = 6,748) | p-Value  
|-------------------------------|----------------|---------------------|--------
| Age, years (mean, SD)         | 75.5 (6.3)     | 75.5 (6.8)          | 0.82   
| Gender                        | Male 52%       | Male 52%            | 1.00   
| Race                          | White 97%      | White 97%           | 0.91   
| Education level               | High school    | High school         | 0.42   
| Income                        | ≥ $50,000      | ≥ $50,000           | 0.84   
| Enrollment                   | University     | University          | 0.73   
| Income                        | ≥ $10,000      | ≥ $10,000           | 0.87   
| Enrollment                   | College        | College             | 0.79   
| Income                        | ≥ $50,000      | ≥ $50,000           | 0.83   

Table 2. Trends in inpatient medical costs associated with AD.

| Year | AD Costs (n = 3,374) | p-Value  
|------|---------------------|--------
| 0    | $2,331*              |        
| 1    | $2,000               |        
| 2    | $2,000               |        
| 3    | $2,000               |        
| 4    | $2,000               |        
| 5    | $2,000               |        
| 6    | $2,000               |        

Figure 1: Attrition flow chart for cohort analysis of MAPD members with AD.

Figure 2: Trends in cost and utilization for MAPD members with AD compared to controls.

Figure 3: Trends in Medicaid costs for MAPD members with AD and matched controls.

Figure 4: Trends in per member per year total medical expenditure for MAPD members with AD and matched controls.

Figure 5: Trends in per member per year pharmaceutical expenditure for MAPD members with AD and matched controls.

CONCLUSIONS

In summary, the RxRisk index is associated with substantial increases in Rx costs and cost-to-charge ratios. Patients identified with AD are at higher risk for Rx costs than controls. Patient’s who develop AD within two years of the index date are at the highest risk of increased Rx costs. The RxRisk index is an easily determined, non-invasive test, which provides a clinical prediction of patients’ risk of developing AD in the future. The RxRisk index identifies patients who are at high risk of increased Rx costs in the near future. This information can be used by healthcare providers, pharmacists, and patients to help manage Rx costs effectively.