

Data Brief 335. Strategies Used by Adults Aged 65 and Over to Reduce Their Prescription Drug Costs, 2016–2017

Data table for Figure 1. Percentage of adults aged 65 and over who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by sex: United States, 2016–2017

Strategy to reduce cost and sex	Percent (95% confidence interval)	Standard error
Did not take medication as prescribed		
Total	4.8 (4.3–5.3)	0.24
Men	3.7 (3.1–4.3)	0.31
Women	5.6 (5.0–6.4)	0.35
Asked doctor for lower-cost medication		
Total	17.7 (16.9–18.6)	0.44
Men	17.0 (15.8–18.2)	0.63
Women	18.3 (17.2–19.5)	0.59

NOTES: “Did not take medication as prescribed” is a composite measure that includes adults who “skipped medication doses,” “took less medicine,” or “delayed filling a prescription.” See Definitions section for further details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2016–2017.

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Data table for Figure 2. Percentage of adults aged 65 and over who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by age group: United States, 2016–2017

Strategy to reduce cost and age group	Percent (95% confidence interval)	Standard error
Did not take medication as prescribed		
Total	4.8 (4.3–5.3)	0.24
65–74	6.1 (5.5–6.8)	0.34
75 and over	2.9 (2.4–3.4)	0.26
Asked doctor for lower-cost medication		
Total	17.7 (16.9–18.6)	0.44
65–74	19.9 (18.8–21.1)	0.58
75 and over	14.6 (13.5–15.8)	0.60

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who "skipped medication doses," "took less medicine," or "delayed filling a prescription." See Definitions section for further details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population.

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Data table for Figure 3. Percentage of adults aged 65 and over who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by insurance coverage status: United States, 2016–2017

Strategy to reduce cost and insurance coverage status	Percent (95% confidence interval)	Standard error
Did not take medication as prescribed		
Private	3.1 (2.6–3.7)	0.26
Medicare and Medicaid	5.2 (3.6–7.2)	0.87
Medicare Advantage	5.5 (4.5–6.5)	0.50
Medicare only	8.1 (6.6–9.7)	0.76
Asked doctor for lower-cost medication		
Private	18.4 (17.1–19.7)	0.66
Medicare and Medicaid	14.1 (11.5–17.0)	1.36
Medicare Advantage	19.2 (17.6–21.0)	0.86
Medicare only	20.4 (18.4–22.6)	1.05

NOTES: "Did not take medication as prescribed" is a composite measure that includes adults who "skipped medication doses," "took less medicine," or "delayed filling a prescription." See Definitions section for further details. A person may use more than one strategy to reduce prescription drug costs. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2016–2017.

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Data table for Figure 4. Percentage of adults aged 65 and over who were prescribed medication in the past 12 months and used selected strategies to reduce their prescription drug costs, by poverty status: United States, 2016–2017

Strategy to reduce cost and poverty status	Percent (95% confidence interval)	Standard error
Did not take medication as prescribed		
Poor (below 100% FPL)	7.6 (5.9–9.6)	0.91
Near poor (at or above 100% to below 200% FPL)	8.9 (7.5–10.4)	0.72
Not poor (at or above 200% FPL)	3.3 (2.9–3.8)	0.23
Asked doctor for lower-cost medication		
Poor (below 100% FPL)	17.3 (14.4–20.4)	1.48
Near poor (at or above 100% to below 200% FPL)	21.2 (19.3–23.3)	1.01
Not poor (at or above 200% FPL)	16.8 (15.8–17.8)	0.50

NOTES: “Did not take medication as prescribed” is a composite measure that includes adults who “skipped medication doses,” “took less medicine,” or “delayed filling a prescription.” See Definitions section for further details. A person may use more than one strategy to reduce prescription drug costs. FPL is federal poverty level, which is based on the ratio of the family’s income in the previous calendar year to the appropriate poverty threshold as defined by the U.S. Census Bureau. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: NCHS, National Health Interview Survey, 2016–2017.