Supplementary Online Content


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This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix. Methods

Medical Expenditure Panel Survey Prescribed Medicine Data Collection and Accuracy

The Medical Expenditure Panel Survey (MEPS) is a nationally representative source of data on healthcare resource utilization and expenditures sponsored by the Agency for Healthcare Research and Quality (AHRQ). MEPS comprises of the Household Components (HC) and the Medical Provider Component (MPC). Information on prescription medications were mostly collected from individuals and families during the household surveys, and other information were obtained from dispensing pharmacy.

Data Collection Procedure

At each HC interview, the household respondent supplies information on any prescribed medicine that family members obtained as part of a visit to an inpatient stay, emergency room, hospital outpatient clinic or dentist’s office and subsequently filled. The details supplied include the drug name, number of times it was obtained, the health condition it was prescribed for, the year and month it was first used, and whether free samples of the drug were received. Some payment information was obtained during the HC interview. This includes the third-party payer and the amount paid out-of-pocket.

Respondents were then asked to identify the names, addresses, and types of pharmacies that filled each prescriptions, along with permission for MEPS to contact the pharmacies and acquire data from them. Signed authorizations allow pharmacies to respond to the Pharmacy Component (PC) of MEPS, which is a subset of the MPC. In 2011, for example, 69.7% of HC respondents granted permission to contact pharmacies, and 73.3% of pharmacies responded1. The PC collects detailed information via telephone, fax, or mail from the pharmacies about the drugs obtained,

1 Methodology Report #29 – Outpatient Prescription Drugs: Data Collection and Editing in the 2011 Medical Expenditure Panel Survey.
including payments (the sum of which is the price), payers, date each prescription was filled, quantity dispensed, the National Drug Code (NDC), and precise drug attributes. The reason for the PC is to collect information that pharmacies can more easily and accurately provide than household respondents, since some HC respondents lack adequate documentations about payments (especially when third party payers are involved), and they may also lack detailed knowledge of their medications, such as the number or strength of pills.

**Handling Missing Data**

Occasionally, even for respondents who granted written permission for MEPS to contact their supplying pharmacy, some information is missing and must be imputed. If the NDC is imputed and the quantity is missing, then the quantity is taken from the same acquisition that donated the NDC. Otherwise, matching software imputes a quantity from another acquisition. Match variables include the NDC; active ingredients, dosage form, and strength; and characteristics of the person reported in the HC (age, sex, health conditions, and health status). Exact matching on the drug is required, and heavier weight is placed on the NDC, followed by the dosage form and strength. In the 2011 data, the quantity dispensed was imputed for 0.7 percent of the 252,176 acquisition. If the pharmacy does not provide the NDC, the PC asks instead for the medication name, dosage form, strength, strength unit. With that, the drug can be characterized. When the pharmacy does not identify a third-party payer, information from the HC about insurance coverage and usual third-party payer can usually indicate the type of payer. Other missing pharmacy expenditure information for a person’s drug are imputed from the pharmacy data for another person’s purchase of similar drug. Even when payment data appear to be

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complete, MEPS attempts to detect inaccurate payment data by comparing an acquisition’s price to a price provided in the Wolters Kluwer’s Master Drug Data Base (MDDB).

**Accuracy of Prescribed Medicine Data**

In a study by SC Hill, et. al. examining the implication of the accuracy of MEPS prescription drug data for health services research, between MEPS and the Medicare Part D claims records, they found no difference in the proportion of beneficiaries reporting any prescription drug use, with an agreement rate of 0.97 (95% Confidence Interval: 0.96-0.98) and a kappa statistic of 0.66, which signifies a substantial agreement. There was concordance for the number of fills and refills, as well as total prescription expenditures. They concluded that household respondents in the MEPS were good at reporting the number of fills and refills, and consistent with other studies, MEPS captured maintenance drugs adequately, especially drugs used for chronic conditions.
2002/2003 Survey Participants (n = 73,380)

2004/2005 Survey Participants (n = 68,364)

2006/2007 Survey Participants (n = 65,109)

2008/2009 Survey Participants (n = 69,921)

2010/2011 Survey Participants (n = 68,159)

2012/2013 Survey Participants (n = 75,914)

2002-2013 (n = 420,847)

Excluded participants <40 years at time of survey (n = 250,631)

n = 170,216

Excluded those with BMI<18.5Kg/m2 (n = 8,146)

n = 162,070

Excluded those with Survey Final Person Weight = 0 (N= 4,351)

Final Study Population (n = 157,719)

2002/2003 (n = 26,884) [=121 million]

2004/2005 (n = 25,081) [=126 million]

2006/2007 (n = 24,970) [=129 million]

2008/2009 (n = 25,984) [=133 million]

2010/2011 (n = 26,128) [=136 million]

2012/2013 (n = 28,672) [=141 million]
Figure 2a. Trends in the Use of Brand vs Generic Statins in the General Adult Population, MEPS 2002-2013

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eFigure 2b. Trends in Statin Use, Brand vs Generic, by ASCVD and Risk Group, MEPS 2002-2013
### Specific Statin Use and Corresponding Number of Prescriptions in General Adult Population, MEPS 2002-2013

#### Specific Statin

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**Note:** The numbers in millions. Values for combinations represent the % of all combinations.

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Figure 4. Trends in Total Expenditures on Statins by Risk Group, MEPS 2002-2013

ASCVD

Coronary Heart Disease

Stroke/PAD

Non-ASCVD

Diabetes, Non-ASCVD

Dyslipidemia, Non-Diabetic, Non-ASCVD

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eFigure 5. Trends in Total Out-of-Pocket Expenditures on Statins by Risk Group, MEPS 2002-2013

ASCVD

Coronary Heart Disease

Stroke/PAD

Non-ASCVD

Diabetes

Dyslipidemia, Non-Diabetic

© 2016 American Medical Association. All rights reserved.
Abbreviations:
OOP, Out-of-Pocket; USD, United States Dollar

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### Table 2. Characteristics of US Adults Aged 40 and Older Who Used Any Statins Over a 12-Year Period, MEPS 2002-2013

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**Abbreviations:** CHD, Coronary Heart Disease; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease; SE, Standard Error

**Note:**
* p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
** GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
Table 3. Characteristics of US Adults Aged 40 and Older Who Did Not Use Any Statin Over a 12-Year Period, MEPS 2002-2013

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<td>N (Millions)</td>
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<td>28.4</td>
<td>31.1</td>
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<td><strong>Mean Age (SE)</strong></td>
<td>55.4 (0.2)</td>
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**Abbreviations**: CHD, Coronary Heart Disease; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease; SE, Standard Error

**Note:**
* p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
**GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
### eTable 4a. Variation in Trends in Any Statin Use Among ASCVD U.S. Adults With CHD, MEPS 2002-2013

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**GCCI**

1 55.3 (52.3-58.3) 62.6 (59.9-65.2) 63.1 (60.1-66.0) 60.7 (57.7-63.6) 63.3 (60.2-66.4) 60.7 (57.6-63.7)
2 53.9 (47.8-59.9) 62.2 (55.0-68.8) 66.8 (60.6-72.5) 58.1 (52.1-63.8) 60.6 (55.1-65.8) 62.1 (56.5-67.4)
3 52.5 (44.4-60.3) 60.1 (51.1-68.4) 55.9 (46.3-65.1) 63.0 (56.0-69.4) 70.9 (64.9-76.2) 69.2 (62.9-74.8)

**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease; SE, Standard Error

**Note:**

* p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
** GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
# Table 4b. Variation in Trends in Any Statin Utilization Among ASCVD U.S. Adults With Stroke of PAD, MEPS 2002-2013

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**GCCI**

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**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Note:**
* p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
**GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
| Table 4c. Variation in Trends in Any Statin Utilization Among Non-ASCVD U.S. Adults With Diabetes, MEPS 2002-2013 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| N (Millions)                 | 8.9                      | 10.8                      | 12.6                      | 13.2                      | 14.1                      | 14.6                      |
| **Age Category**             |                            |                            |                            |                            |                            |                            |
| 40-64                        | 32.5 (29.3-36.4)          | 41.6 (38.2-45.0)          | 45.3 (42.0-48.6)          | 44.6 (41.5-48.1)          | 47.7 (44.7-50.7)          | 46.9 (43.7-50.1)          |
| 65-74                        | 38.7 (33.3-44.4)          | 50.2 (44.1-56.2)          | 58.7 (52.7-64.4)          | 63.9 (57.7-69.7)          | 58.0 (52.1-63.7)          | 60.9 (56.5-65.1)          |
| 75 or Older                  | 28.2 (22.5-34.6)          | 49.8 (43.2-56.4)          | 55.3 (48.6-61.8)          | 58.7 (50.5-66.2)          | 58.5 (51.2-65.5)          | 61.7 (54.9-68.1)          |
| **Sex**                      |                            |                            |                            |                            |                            |                            |
| Male                         | 32.7 (28.8-36.9)          | 45.5 (41.3-49.8)          | 49.6 (45.9-53.3)          | 48.4 (44.4-52.5)          | 51.1 (47.0-55.2)          | 53.1 (49.0-57.2)          |
| Female                       | 34.0 (30.1-38.1)          | 44.0 (40.5-47.7)          | 49.6 (46.0-53.3)          | 51.8 (47.6-55.9)          | 51.6 (48.0-55.2)          | 52.3 (48.8-55.9)          |
| **Race/ethnicity**           |                            |                            |                            |                            |                            |                            |
| Non-Hispanic White           | 36.0 (32.3-39.8)          | 48.9 (45.1-52.6)          | 52.5 (49.0-56.1)          | 53.8 (49.5-58.0)          | 55.2 (51.2-59.1)          | 56.6 (52.8-60.2)          |
| Non-Hispanic Black           | 27.1 (22.6-32.3)          | 33.9 (28.5-39.8)          | 43.3 (36.7-50.1)          | 41.3 (37.1-45.7)          | 43.8 (38.1-49.7)          | 42.5 (37.3-47.8)          |
| Asian                        | 26.8 (17.3-39.1)          | 42.0 (29.3-56.0)          | 53.0 (40.0-65.8)          | 54.3 (40.3-67.5)          | 57.6 (49.4-65.5)          | 56.7 (48.9-64.2)          |
| Hispanic                     | 28.7 (24.0-33.9)          | 38.4 (32.3-45.0)          | 44.0 (38.8-49.3)          | 43.6 (38.8-48.4)          | 41.3 (36.5-46.3)          | 46.4 (42.2-50.7)          |
| Other                        | 45.5 (29.4-62.6)          | 47.4 (29.7-65.8)          | 39.5 (25.1-56.0)          | 38.5 (23.6-56.0)          | 54.4 (36.0-71.1)          | 58.4 (40.8-74.1)          |
| **Insurance status**         |                            |                            |                            |                            |                            |                            |
| Uninsured                    | 16.9 (11.2-24.8)          | 29.1 (21.5-38.2)          | 27.6 (21.6-34.6)          | 26.5 (20.7-33.3)          | 30.5 (23.5-38.5)          | 30.6 (23.8-38.4)          |
| Private only                 | 35.4 (31.0-40.2)          | 43.6 (39.2-48.2)          | 47.3 (43.4-51.2)          | 46.9 (42.9-51.0)          | 50.6 (47.0-54.2)          | 48.6 (44.4-52.9)          |
| Medicaid                     | 32.3 (25.0-40.7)          | 42.3 (32.9-52.3)          | 44.8 (36.4-53.6)          | 54.7 (44.7-64.3)          | 49.3 (42.4-56.2)          | 53.3 (47.1-59.4)          |
| Medicare                     | 32.3 (27.9-37.1)          | 44.6 (38.6-50.9)          | 52.3 (47.2-57.4)          | 55.6 (49.4-61.7)          | 58.0 (53.3-62.7)          | 61.4 (57.8-64.9)          |
| Other (Public/Private)       | 36.7 (30.5-43.2)          | 52.5 (46.7-58.2)          | 61.0 (54.6-67.0)          | 63.4 (56.3-69.9)          | 57.3 (49.2-65.0)          | 50.3 (22.8-77.6)          |
| **Family income level**      |                            |                            |                            |                            |                            |                            |
| Poor (<100% of FPL)          | 34.7 (28.9-40.9)          | 41.8 (36.2-47.6)          | 46.3 (40.4-52.2)          | 48.1 (42.1-54.2)          | 50.7 (45.3-56.0)          | 52.1 (46.4-57.8)          |
| Near Poor (100-124% of FPL)  | 27.6 (19.8-37.0)          | 38.7 (30.5-47.7)          | 45.1 (37.7-52.8)          | 52.8 (43.1-62.2)          | 57.5 (48.9-65.7)          | 49.5 (41.5-57.4)          |
| Low Income (125-199% of FPL) | 28.5 (23.2-34.5)          | 44.7 (39.1-50.5)          | 47.5 (41.9-53.2)          | 48.6 (43.0-54.3)          | 44.8 (39.6-50.0)          | 49.1 (43.7-54.4)          |
| Middle Income (200-399% of FPL)| 31.7 (27.1-36.6)          | 42.2 (37.4-47.1)          | 51.0 (46.5-55.4)          | 46.6 (41.8-51.5)          | 49.6 (45.4-53.9)          | 54.0 (49.2-58.6)          |
| High Income (≥400% of FPL)   | 37.6 (32.6-42.8)          | 49.0 (43.9-54.0)          | 51.2 (46.7-55.8)          | 53.9 (48.7-59.1)          | 54.6 (50.2-59.0)          | 54.0 (49.6-58.3)          |

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**GCCI**

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</table>

**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Note:**
- * p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
- **GCCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation**
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<td>Near Poor (100-124% of FPL)</td>
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<td>52.9 (45.8-59.9)</td>
<td>56.6 (48.8-64.0)</td>
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**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Note:**
* p-value for year effect on population characteristics were computed using linear regression for mean age and Pearson Chi-squared test for proportions
**GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
### eTable 5a. Odds Ratios for the Use of Statins Among Adults With ASCVD, MEPS 2002-2013

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<th>Odds Ratio (95% CI)</th>
<th>Odds Ratio (95% CI)</th>
<th>Odds Ratio (95% CI)</th>
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<td>Model 2</td>
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<td>1.00 (ref)</td>
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<td>Non-Hispanic Black</td>
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<td>Near Poor (100-124% of FPL)</td>
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<td>0.98 (0.83-1.16)</td>
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<td>1.07 (0.95-1.21)</td>
<td>1.01 (0.89-1.14)</td>
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<td>Middle Income (200-399% of FPL)</td>
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<td>1.00 (ref)</td>
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<td>1.00 (ref)</td>
<td>1.00 (ref)</td>
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<td>0.87 (0.76-0.99)</td>
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<tr>
<td>West</td>
<td>0.86 (0.74-1.01)</td>
<td>0.89 (0.76-1.04)</td>
<td>0.92 (0.79-1.08)</td>
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<td>1.05 (0.91-1.20)</td>
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</table>
Abbreviations: CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index GED, General Education Development; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Model 1**: Age, Sex, and Race/ethnicity along with the univariate predictor of statin use included in the model

**Model 2**: All predictor variables were included in this model

*GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation*
<table>
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<th>Cycle</th>
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<th>Model 2</th>
</tr>
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<td>0.89 (0.78-1.00)</td>
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<td>Family Income Level</td>
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<tr>
<td>Near poor (100-124% of FPL)</td>
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<td>0.94 (0.84-1.05)</td>
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<tr>
<td>Low income (125-199% of FPL)</td>
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<td>0.94 (0.87-1.02)</td>
<td>0.96 (0.88-1.05)</td>
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<tr>
<td>Middle income (200-399% of FPL)</td>
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<td>0.98 (0.91-1.05)</td>
<td>0.98 (0.91-1.06)</td>
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<tr>
<td>High income (≥400% of FPL)</td>
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<td>1.17 (1.09-1.26)</td>
<td>1.20 (1.11-1.31)</td>
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<td>2.44 (2.23-2.68)</td>
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<tr>
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<td>0.94 (0.87-1.02)</td>
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<td>0.95 (0.88-1.03)</td>
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<tr>
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<td>History of Diabetes</td>
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<td>1.48 (1.35-1.62)</td>
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</table>
**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index GED, General Education Development; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Model 1:** Age, Sex, and Race/ethnicity along with the univariate predictor of statin use included in the model

**Model 2:** All predictor variables were included in this model

*GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation
## eTable 5c. Odds Ratios for the Use of Statins Among ASCVD Adults With CHD, MEPS 2002-2013

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<th>Model 2</th>
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<td>1.50 (1.27-1.78)</td>
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<tr>
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<td>0.55 (0.49-0.61)</td>
<td>0.59 (0.53-0.65)</td>
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<td>Non-Hispanic Black</td>
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<tr>
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<td>1.00 (ref)</td>
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<tr>
<td>Poor (&lt;100% of FPL)</td>
<td>1.09 (0.92-1.31)</td>
<td>1.02 (0.84-1.22)</td>
<td>0.98 (0.81-1.19)</td>
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<tr>
<td>Near poor (100-124% of FPL)</td>
<td>1.19 (1.04-1.37)</td>
<td>1.06 (0.93-1.22)</td>
<td>0.99 (0.87-1.15)</td>
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<tr>
<td>Low income (125-199% of FPL)</td>
<td>1.33 (1.18-1.49)</td>
<td>1.15 (1.02-1.29)</td>
<td>1.04 (0.92-1.19)</td>
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<tr>
<td>Middle income (200-399% of FPL)</td>
<td>1.92 (1.69-2.18)</td>
<td>1.58 (1.39-1.79)</td>
<td>1.37 (1.19-1.59)</td>
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<tr>
<td>High income (≥400% of FPL)</td>
<td>1.95 (1.50-2.53)</td>
<td>1.59 (1.29-2.97)</td>
<td>1.91 (1.49-2.44)</td>
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<tr>
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<td>2.07 (1.59-2.67)</td>
<td>1.91 (1.49-2.44)</td>
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<td>Medicare</td>
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<td>1.00 (ref)</td>
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<td>1.06 (0.91-1.23)</td>
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<td>1.08 (0.93-1.27)</td>
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<td>1.00 (ref)</td>
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<td>Midwest</td>
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<td>0.97 (0.82-1.14)</td>
<td>1.02 (0.85-1.21)</td>
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<td>0.83 (0.71-0.96)</td>
<td>0.87 (0.74-1.02)</td>
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<td>0.88 (0.74-1.05)</td>
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<td>1.05 (0.91-1.21)</td>
<td>0.99 (0.86-1.16)</td>
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</table>
**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index GED, General Education Development; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

**Model 1:** Age, Sex, and Race/ethnicity along with the univariate predictor of statin use included in the model

**Model 2:** All predictor variables were included in this model

*GCCI was modified for this study by excluding any cardiovascular disease or diabetes from the comorbidity index computation*
Table 5d. Odds Ratios for the Use of Statins Among ASCVD Adults With Stroke and/or PAD, MEPS 2002-2013

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<td>1.65 (1.34-2.03)</td>
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<td>2010-2011</td>
<td>1.58 (1.31-1.91)</td>
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<td>2012-2013</td>
<td>1.64 (1.33-2.03)</td>
</tr>
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<td>40-64</td>
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<td>65-74</td>
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<td>75 &amp; Above</td>
<td>1.48 (1.29-1.69)</td>
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<tr>
<td><strong>Female (versus Male)</strong></td>
<td>0.78 (0.69-0.87)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
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<td>Non-Hispanic Black</td>
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<td>1.02 (0.83-1.25)</td>
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<td>Low income (125-199% of FPL)</td>
<td>1.19 (1.02-1.38)</td>
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<td>Middle income (200-399% of FPL)</td>
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<td>High income (≥400% of FPL)</td>
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<td>Medicaid</td>
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<td>Medicare</td>
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<td>Some college or higher</td>
<td>0.98 (0.81-1.19)</td>
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**Abbreviations:** CHD, Coronary Heart Disease; FPL, Federal Poverty Level; GCCI, Grouped Charlson Comorbidity Index GED, General Education Development; MEPS, Medical Expenditure Panel Survey; PAD, Peripheral Arterial Disease

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<tr>
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<th>Odds Ratio (95% CI)</th>
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<td>Family Income Level</td>
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<td>Low income (125-199% of FPL)</td>
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<th>Cycle</th>
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<tr>
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<td>Midwest</td>
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<td>West</td>
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