significance level of 0.05 was used for these analyses. RESULTS: Overall 7,261 enrollees were included in the analysis. Of these, 187 (2.6%) had HF at baseline and 1,075 (14.8%) experienced HF for the first time. Mean LOS was 4.29 (±7.5) days but increased significantly to 8.8 (±17.6) days in case of new onset HF (β = 5.2 ± 0.2, p < 0.01). The mean duration of persistence was 27.5% and 44.4% respectively, unfixed versus fixed ARB/AML double combination. Twelve months after first prescription persistence on unfixed versus semi-fixed fixed triple ARB combination, and 5.4% on an unfixed triple ARB combination. RESULTS: Within the refill interval in relation to the number of days in the refill interval. The results suggest an overall negative impact of the Medicare part D coverage gap on enrollee health care resource utilization among Medicare beneficiaries. Beneficiaries enrolled in the Part D program with at least 1 prescription claim for statin were included in the study. Patients were classified as continuers (switchers and discontinuers of statin medications after reaching the coverage gap. The primary outcomes of interest were average number of emergency room (ER) visits, hospitalizations, out of pocket (OoP) costs and number of prescriptions pre and post coverage gap. RESULTS: 131237 patients met the inclusion criteria. All patients in the study sample were diagnosed with hyperlipidemia, and 8,251 patients were prescribed with statins as a primary prevention treatment. Of the beneficiaries taking statins, 65.8% were female; 80.71% white; 10.91% black and the mean age was 71.9 (±12.0) years. Overall, 24.3% of statin users reached the coverage gap in 2007, with 10.2% reaching the gap by March, 42.0% by June, and 74.4% by September. Within 90 days after reaching the gap, 74.2% of statin users continued using their statin medication, 1.0% switched to a different statin medication, and 24.8% discontinued use of statins. After reaching the coverage gap, the average number of ER visits/month increased from 0.24 to 0.25 and the average OoP costs newly increased from $58.51 to $104.03. CONCLUSIONS: The results suggest an overall negative impact of the Medicare part D coverage gap on enrollee health care resource utilization among Medicare beneficiaries, number of hospitalizations, emergency department visits and out of pocket expenses incurred by beneficiaries. The disruption of the coverage gap on the quality of care is demonstrated by the large percentage of statins users discontinuing therapy.

PCV62 PERSISTENCE AND COMPLIANCE IN HYPERTENSION TREATMENT WITH OLMESARTAN MEDOXOMIL – ANALYSIS OF REAL-LIFE PRESCRIPTION DATA

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OBJECTIVES: To evaluate treatment and compliance in patients receiving unfixed combinations compared to patients receiving fixed combinations with olmesartan medoxomil for hypertension treatment in Germany. METHODS: This retrospective analysis evaluated prescription data collected by general practitioners, using a longitudinal database, the German IMS Disease Analyzer (DA). The DA database was searched for patients with hypertension (ICD-10 code I10) who were initiated on double or triple combinations of ARBs with hydrochlorothiazide (HCT) and/or amlopine (AML) in the period 09/2008-08/2009 with a follow-up of at least 12 months. Persistence on unfixed or fixed ARB/AML double or triple combination compared to patients compared to unfixed combinations because of reduced pill burden.
The outcome was adherence to AH drugs in the 6-month post-index period. Logistic regression analysis was conducted to explore the impact of CVD hospitalizations on changes in adherence to AH drugs. RESULTS: There were 1332 patients with AH drugs. Patients with a CVD hospitalization were 2.9 times (95% Confidence Interval, 1.9–4.1) more likely to be non-adherent to AH drugs compared to control patients. Among patients with a CVD hospitalization, the proportion of patients who were non-adherent to AH drugs in the 6-month post-index period was 30.6%. CONCLUSIONS: Patient adherence to AH drugs improved after a CVD hospitalization, but there was still a substantial proportion of patients who were non-adherent after that hospitalization. Counseling patients on medication adherence during their hospitalization may be an effective way for improving their adherence following discharge.

PCV64 ADHERENCE TO MEDICATIONS WITH ONCE-A-DAY (QD) AND TWICE-A-DAY (BID) DOSING FORMULATIONS IN ACUTE CORONARY SYNDROME (ACS) PATIENTS

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OBJECTIVES: To estimate patient adherence with once-a-day (QD) vs. twice-a-day (BID) chronic medications following hospital discharge for ACS. METHODS: A retrospective cohort study of patients discharged between 1/1/2007 and 4/30/2009 with a CVD diagnosis. This was performed using a large electronic claims dataset. Two chronic medications dispensed for QD and BID utilization, carvedilol and metformin, were analyzed for adherence measures [persistence, days on therapy, compliance (medication possession ratio, MPR), total # of dispensed prescriptions, patients with ≥30 days supply] over a 12 month post-index period. Included patients had first dispensed prescription of carvedilol or metformin within 60 days of discharge (index prescription) and had Rx activity for any drug ≥ 12 months post-index. Persistence was defined as percentage of patients without a therapy lapse of 1-28 days from last dispensed day’s supply. RESULTS: Persistence for carvedilol QD vs. BID (N=168-2086) at 6 months was 44.0% vs. 43.7% and at 12 months was 24.4% vs. 25.5%. Persistence with metformin QD vs. BID (N=136-614) at 6 months was 50.7% vs 53.7% and at 12 months was 28.7% vs. 35.0%. The average days on therapy for carvedilol QD vs. BID at 6 months was 120.5 vs 121.9 and at 12 months was 196.7 vs 203.0. Average days on therapy for metformin QD vs. BID at 6 months was 123.6 vs 136.2 and at 12 months was 206.1 vs. 237.7. Compliance (MPR) with QD vs. BID carvedilol at 12 months was 84% vs 80.7% and for metformin was 77.6% vs 75.5%. Additional adherence measures were consistent for both BID and QD dosing. CONCLUSIONS: In ACS patients, no clinically meaningful differences on adherence measures were observed between QD versus BID dosing formulations over a 12 month follow-up period. Results indicate potential opportunities to improve persistence with chronic therapies in ACS patients.

PCV65 NEW STEATOSIS USERS’ PERSISTENCE AND ADHERENCE: BOTH ARE CRITICAL CONCEPTS IN THE COMPREHENSIVE CHARACTERIZATION OF MEDICATION EXPOSURE

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OBJECTIVES: Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER) demonstrated a statin benefit for primary prevention of CHD in high-risk patients. However, real-world patients may not exhibit medication persistence and adherence seen in the trial. We described persistence and adherence of first-time statin users with continuous health plan eligibility 12 months prior and 32 months after the index statin prescription between July 1, 1997 and December 31, 2008. Persistence and adherence were measured during the 24 months. Patients were considered persistent if they had ≥30 days supply of their statin prescription during the distribution patterns for non-administered VTE prophylaxis doses. A recent study by our team indicated that approximately 13% of admissions for patients with CHD were not receiving VTE prophylaxis on admission. The study included hospitalized patients aged 18 years or older who were ordered pharmacologic VTE prophylaxis from December 1, 2007 through June 30, 2008. METHODS: A total of 108,533 VTE prophylaxis doses were ordered for 8,607 patients. 12.8% of ordered doses were not administered. Retrospective pharmacy claims data were analyzed to determine the distribution patterns for non-administered VTE prophylaxis. RESULTS: The CHD cohort (N=5,668) was 74% male with a mean age of 57 (SD=8.8) years. Overall mean MPR was 89%(SD=22) at month six (M6), 84%(SD=23) at 12 months (M12), and 81%(SD=26) after 18-months (M18). Approximately 80% of patients were adherent (MPR=80%) with statin therapy at M6 which declined to 71% at M12, and 69% at the end of M18 (p<.001). Older male patients with hyperlipidemia were more adherent. Adjusting for covariates, patients were more likely to be adherent at M6, M12, and M18 that switched statins (OR=1.87[1.65-2.13], 1.31[1.24-1.46], and 1.01[0.99-1.03]) or had at least one titration adjustment (OR=2.99[2.62-3.40] at 1.86[1.72-2.01], and 1.54[1.41-1.65]) compared to patients with no therapeutic adjustment. The average decrease in days to refill gap increased from 34% to 53% to 63% at 6, 12, and 18-months respectively. CONCLUSIONS: This study showed statin adherence was high among DoD patients receiving medical care at MTFs for secondary prevention of CHD during the first 6-months. Adherence and persistence, however, declined by month 12. This was associated with the discontinuation of pre-scribed therapy, as seen among patients who were titrated or switched statins.

PCV66 FACTORS ASSOCIATED WITH NON-ADMINISTRATION OF ORDERED PHARMACOLOGIC VENOUS TROMBOEMBOLISM PROPHYLAXIS DOSES

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