MEDICATION ADHERENCE AND PERSISTENCE OF CLOPIDOGREL IN ACUTE CORONARY SYNDROME PATIENTS WITH AND WITHOUT DIABETES MELLITUS
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OBJECTIVES: The recent ACC/AHA guidelines recommend the use of clopidogrel for at least 1 year in ACS-PCI patients who are not at high risk of bleeding. However, use of clopidogrel may not meet this guidance due to compliance issues. In this study, 1-year compliance of clopidogrel by ACS patients with or without diabetes mellitus (DM) was studied. METHODS: A total of N = 12,502 ACS patients, aged 18-64 years and hospitalized with a primary diagnosis of ACS between January 1, 2005 and December 31, 2006, were identified with completion year follow-up eligible, and use information in the MarketScan claims database. Patients were categorized into two cohorts: DM (N = 3040) and non-DM (N = 9462). Adherence was measured by the medication possession ratio (MPR). Persistence was reported using the time from index hospitalization to the first gap of >30 days between exhausting the supplied medication and filling the next prescription. Adherence and persistence between cohorts was compared using propensity score-adjusted bootstrapping method. RESULTS: A total of 72.1% (2193/3040) DM patients and 76.1% (171997462, p < 0.01) non-DM patients had at least 1 outpatient fill for clopidogrel in the year after the index hospitalization. Among the clopidogrel users (64.9% PCI, 30.3% medical management, 4.3% CABG), the average MPR was 0.78 for DM patients and 0.80 for non-DM patients (p = 0.189). Significantly lower persistence was observed for DM patients vs. non-DM patients (257.6 vs. 274.7 days, p = 0.012). ACS patients undergoing PCI had significantly higher persistence compared to medical management patients (280.7 vs. 231.4 days, p < 0.001 for DM; 285.7 vs. 254.6 days, p < 0.001 for non-DM). CONCLUSIONS: Approximately three-fourths of patients in this study had used clopidogrel after being hospitalized for ACS. ACS patients with prior diabetic history were less likely to be persistent with medication than non-diabetic patients. This finding might have clinical consequences since DM patients typically have higher risk of cardiac events.

REAL-WORLD PRACTICE PATTERNS OF ACUTE CORONARY SYNDROME (ACS) PATIENTS WITH AND WITHOUT DIABETES MELLITUS (DM)
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OBJECTIVES: This study compared the real-world practice patterns for ACS patients with and without diabetes mellitus (DM) was studied. METHODS: A total of N = 12,502 ACS patients, aged 18-64 years and hospitalized with a primary diagnosis of ACS between January 1, 2005 and December 31, 2006, were identified with completion year follow-up eligible, and use information in the MarketScan claims database. Patients were categorized into two cohorts: DM (N = 3040) and non-DM (N = 9462). Adherence was measured by the medication possession ratio (MPR). Persistence was reported using the time from index hospitalization to the first gap of >30 days between exhausting the supplied medication and filling the next prescription. Adherence and persistence between cohorts was compared using propensity score-adjusted bootstrapping method. RESULTS: A total of 72.1% (2193/3040) DM patients and 76.1% (171997462, p < 0.01) non-DM patients had at least 1 outpatient fill for clopidogrel in the year after the index hospitalization. Among the clopidogrel users (64.9% PCI, 30.3% medical management, 4.3% CABG), the average MPR was 0.78 for DM patients and 0.80 for non-DM patients (p = 0.189). Significantly lower persistence was observed for DM patients vs. non-DM patients (257.6 vs. 274.7 days, p = 0.012). ACS patients undergoing PCI had significantly higher persistence compared to medical management patients (280.7 vs. 231.4 days, p < 0.001 for DM; 285.7 vs. 254.6 days, p < 0.001 for non-DM). CONCLUSIONS: Approximately three-fourths of patients in this study had used clopidogrel after being hospitalized for ACS. ACS patients with prior diabetic history were less likely to be persistent with medication than non-diabetic patients. This finding might have clinical consequences since DM patients typically have higher risk of cardiac events.

HEALTH CARE RESOURCES UTILIZATION IN ACUTE CORONARY SYNDROME PATIENTS ONE YEAR AFTER PCI: FRENCH RESULTS FROM THE ANTIPLATELET TREATMENT OBSERVATIONAL REGISTRY (APTOR)
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OBJECTIVES: To describe health care resources utilization and health related quality of life of ACS patients concerning coronary syndrome with or without diabetes mellitus (DM) was studied. METHODS: A total of 72.1% (2193/3040) DM patients and 76.1% (171997462, p < 0.01) non-DM patients had at least 1 outpatient fill for clopidogrel in the year after the index hospitalization. Among the clopidogrel users (64.9% PCI, 30.3% medical management, 4.3% CABG), the average MPR was 0.78 for DM patients and 0.80 for non-DM patients (p = 0.189). Significantly lower persistence was observed for DM patients vs. non-DM patients (257.6 vs. 274.7 days, p = 0.012). ACS patients undergoing PCI had significantly higher persistence compared to medical management patients (280.7 vs. 231.4 days, p < 0.001 for DM; 285.7 vs. 254.6 days, p < 0.001 for non-DM). CONCLUSIONS: Approximately three-fourths of patients in this study had used clopidogrel after being hospitalized for ACS. ACS patients with prior diabetic history were less likely to be persistent with medication than non-diabetic patients. This finding might have clinical consequences since DM patients typically have higher risk of cardiac events.

PUBLIC TENDERING FOR OFF PATENT PHARMACEUTICALS IN BELGIUM—THE SIMVASTATIN CASE
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OBJECTIVES: To evaluate the effectiveness of a public tendering technique (so called ‘Kiwi model’) intended to lower the prices of off-patent drugs in the maintaining economy (perspective Health Insurance expenditures), applied on pharmaceuticals containing simvastatin. METHODS: In 2006, the Belgian government launched a public tender granting a preferential reimbursement level (75%/5% reimbursed versus 50%) to the company offering the lowest price for its pharmaceuticals containing simvastatin. The economy was estimated at €14.6 million for the first year (2008—budget for simvastatin). Health Insurance expenses were evaluated using registered financial data from NHB (pharmaceuticals in public pharmacies). RESULTS: In 2008, the expenses for pharmaceuticals containing simvastatin decreased with 30% versus 2007 (47 versus €32.5 million). At the same time, in 2007 while in 2008 the expenses for all statins grew with 10.5% versus 2006 (€165 versus €182 million), in 2008 the expenses for all statins increased only by 6.5% versus 2007 (182 versus 193.8 mio EURO), mainly due to an increase of the expenses for atorvastatin (+16% or €83.5 versus €99 million) and rosuvastatin (+40% or €30 versus €42 million). CONCLUSIONS: The substantial price reductions and the estimated economy, due to the execution of the Kiwi model for simvastatin, were obtained, but counterbalanced by the growth of the expenses for other statins. A public tendering technique for off-patent molecules, intending important price reductions, is therefore considerable as a means to control Health Insurance expenditures, if shifts versus similar (on-patent) molecules (therapeutic alternatives) can be mastered.