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 1.9–4.3) more likely to be non-adherent 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) VS. 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 was performed using a large health care claims dataset. Two chronic medications dispensed for QD and BID utilization, carvedilol and metformin, were analyzed for adherence measures (persistency, days on therapy) following discharge. An ACS diagnosis was performed using a large hospital and pharmacy claims database. An ACS diagnosis was defined as the primary diagnosis of a patient admitted with a procedure code for STEMI or NSTEMI. Retrospective cohort study of patients discharged between 1/1/2007 and 4/30/2009 with an ACS diagnosis was performed using a large hospital and pharmacy claims database. This study was conducted in 2010. Acknowledgments: This work was supported by an unrestricted research grant from angrily, Inc, provided to the two authors, and was not related to the content of the paper. The authors declare that they have no competing interests. The study was approved by the University of California, Los Angeles institutional review board. All statistical analyses were performed using SAS. Results: Among 16,901 patients who were discharged with an ACS diagnosis, 13,124 patients were admitted with a diagnosis of STEMI and 3667 with NSTEMI. In the cohort of patients with STEMI, 21% were persistent at 3 months, 12% at 6 months, and 10% at 12 months. In the cohort of patients with NSTEMI, 16% were persistent at 3 months, 11% at 6 months, and 8% at 12 months. Conclusion: Adherence to medications dispensed for QD and BID utilization, carvedilol and metformin, was low in patients discharged with an ACS diagnosis. Future studies should focus on strategies to improve adherence among patients discharged with an ACS diagnosis.

PCV65
NEW STATION 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 Stations in Prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER) demonstrated a station benefit for primary prevention. However, real-world patients may not exhibit medication persistence and adherence seen in the trial. We described persistence and adherence of first-time-station users. METHODS: A 10% random sample of the IMS LifeLink Health Plan Claims Database was used to obtain prescription claims records for adults (>18 years) 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 after statin initiation. Patients were persistent if gaps in statin use did not exceed 8.8 days. Adherence was measured as the median Possession Ratio (MPR) during the period of persistence. Persistence groups were categorized as ‘short’ (<9 months), ‘intermediate’ (9-16 months) and ‘long’ (17+ months) and compared using ANOVA. RESULTS: Among 26,530 new statin users, the mean length of persistence was 17 months. The proportions in each persistence category were as follows: ‘short’ 40%, ‘intermediate’ 33% and ‘long’ 26%. 32% were persistent for >12 months or more, as compared to 75% of JUPITER patients taking medication after the median 1.9 year study period. Mean MPR of the ‘intermediate’ and ‘short’ persistence categories were similar (0.57 vs 0.60, p=0.15), but lower than the overall mean MPR of 0.80. Mean MPR was greater in the ‘long’ persistence category (0.85 vs P<0.001) and was greater than the overall mean MPR. CONCLUSIONS: Persistence and adherence measure two different but critical concepts: the length of time patients use statins and their adherence to the statin regimen during that period, which is reflective of their ability to self-administer the prescribed treatment. Both concepts are important and must be measured to understand the value of station users to their health plan.

PCV66
ADHERENCE RATES AMONG HEALTH PLAN MEMBERS STARTING GENERIC VERSUS BRAND STATIN THERAPY
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OBJECTIVES: A recent study by our team indicated that approximately 33% of patients prescribed generic statins (GTS) were non-adherent, whereas patients prescribed brand statins (BS) were significantly more adherent. The goal of this study was to determine documented reasons and describe the distribution patterns for non-administered VTE prophylaxis. METHODS: We conducted a retrospective review of electronic medication administration records for patients computerized with a computerized provider order entry (CPOE) system at a large academic medical center. From January 1, 2005 to June 30, 2010, 35,725 patients were included. We documented reasons for non-adherence and classified them as patient refusal, replacement therapy, or doctor’s order. RESULTS: Of the 35,725 patients who received VTE prophylaxis during the study period, 15,452 (44%) were prescribed a generic statin as initial therapy were more adherent than those prescribed a brand, despite having no copayment for generic or brand medications. This difference was not present among commercial plan patients. CONCLUSIONS: After evidence-based statin initiation, patients prescribed a generic statin had higher adherence than those prescribed a brand, but similar adherence to those prescribed a brand in the commercial plan. In the Medicaid plan, patients prescribed a generic statin had higher adherence than those prescribed a brand, but similar adherence to those prescribed a brand in the commercial plan. 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.

PCV67
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