was performed. Cronbach’s alpha coefficients and Pearson’s product moment correlations were calculated to estimate reliability. To establish construct validity, correlation coefficients were calculated between the subscales and vitality, well-being, treatment satisfaction, and/or baseline glycosylated hemoglobin (HbA1c). Standard errors of measurement (SEMs) were calculated between the subscales and vitality, well-being, and/or baseline glycosylated hemoglobin.

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**OBJECTIVES:** To compare self-report measures of medication adherence with claims-based measures of adherence. METHODS: A mail survey was conducted of persons with diabetes in the Henry Ford Health System in 2006. Prescription claims were obtained for survey respondents, and the analyses were conducted with 932 persons who were using at least two oral medications for diabetes. The self-reported measures of adherence included a six-category self-rating of adherence which ranged from “never” to “all of the time” and a visual analog scale (VAS) wherein patients marked the percentage of time that they followed the medication regimen as directed. The claims-based measure was the continuous measure of availability (CMA) reported as a scale from 0 to 100%. Two dichotomous measures of adherence were created: CMA-80 (CMA cut at 80%); VAS-80 (VAS cut at 80%). RESULTS: The VAS and CMA demonstrated a linear relationship in the expected direction with the self-selected categories for medication adherence. The mean VAS scores ranged from 62.4% to 98.1% across the categories (F = 180.4, p < 0.001), and the CMA ranged from 66.1% to 85.4% (F = 15.8, p < 0.001). The VAS had a moderate correlation with the CMA (r = 0.25). The mean (±SD) for the VAS and CMA were 95.5 (±0.4) and 83.2 (±15.9), respectively. For difference scores (VAS minus CMA), 33.5% of respondents had a VAS that was at least 1 SD higher than CMA. When comparing the VAS-80 to the CMA-80, the area under the ROC curve was 0.54 (2.3% were categorized as adherent by CMA-80, but non-adherent by VAS-80; 30.2% were categorized as non-adherent by CMA-80, but adherent by VAS-80). CONCLUSION: Self-reported adherence to medications by patients with diabetes is moderately correlated with claims-based estimates. However, about one-third of respondents will have a VAS that is significantly higher than CMA.

**PDB27**

**MEDICATION ADHERENCE IN PATIENTS WITH DIABETES DURING THE MEDICARE PART D BENEFIT COVERAGE GAP PERIOD**

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**OBJECTIVES:** To evaluate medication adherence of select lipid lowering and oral anti-diabetic medications in diabetic patients during the Medicare Part D benefit coverage gap. METHODS: This was a retrospective evaluation of pharmacy claims database. The evaluation consisted of standard Medicare Part D benefit patients at an 185,000 member managed care organization during January 1, 2006 through November 30, 2006. Study patients included anyone who encountered claims for both a 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitor (statin) and an oral (PO) anti-diabetic medication during January 1, 2006, and reached the coverage gap by November 30, 2006. Patients were excluded if they subsequently experienced catastrophic coverage or did not reach the coverage gap during 2006. Medication adherence was measured using pharmacy claims data to calculate medication possession ratios (MPR). A descriptive comparison of MPR during “pre-coverage gap days” and...