

Title: IMPACT OF POPULATION-BASED ADHERENCE PROGRAMS ON IMPROVING ADHERENCE TO VENLAFAXINE EXTENDED RELEASE THERAPY AND MIGRATION TO A DIFFERENT PRODUCT

Authors: Laleh Varasteh, Grant Follansbee, and Jim Vermilyea

Objective: To demonstrate the impact of the customized adherence programs in males and females who received venlafaxine extended release and to measure the impact of intervention programs in migration to a different product. **Method:** Participants: A total of 6,182 patients age 18 or older who filled a new prescription for venlafaxine extended release tablets. Setting: More than 1,600 community pharmacies nationwide. Data were from computerized pharmacy records. Design: Participants were randomized into four protocol groups: Protocol A (n=3,044) or the female group received mailed reminders before the refill due date; Protocol B (n=1,068) or the male group received less frequent reminders; Protocols C (n=1,584) or the female control, and D (n=486) or the male control groups received no intervention. On average, Protocol A and B received 5.8 and 3.7 interventions respectively. Overall, 49% of patients in group A and 54% of patients in group B were on high dose ($\geq 150\text{mg}$) and 51% of patients in group A and 46% of patients in group B were on low dose ($< 150\text{mg}$) venlafaxine. **Results:** The intervention group A obtained 16.85 more days of therapy ($P < .0001$) and the intervention group B obtained 17.05 more days of therapy ($P = 0.0241$) compared to their corresponding control groups over an average period of 6.5 months. On average, Protocol A and B patients on higher doses obtained 34.84 and 42.37 more days of therapy compared to the patients on lower doses of venlafaxine respectively ($P < .0001$). In general, the intervention groups switched to a competitive product at a significantly lower rate than the control groups ($P = 0.0173$). Of the people who switched, the intervention groups switched later in therapy compared to the control groups. **Conclusions:** Groups that received interventions obtained more days of therapy compared to the no intervention groups. The intervention groups switched at a lower rate to another product. Interventions positively impacted medication adherence and switching to a competitive product.

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