To describe real-world patterns of statin use and titration in the first year following a CVD index date (divided into the 1st and 2nd 6-month periods).

OBJECTIVES
- To identify and characterize a cohort of beneficiaries who experience an atherosclerotic CVD event from two commercial claims databases.
- To evaluate the real-world use and titration of statins in the post-event period.
- To assess demographics, comorbidities, medication use and Charlson Comorbidity Index.

METHODS
- Study Design Schema: Figure 1
- Baseline Demographics for Commercial Beneficiaries Experiencing a CVD Event, 2012: Table 1
- Baseline Comorbidity Among Commercial Beneficiaries Experiencing a CVD Event: Table 2
- Statin Use and Titration Patterns Following a CVD Event Among Beneficiaries in Marketscan: Figure 2
- Statin Use and Titration Patterns Following a CVD Event Among Beneficiaries in Optum: Figure 3

RESULTS
- Among all CVD patients, 48% of beneficiaries in Marketscan and 38% in Optum did not use a statin during the entire 1-2 month follow-up period.
- Among all CVD patients who used a statin in the first 6 months, 36% in Marketscan and 28% in Optum did not use it in the 2nd 6-month period.

CONCLUSIONS
- Although 51% – 64% of all beneficiaries identified with a CVD event in two commercial databases filled a statin prescription in each 6-month period post-CVD event, 36% – 48% did not take a prescription in either period, indicating an important gap in treatment.
- Statin use post-CVD event was higher among commercially insured beneficiaries in the Optum database.
- Patients who were prescribed a high LDL-C lowering therapy at the time of the CVD event were much more likely to use a statin in the post event period.
- Regardless of prevalent use, the vast majority of patients did not take their statin in their postevent period.

STRENGTHS AND LIMITATIONS
- Strengths: These data cover ≥2012 covered individuals experiencing a CVD event in 2012, allowing researchers to carefully understand the actual treatment patterns among a large commercially insured population.
- Limitations: Follow-up time for up to 12 months allowed for detailed investigation of use and titration patterns in relevant treatment intervals.
- Limitations: Data among the commercial population may not be generalizable to beneficiaries covered by federal or state insurance programs.
- LDL-C lowering therapy may not accurately capture all CVD events.
- Pre-existing prescription may have confounded the impact of statin prescription.

REFERENCES
- West 14.9 21.4 15.5 21.9
- Midwest 29.1 24.3 32.5 22.8
- Male, % 54.6 51.4 60.7 54.9
- ≥ 75 years 34.6 48.7 32.8 43.3
- Charlson Comorbidity Index
- Resource Use in the 1st and 2nd 6-month Periods Periods Post-CVD Event (N = 29,173)
- Up titration
- Down titration
- Simvastatin < 20 ≥ 20 to < 80 ≥ 80
- Pitavastatin < 2 ≥ ≥ 2
- C. Statin Titration Among Those Using Statins in Both 1st and 2nd 6-month Periods Periods Post-CVD Event (N = 27,462)
- Figure 2. Statin Use and Titration Patterns Following a CVD Event Among Beneficiaries in Marketscan
- Figure 3. Statin Use and Titration Patterns Following a CVD Event Among Beneficiaries in Optum
- T2DM 31.4 32.6 33.7 35.2
- PAD 9.3 9.7 8.7 9.5
- TIA 30.6 27.9 26.1 26.4
- Ischemic stroke 30.1 26.5 25.8 22.4
- Unstable angina: 411.1, 411.81, 411.89
- MI: 410.xx (excluding 410.x2)
- Hypertension: 68% in MarketScan and 75% in Optum
- Previous MI: 34% in MarketScan and 37% in Optum
- Hypertension: 68% in MarketScan and 75% in Optum
- TIA: 435.x
- Ischemic stroke: 433.x1, 434.x1
- Unstable angina: 411.1, 411.81, 411.89
- MI: 410.xx (excluding 410.x2)
- Hypertension: 68% in MarketScan and 75% in Optum
- Previous MI: 34% in MarketScan and 37% in Optum
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