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| **High Rates of Medication Adherence in Patients with Pulmonary Arterial Hypertension: An Integrated Specialty Pharmacy Approach** **Supporting information: Study variables** |
| Age  |
| Gender (male/female) |
| Race * Caucasian
* African American
* American Indian/Alaska Native
* Asian
* Native Hawaiian or other Pacific Islander
* Unknown/not reported
 |
| PDE-5 Inhibitor * Sildenafil
* Tadalafil
 |
| Smoking status * Never smoker
* Current smoker
* Previous smoker
 |
| Insurance type * Commercial
* Government (Medicare/Medicaid)
 |
| Financial assistance (yes/no) |
| Type of financial assistance * Co-pay card/manufacturer assistance
* Vanderbilt medication access program
* Foundation assistance
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| Concomitant medication * Endothelin receptor antagonist
* Prostanoid
* Soluble guanylate cyclase stimulator
* Calcium channel blocker
* Prostacyclin receptor agonist
 |
| Out-of-pocket cost |
| Adverse event (yes/no) |
| Adverse event, type* Headache
* Nausea and vomiting
* Diarrhea
* Leg pain
* Fatigue
* Dizziness
 |
| Adverse event, other (free text response) |
| Hospitalization (yes/no) |
| Number of hospitalizations  |
| Chief complaint for hospitalization* Shortness of breath
* Hypervolemia
* Hypovolemia
* Syncope
* Medication side effect
* Heart failure
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| Chief complaint for hospitalization, other (free text) |
| Prescription data (used to calculate proportion of days covered)* For *each* prescription dispensed for *each* patient:
	+ The number of days since the first dispense
	+ The amount of medication supplied
 |
| Duration of observation period* Number of days between first dispense and date the last dispense is exhausted or end of study period (*earlier of the two*)
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| Status at end of study period* Living
* Deceased
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