SUPPLEMENTAL DOCUMENT 1. SAS code to calculate the proportion of days covered among Medicare Part D beneficiaries using data within the Centers for Medicare and Medicaid Services Chronic Conditions Data Warehouse.

**Version:** 1.0

**Developed by:** Division for Heart Disease and Stroke Prevention (DHDSP), CDC

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**Description:** This code was developed by DHDSP analysts using SAS Version 9.3 (SAS Institute Inc, Cary, North Carolina) to describe nonadherence to antihypertensive medication among Medicare Part D beneficiaries in 2014 using the proportion of days covered (PDC) methodology.\* The methods used and findings were reported in CDC’s September 2016 Vital Signs MMWR report (Ritchey M, et al. Disparities in antihypertensive medication nonadherence among Medicare Part D beneficiaries. MMWR Morb Mortal Wkly Rep 65(35):1–10. [<http://www.cdc.gov/mmwr/volumes/65/wr/mm6536e1.htm?s_cid=mm6536e1_w>]). The analysts applied this code within the Centers for Medicare & Medicaid Services’ (CMS) Virtual Research Data Center (VRDC) on data elements in the CMS Chronic Conditions Data Warehouse (CCW).

To run the entire analysis, please follow these steps:

1. Run the AHM\_VitalSign.sas file first.



1. Run the Overall\_PDC\_calculation.sas program and make sure that the paths for the two macros (DateAdjust\_Macro.sas, PDC\_Calculation\_Macro.sas) are correct.

  

1. Run the Persistence.sas (This is an optional analysis to assess nonpersistence,† but this program needs to be run to allow the final programs to work properly.)



1. Run the Pre\_report.sas program



1. To generate the tables included in the MMWR report, run Table1.sas Table2.sas Table3.sas and Ras Table.sas Program.

   

\*The PDC is a calculation that represents the percentage of days an individual had access to their prescribed medication from the date of their first antihypertensive medication fill through the end of 2014 or until the beneficiary’s death in 2014.

†Nonpersistence was defined as not taking the medication for the entire duration that it was prescribed, and assessed as the percent of beneficiaries who filled at least one AHM class drug but lapsed in taking at least one AHM class for more than 30 days during the measurement period.