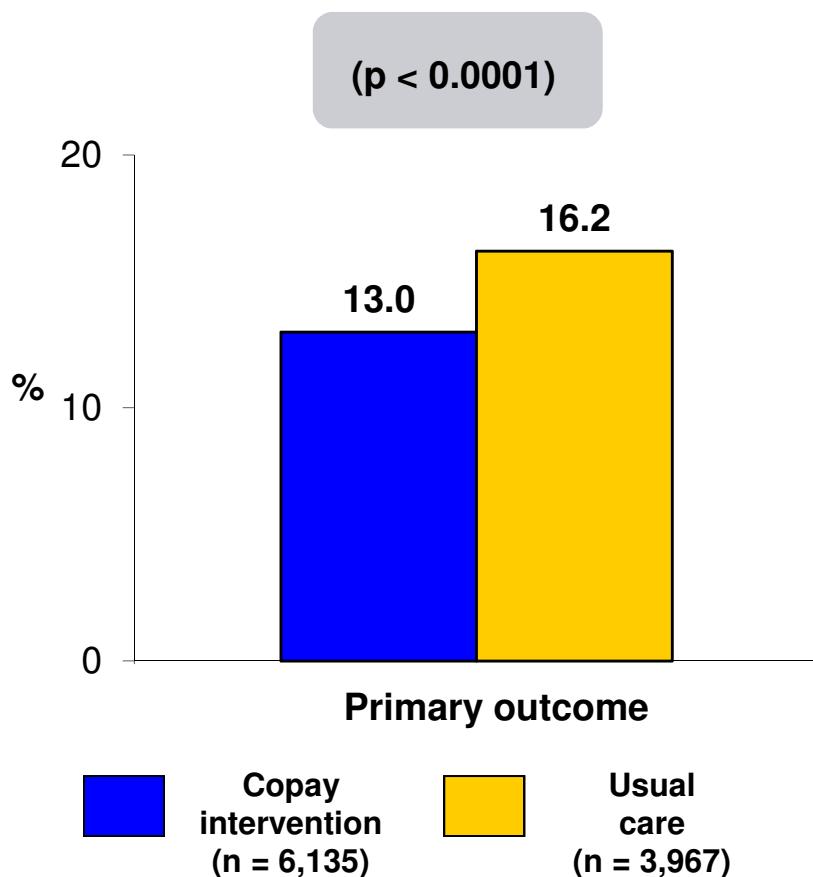


# ARTEMIS

**Trial design:** Patients presenting with ACS underwent 1:1 cluster randomization to either copay intervention towards P2Y12 inhibitor use or usual care. Patients were followed for 1 year.



## Results

- Primary outcome, patient-reported nonpersistence in P2Y12 inhibitor use: copay intervention vs. usual care: 13.0% vs. 16.2%,  $p < 0.0001$
- MACE: 10.2% vs. 10.6%,  $p = 0.65$ ; death: 3.9% vs. 3.9%,  $p = 0.98$ , recurrent MI: 6.9% vs. 7.3%,  $p = 0.64$
- Discharge P2Y12 inhibitor: clopidogrel 36.0% vs. 54.7%, ticagrelor: 59.6% vs. 32.4%,  $p < 0.001$

## Conclusions

- While copayment reduction significantly affected clinician's choice of P2Y12 inhibitor use post-ACS and improved patient adherence with treatment, it did not impact clinical outcomes at 1 year
- Further, even among patients who were in the intervention arm, nearly one in three did not use their vouchers