primary outcome, optimal adherence (OA), was defined as proportion of days covered (PDC) ≥80%. A difference-in-differences (DID) design with a generalized linear model approach was applied to examine differences between participants exposed to the intervention and controls across the study period (2020-2022). At baseline, intervention participants (n=317,613, age 70.1, female 57.0%) had lower OA for diabetes (76.9% vs. 79.8%), hypertension (79.0% vs. 83.0%), and cholesterol (78.6% vs. 82.1%) compared to controls (n=943,389, age 73.3, female 56.1%). The DID results showed that between 2020 - 2022, OA had significant absolute increases for intervention participants (diabetes: +4.0%, hypertension: +6.3%, cholesterol: +6.1%) versus controls (diabetes: -1.6%, hypertension: -0.4%, cholesterol: -1.4%). All DID models were significant at p< 0.0001. The pharmacist-led intervention was significantly associated with increased OA over 2 years. These findings reinforce the potential for pharmacists as care providers among older adults with chronic conditions. Future research should examine the expansion of pharmacist-provided care.