levels (6 studies) and greater proportions of patients achieving LDL goals (5 studies).

CONCLUSIONS: Policy-driven programs that encourage wide-spread switching of statins without consideration of patient-specific circumstances may impair the delivery of patient care and treatment outcomes.

PCV152

ASSESSING THE IMPACT OF A COMMUNITY PHARMACY BASED MTM PROGRAM ON OUTCOMES FOR EMPLOYEES WITH HYPERTENSION

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OBJECTIVES: To determine the effect of an employer-sponsored pharmacist-provided medication therapy management program (MTMP) on clinical outcomes and social measures in patients with hypertension. METHODS: A prospective, intent-to-treat, pre-post longitudinal study. Patients were Lucas County employees and dependents with a diagnosis for hypertension. The face-to-face MTMP was provided by pharmacists from the Toledo Area Coalition of Independent Pharmacies at seven pharmacies. JNC-VII guidelines were used to design interventions and set patient goals. Interventions were provided every six months. Information recorded included demographic information, clinical markers and social measures. Data was documented by pharmacists or pharmacy technicians using intake forms. Data was analyzed using SPSSv 16.0 for two groups i.e. hypertension only (may have other comorbid conditions excluding diabetes) and hypertensive diabetics. Wilcoxon signed-rank test was used to compare 2 time points and the Friedman test was used to compare readings at baseline, six and 12 months. RESULTS: Two hundred and twenty eight patients have enrolled in the program. Hypertensive patients only group, mean SBP decreased from 134.3±16.7 to 131.4±12.25 (p=0.0112). For uncontrolled hypertensive patients in this group, mean SBP improved from 152.54±11.80 to 149.77±11.22 (p=0.0000). Diastolic blood pressure improved from 99.33±10.53 to 97.88±10.33 (p=0.0000). Significant decrease was also observed for hypertensive diabetic patients mean SBP decreased from 135.64±17.21 to 127.55±15.26 (p=0.0003). For uncontrolled diabetic patients in receiving their goal BP reading, and for controlled patients, helped in maintaining their level of control. Periodic monitoring by a pharmacist can assist patients in reaching their targeted goal and maintains that value so as to long-term prevent long complications and costs.

MARYLAND MEN'S CARDIOVASCULAR PROMOTION—MVP

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OBJECTIVES: African American men have lower hypertension control rates and higher cardiovascular disease mortality rates than those of Caucasian males. We examined how a peer approach to hypertension management could improve blood pressure control for participants, mostly minority males. METHODS: This is a longitudinal cohort study. Patients in the intervention group enrolled relatives or friends in the hypertension education program and attended as teams, the monthly educational sessions. Patients in the control group followed standard of care. Blood pressure was taken by a nurse, at baseline and every 3 months, for up to 15 months. Other clinical and behavioral information was obtained from medical charts and surveys at baseline and follow-up visits. We used survival analysis to compare time to achieving the defined goal (patients without diabetes: systolic blood pressure (SBP) <140, patients with diabetes: SBP <130) between the two groups controlling for confounders and clusters of patients. RESULTS: A total of 230 subjects were included in the study; half in the intervention group and approximately 90% of the participants were African American and 60% were males. The baseline blood pressure levels were 149/88 mmHg and 146/88 mmHg in the control and intervention group (p=0.25). After controlling baseline blood pressure, gender, race, age, diabetes, smoking and patient clusters, we found that patients in the intervention group reached a goal rate of 4.97% (95% CI: 2.02–12.21) higher than the rate in the control group. However, higher baseline SBP (HR= 0.96, 95% CI: 0.93–0.98), males (HR = 0.54, 95% CI: 0.31–0.95) and smoking (HR= 0.39, 95% CI: 0.20–0.77) were significantly associated with longer time to achieve the goal. CONCLUSIONS: Patients who approached hypertension management with their peers were much more likely to achieve blood pressure control in a shorter time than patients in standard of care. These findings have implications for clinical and public health interventions.

THE INFLUENCE OF INSURANCE COMPANIES’ REGULATIONS ON DRUG UTILIZATION: THE EXAMPLE OF SIMVASTATIN AND PREFERENCE POLICY

Pinto SL, Bechtol R, Partha G

OBJECTIVES: To determine the effect of an employer-sponsored pharmacist-provided medication therapy management program (MTMP) on clinical outcomes and social measures in patients with hypertension. METHODS: A prospective, intent-to-treat, pre-post longitudinal study. Patients were Lucas County employees and dependents with a diagnosis for hypertension. The face-to-face MTMP was provided by pharmacists from the Toledo Area Coalition of Independent Pharmacies at seven pharmacies. JNC-VII guidelines were used to design interventions and set patient goals. Interventions were provided every six months. Information recorded included demographic information, clinical markers and social measures. Data was documented by pharmacists or pharmacy technicians using intake forms. Data was analyzed using SPSSv 16.0 for two groups i.e. hypertension only (may have other comorbid conditions excluding diabetes) and hypertensive diabetics. Wilcoxon signed-rank test was used to compare 2 time points and the Friedman test was used to compare readings at baseline, six and 12 months. RESULTS: Two hundred and twenty eight patients have enrolled in the program. Hypertensive patients only group, mean SBP decreased from 134.3±16.7 to 131.4±12.25 (p=0.0112). For uncontrolled hypertensive patients in this group, mean SBP improved from 152.54±11.80 to 149.77±11.22 (p=0.0000). Diastolic blood pressure improved from 99.33±10.53 to 97.88±10.33 (p=0.0000). Significant decrease was also observed for hypertensive diabetic patients mean SBP decreased from 135.64±17.21 to 127.55±15.26 (p=0.0003). For uncontrolled diabetic patients in receiving their goal BP reading, and for controlled patients, helped in maintaining their level of control. Periodic monitoring by a pharmacist can assist patients in reaching their targeted goal and maintains that value so as to long-term prevent long complications and costs.

PCV153

DE1

MARKET CONCENTRATION AND ITS CROSS-LINKAGE WITH THE CONSUMPTION OF ACE INHIBITORS AND ARBS

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OBJECTIVES: Market concentration of products affects competition, and is thus a key concern of marketing firms, policy makers, and regulators. Angiotensin converting enzyme inhibitors (ACE inhibitors) and angiotensin II receptor blockers (ARBs) are two of the most widely used classes of hypertensive drugs, competing for one of the largest and most profitable pharmaceutical market in the US. However, little is known about how market concentration affects the consumption of these drugs. We sought to measure the concentration of drugs in ACE inhibitors and ARBs and its association with their relative market share. METHODS: We used the State Drug Use Data from the Medicaid Drug Rebate Program that provides prescription drugs to 46 million low-income Americans. We linked the data with the WHO Collaborating Centre for Drug Statistics Methodology to obtain Defined Daily Dose (DDD) measurements for consumption for four large states, for a total of 16 quarters of continuous measurements between 2005 and 2008. We used a Herfindahl-Hirschman Index (HHI) to measure the concentration in ACE inhibitors and ARBs, by DDD and reimbursements. We conducted multivariate GLS regression analysis by regressing the HHI on the relative market share of ACE inhibitors, adjusted for time trend, the interaction between the HHI and time trend, and random effects of states. RESULTS: During the 16 quarters between 2005 and 2008, the mean concentration index for ACE inhibitors was 339 (s.d. 71) by DDD, 442 (s.d. 148) by reimbursements, and for ARBs 887 (s.d. 277), 693 (s.d. 227) by DDD and reimbursements, respectively. The market share of ACE inhibitors was negatively associated with the concentration in ARBs (p<0.001, p<0.001), and marginally positively associated with the concentration in ACE inhibitors (p=0.05, p=0.09), by DDD and reimbursements, respectively. CONCLUSIONS: The relative market share of ACE inhibitors and ARBs is cross-linked with concentration of drugs within each of these two classes.

PCV154

IMPACT OF EXPANDING PHARMACY BENEFITS ON TREATMENT OF CONGESTIVE HEART FAILURE: THE CASE OF MARYLAND MEN’ S CARDIOVASCULAR PROMOTION—MVP

Paris Abstracts