inhibitors in Norway. Pharmacoeconomic analyses also show that large financial resources would be saved if the structure of the utilized ACE inhibitors in Serbia were more similar to the one in Norway.

PCV17
A CROSS-SECTIONAL ASSESSMENT OF ATRIAL FIBRILLATION MANAGEMENT AMONG FRENCH PATIENTS IN PRIMARY CARE
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OBJECTIVES: Around 80,000 patients are diagnosed for atrial fibrillation (AF) in France with an increased risk of strokes. For many of them, prevention with anti-coagulant is managed in primary care. Prevention should be driven by individual risk for stroke estimated with a score (CHADS2) ranging from 0 (lower risk) to 6 (higher risk). This study was to describe AF patients’ management by general practice and to report cardiovascular events (CVD) in these patients. A retrospective study analyzed a medical files and prescriptions database of a representative sample of 1,200 GP’s. Data from all patients present in the database from July-2010 to June-2011, with a diagnosis of AF and aged 18 and above were extracted. Based on age (>75), comorbidities (HTA/ Diabetes) and history of stroke/TIA/CHD, CHADS2 was calculated for all patients. Under-treatment status was defined according European guidelines which recommend prevention with aspirin or vitamin-K antagonists (VKA) for CHADS2=1 and VKA for CHADS2=2. RESULTS: A total of 15,623 AF patients were identified. Mean age was 74(61-113) years old, 59.5% were men and mean CHADS2 was 1.5(1-3). 12,985 patients (83.1%) were found eligible for stroke prevention (i.e.CHADS2=1). Among them, 23.4% received no prevention at all, 11.4% were under-treated (i.e. aspirin instead of VKA) and 4.7% received non-recommended treatment (i.e. clopi-dogrel). Within patients with CHADS2=1, 26.8% had no treatment, 48.9%, 20.5% and 3.6% were treated with VKA, aspirin and clopidogrel, respectively. Within those with CHADS2=2, only 54.9% received VKA when 21.3% had no treatment and 18.6% and 5.1% were prescribed aspirin and clopidogrel, respectively. CONCLUSIONS: In this large study in French primary care, four out of five (80%) of patients with AF diagnosed with AF should benefit from stroke prevention. Overall, around 45% of thromboembolic high-risk patients (i.e.CHADS2=2) were not treated or inadequately treated. Future analyses should be performed to investi-gate the gap between clinical practice and guidelines.

PCV18
CARDIOVASCULAR RISK ASSESSMENT USING FRAMINGHAM RISK EQUATION IN NEWLY DIAGNOSED TYPE 2 DIABETIC INDIAN PATIENTS
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1National Institute of Pharmaceutical Education and Research (NIPER), S.A.S Nagar, Punjab, India, 2Post Graduate Institute of Medical Education and Research, Chandigarh, India, OBJECTIVES: The risk of cardiovascular disease (CVD) is reported to be 2-4 times higher in patients with type 2 diabetes mellitus (T2DM). CVD is the major cause of morbidity and mortality for diabetics and contributes most to the costs of the disease. This study was conducted to assess the prevalence of risk factors and cardiovas-cular risk in newly diagnosed T2DM patients. METHODS: This was a prospective, observational, questionnaire based study conducted in a tertiary care hospital. Only patients (21 years age and above) with diagnosis of diabetes (type 2 diabetes mellitus) -6 months were re-cruited. Risk factors related to CVD in these patients were identified and the 10 year cardiovascular risk was estimated using Framingham risk equation. RESULTS: The results are based on a total of 152 newly diagnosed T2DM patients. The major modifiable risk factors identified as obesity (59%), hypertension (56%), dyslip-idaemia (47%) and smoking (24%). The prevalence of various microvascular and macrovascular complications at the time of diagnosis was also assessed; 26% pa-tients were found to have neuropathy followed by nephropathy in 7%. Only 5% patients were diagnosed with coronary artery disease (CAD) along with T2DM. The 10 year CVD risk estimation showed that the females were at higher risk compared to males (10 vs 6%). Further, the association of the cardiovascular risk with the risk factors was analysed using binary logistic regression. The risk was found to be significantly associated with age (-55 vs >55 years) with an odds ratio of 3.38 (95% CI 1.14-10.02, P=0.03). CONCLUSIONS: The prevalence of risk factors for CVD in newly diagnosed T2DM patients was found to be high; however, the estimated risk was low according to the Framingham risk scoring system. Therefore, the authors suggest that timely management of these risk factors is needed to reduce the occurrence of CVD.

PCV20
BUDGET IMPACT ANALYSIS OF INTRODUCING OF PCMV-VEGF165 FOR TREATMENT OF CRITICAL LIMB ISCHEMIA FROM THE RUSSIAN HEALTH CARE SYSTEM PERSPECTIVE
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OBJECTIVE: Plasmid pCMV-VEGF165 is new injectable factor, activating therapeu-tic angiogenesis in the ischemic limb and facilitating reduction of amputation rate in CLI patients. Clinical trial of CLI patient with CLI that already in patients who cannot undergo recon-structive arterial surgery. pCMV-VEGF165 was recently approved for use in Russia and not yet included in government reimbursement list, therefore suitable patients with CLI do not have general access to it. A budget impact analysis would provide evidence to assist budget holders in decision making process. METHODS: A bud-get impact model was built to allow assessment of the budgetary impact to the Federal state budget from health care system perspective if pCMV-VEGF165 is intro-duced into state reimbursement system in 2-year time horizon. The scenarios adopted were (standard treatment of CLI) with and without pCMV-VEGF165. A cohort of 26 812 patients with unreconstructable CLI was used as population according to epidemiology data in Russian Federation. As efficacy criteria was used amputation rates for both scenarios obtained from published sources. Direct costs were valued in the perspective of the Russian health care system and included diagnostics, patients routine management and pharmacotherapy. RESULTS: Ac-cess to all patients with unreconstructable CLI pCMV-VEGF165 was resulted in prevention of 13 674 ischemic limb amputation over a 2-year period and the budget impact of using to new treatment option with standard treatment in patients with unreconstructable CLI was 45 888 392. Sensitivity analysis performed suggested that cost of limb amputation is the most influential variable. CONCLUSIONS: Results of the present budget impact analysis suggest that introducing of pCMV-VEGF165 into the CLI therapeutic management would significantly decrease number of future amputations, as well as increase savings in the Russian care budget.

PCV21
SIMPLE RISK SCORE IDENTIFIES INDIVIDUALS, IN EUROPEAN SETTINGS, MORE LIKELY TO INCUR HIGHER MEDICAL COSTS
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OBJECTIVES: To estimate the effectiveness of using a simple risk score comprising only non-biochemical parameters to identify individuals more likely to incur