we explored the influence of the price of apixaban. Conclusions are clearly, highly dependent on the assumed price of apixaban for this indication.

CONCLUSIONS: Results indicate that there is great uncertainty regarding which treatment is the cost-effective alternative. Given current evidence, it may be too early to conclude that the new oral anticoagulants are cost-effective compared to warfarin.

PCV101 COST-EFFECTIVENESS MODELLING OF TELEMONITORING AFTER DISCHARGE FROM A CARDIAC HOSPITAL: THE HEART FAILURE TELEMONITORING PROGRAM
Thakali P, Brennan A, Bajrabai H
University of Sheffield, Sheffield, UK
OBJECTIVES: To estimate the cost-effectiveness of home telemonitoring (TM) or structured telephone support (STS) strategies versus usual care for adults readmitted for heart failure (HF) exacerbation in England and Wales. METHODS: A Markov model was used to evaluate three interventions: 1) STS vs usual care; 2) TM vs usual care; and 3) TM vs STS. Probabilistic sensitivity analysis (PSA) was used to account for uncertainty in the model. RESULTS: In the base case analysis, the average PDC three months (90.87% vs. 84.27%; p=0.002) and 12 months (86.17% vs. 76.47%; p<0.0001) were significantly higher in the target pharmacy group than in the other group. Average medical costs 3 months ($2,326.52 vs. $1,802.41; p<0.0001) and 12 months ($7,505.36 vs. $5,797.98; p=0.04) were significantly higher in the STS group compared to the TM group. Probabilistic sensitivity analysis showed that the results were robust to changes in key parameters. CONCLUSIONS: Cost-effectiveness analysis was performed using back up costing scenarios. Costs and quality adjusted life years (QALYs) over a 30-year horizon were estimated based on monthly probabilities of death and monthly risks of hospitalisations (HR-related complications or other causes) estimated from clinical effectiveness parameters computed using a network meta-analysis of randomised controlled trials. RESULTS: Back up monthly costs on a per patient basis were: $227 for usual care, $119 for STS, $240 for TM. STS was the most cost-effective strategy in the scenario using these base case costs. Compared with usual care, TM had an estimated incremental cost-effectiveness ratio (ICER) of $9,628/QALY, whereas STS HH had an ICER of $11,132/QALY. Both STS and TM were dominated by usual care. Probabilistic sensitivity analysis (PSA) showed a 44% chance of TM being cost-effective with STS HH 36%, STS RM 18% and usual care 2%, respectively. Threshold analysis showed that the monthly cost of TM to be higher than an ICER greater than $32,000/QALY against STS HH. Scenario analyses performed using higher costs of usual care, higher costs of STS HH and lower costs of TM did not substantially change the conclusions. CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Patient Preference Studies
PCV102 ANALYSIS OF THE IMPACT OF PRESCRIPTION SYNCHRONIZATION ON ADHERENCE AMONG MEDICAID BENEFICIARIES
Dobar A1, Banaham BP1, Hardwick SP, Clark JP2
1University of Mississippi, University, MS, USA; 2Mississippi Division of Medicaid, Jackson, MS, USA
OBJECTIVES: A prescription synchronization and medication management program has been implemented in several community pharmacies to enhance medication adherence and provide greater efficiency in the pharmacy. The objectives of this analysis were to examine the impact of the program on chronic medication adherence and health care costs. METHODS: A cross-sectional analysis using Mississippi Medicaid claims from 2008-2011 was undertaken. Claims included chronic medications and co-payment claims for adults and children with a diagnosis of CHF. Probabilistic sensitivity analysis (PSA) showed 44% chance of TM being cost-effective with STS HH 36%, STS RM 18% and usual care 2%, respectively. Threshold analysis showed that the monthly cost of TM to be higher than an ICER greater than $32,000/QALY against STS HH. Scenario analyses performed using higher costs of usual care, higher costs of STS HH and lower costs of TM did not substantially change the conclusions. CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.

RESULTS: In the matched analysis, the average PDC three months (90.87% vs. 84.27%; p=0.002) and 12 months (77.56% vs. 76.47%; p=0.04) after the index date was significantly higher in the target pharmacy group than in the other group. Average medical costs 3 months ($2,326.52 vs. $1,802.41; p<0.0001) and 12 months ($7,505.36 vs. $5,797.98; p=0.04) were significantly higher in the other group. Probabilistic sensitivity analysis (PSA) showed a 44% chance of TM being cost-effective with STS HH 36%, STS RM 18% and usual care 2%, respectively. Threshold analysis showed that the monthly cost of TM to be higher than an ICER greater than $32,000/QALY against STS HH. Scenario analyses performed using higher costs of usual care, higher costs of STS HH and lower costs of TM did not substantially change the conclusions. CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.

PCV103 MEDICATION COMPLIANCE STATUS IN PATIENTS WITH HYPERTENSION AND ITS ASSOCIATED FACTORS IN URBAN CHINA
Deng CH1, He MM2, Fan CS3, Wang D4
1Ministry of Human Resources and Social Security, China, Beijing, China; 2Beijing University of Chinese Medicine, Beijing, China; 3Peking University Health Science Center, Beijing, China; 4Beijing Novartis Pharma Co., Ltd., Beijing, China
OBJECTIVES: To understand current medication compliance status of hypertension and its associated factors in urban China. METHODS: A community-wide, cross-sectional health survey conducted in 2 cities of China (Beijing and Hangzhou) from Nov 2011 to Aug 2012. 100 community health service centers in each city were selected through cluster sampling. Hypertension patients who registered in the study sites were recruited by field investigators using standardized questionnaires. Patient data were collected including socio-demographic characteristics, disease profile, treatment pattern, and health education awareness. Medication compliance was assessed by Morisky score. Self-reported health utility and social support scale instruments were also employed. Logistic regression and multivariate analysis were used to explore the associated factors affecting medication compliance in hypertension. RESULTS: In total, 1006 patients with hypertension were included, with average age of 62.5 years old. 40.85% patients were men. The average duration was 12.9±2.7 years. 761 patients (75.65%) managed to control blood pressure under 140/90 mmHg based on last blood pressure detected. 89.76% of the study participants were on less than 3 medications. Results showed that patients achieved high level of compliance, 25.94% were moderate compliant, and 6.96% were non-compliant. The main influential factors of non-compliance were forgettine to take medicine (57.1%) and self-awareness of disease remission (52.31%). Logistic regression and multivariate analysis showed that compliance was positively associated with age, disease duration and social support, while negatively associated with existence of hypertension complications. Household income and reimbursement of medical expenses were non-significant factors associated with compliance. CONCLUSIONS: The compliance status in hypertension in urban China is relatively poor. Strengthening family support and implementing effective medication compliance, which may lead to improved patient reported outcomes.

PCV104 IDENTIFYING PRIMARY NON-ADHERENCE RATES OF HMGC-OA REDUCTASE INHIBITORS (STATINS)
Liu F, Su K, Hardisty J, Bullano M, Godley J
21st Century Health Plan, Temple, Texas, USA; 3University of Mississippi, University, MS, USA
OBJECTIVES: Primary non-adherence occurs when a patient does not fill the prescription for a newly initiated medication. Contrary to the commonly researched concept of medication non-adherence (e.g., secondary non-adherence), primary non-adherence represents a new medication that is not filled. METHODS: A retrospective matched cohort analysis was undertaken to compare medication adherence and provide greater efficiency in the pharmacy. The program has been implemented in several community pharmacies to enhance medication compliance and provide greater efficiency in the pharmacy. The new service was non-substantially change the conclusions.

CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.

RESULTS: In the matched analysis, the average PDC three months (90.87% vs. 84.27%; p=0.002) and 12 months (77.56% vs. 76.47%; p=0.04) after the index date was significantly higher in the target pharmacy group than in the other group. Average medical costs 3 months ($2,326.52 vs. $1,802.41; p<0.0001) and 12 months ($7,505.36 vs. $5,797.98; p=0.04) after the index date was significantly higher in the other group. Probabilistic sensitivity analysis (PSA) showed a 44% chance of TM being cost-effective with STS HH 36%, STS RM 18% and usual care 2%, respectively. Threshold analysis showed that the monthly cost of TM to be higher than an ICER greater than $32,000/QALY against STS HH. Scenario analyses performed using higher costs of usual care, higher costs of STS HH and lower costs of TM did not substantially change the conclusions. CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.

CONCLUSIONS: The new service was not only associated with improved medication adherence, but also with lower costs 3 months ($2,326.52 vs. $1,802.41; p<0.0001) and 12 months ($7,505.36 vs. $5,797.98; p=0.04) after the index date were significantly higher in the other group. Probabilistic sensitivity analysis (PSA) showed a 44% chance of TM being cost-effective with STS HH 36%, STS RM 18% and usual care 2%, respectively. Threshold analysis showed that the monthly cost of TM to be higher than an ICER greater than $32,000/QALY against STS HH. Scenario analyses performed using higher costs of usual care, higher costs of STS HH and lower costs of TM did not substantially change the conclusions. CONCLUSIONS: Cost-effectiveness analyses suggest TM was an optimal strategy in most scenarios, but there is considerable uncertainty in relation to clear descriptions of the interventions and robust estimation of costs.
phone counseling can significantly improve blood pressure control. Our data show also that interventions run by allied health professionals (i.e. other than the prescriber/doctor), improve adherence to medicines and promote hypertension-related health behaviors.

PCV106 FACTORS AFFECTING PERSISTENCE OF TREATMENT IN RECIPIENTS WITH NEWLY-DIAGNOSED HYPERTENSION IN A MEDICAID POPULATION
Ragghiu SA, Kemp RJ, Wang X, Magoun AD
University of Louisville at Monroe, Monroe, LA, USA, *A P a t i e n t T h e r a p u e t i c E d u c a t i o n for Hypertensive Patients: The PCV108
A total of 4946 recipients were eligible for inclusion. Of these, 2352 received no drug therapy and 289 did not receive therapy in one of the analyzed drug classes, leaving a final study group of 2305 recipients. The study group was primarily female (68%) and African-American (67%). More than half of the recipients received diuretics followed by ACEIs, BBS, and CCBs. Persistence rates for initially-prescribed drugs ranged from 21.6% for diuretics to 31.6% for ACEIs at 6-months, and from 10.7% for diuretics to 17.9% for CCBs at 12-months. Within drug classes, persistence ranged from 24.2% for diuretics at 6-months and 121% for diuretics to 19.2% for BBs at 12-months. Race, gender, and age were significant factors predicting persistence, with African-Americans less persistent than Whites, females less persistent than males, and younger recipients less persistent than older recipients. CONCLUSIONS: Approximately half of newly-diagnosed recipients did not receive drug therapy, and among treated patients, persistence rates were poor. Race, gender, and age were factors influencing persistence in this study group.

PCV107 PATTERNS OF NON-ADMINISTRATION OF ORDERED DOSES OF VENOUS THROMBOEMBOLISM PROPHYLAXIS: IMPLICATIONS FOR NOVEL INTERVENTION STRATEGIES
Shermock KM, Liu B, Haut E, Hobson D, Gestensky V, Kraus P, Lehmkuhl C, Pinto BU, Streiff MB
The Johns Hopkins Hospital, Baltimore, MD, USA, *The Johns Hopkins Hospital, Baltimore, MD, USA, **The Johns Hopkins Hospital, Baltimore, MD, USA, ***Philadelphia College of Pharmacy, Philadelphia, PA, USA, ****The Johns Hopkins Hospital, Baltimore, MD, USA
OBJECTIVES: Recent studies have documented high rates of non-administration of ordered venous thromboembolism (VTE) prophylaxis doses. Intervention strategies to improve adherence are therefore both crucial and intensive. We aimed to identify efficient intervention strategies based on patterns of non-administration of ordered VTE prophylaxis. METHODS: In this retrospective study of electronic medical records, we included adult hospitalized patients who were ordered pharmacologic VTE prophylaxis with unfractionated heparin or enoxaparin over a seven-month period. We evaluated non-administration rates of ordered VTE prophylaxis doses of either unfractionated heparin or enoxaparin. Qualitative aspects of the nurse-patient encounter were directly measured at baseline and after 3, 6, and 9 months respectively. The study was an 18%, compared to the high-performing units which averaged a non-administration rate of 10%. During observations, some nurses presented diuretics, beta-blockers (BBs), angiotensin II receptor blockers (ARBs), angiotensin converting enzyme inhibitors (ACEIs), and calcium channel blockers (CCBs). A 30-day grace period was allowed for refill gaps. Rate, race, gender, and age were used as predictor variables in logistic regression analyses of persistence for each drug class. RESULTS: A total of 4946 recipients were eligible for inclusion. Of these, 2352 received no drug therapy and 289 did not receive therapy in one of the analyzed drug classes, leaving a final study group of 2305 recipients. The study group was primarily female (68%) and African-American (67%). More than half of the recipients received diuretics followed by ACEIs, BBS, and CCBs. Persistence rates for initially-prescribed drugs ranged from 21.6% for diuretics to 31.6% for ACEIs at 6-months, and from 10.7% for diuretics to 17.9% for CCBs at 12-months. Within drug classes, persistence ranged from 24.2% for diuretics at 6-months and 121% for diuretics to 19.2% for BBs at 12-months. Race, gender, and age were significant factors predicting persistence, with African-Americans less persistent than Whites, females less persistent than males, and younger recipients less persistent than older recipients. CONCLUSIONS: Approximately half of newly-diagnosed recipients did not receive drug therapy, and among treated patients, persistence rates were poor. Race, gender, and age were factors influencing persistence in this study group.

PCV110 A SYSTEMATIC REVIEW OF ADHERENCE TO DIABETES AND CARDIOVASCULAR MEDICATIONS IN IRAN; A CALL FOR PATIENT EDUCATION AND REINFORCEMENT
Sadrameli A*, Jahangard-Rafsanjani Z†, Hadibaboie MA, Ahmadvand A, Gholidi K†
Shahid Beheshti University of Medical Sciences, Shahid Beheshti University of Medical Sciences, Shahid Beheshti University of Medical Sciences, Shahid Beheshti University of Medical Sciences, Shahid Beheshti University of Medical Sciences
OBJECTIVES: Adherence to medications (AM) has been a major research priority for recent decades. Numerous factors including poor access to medicines have been identified to affect AM. The objective of the present study was to review the AM literature related to Iranian patients with diabetes (DM) and cardiovascular diseases (CVD).

METHODS: We searched biomedical databases including Scopus, Web of Science, PubMed, Embase, Cochrane Library, and Google Scholar. Databases were searched from inception to July 2012. Two independent researchers screened all abstracts. Studies were included if they reported rate of adherence to CVD or DM medications in Iran. We also included studies which had focused on AM determinants or AM interventions in Iran. Two researchers reviewed full-texts of the relevant articles for quality appraisal and data extraction. We preferred qualitative synthesis of literature as the AM definitions and measurement tools were highly diverse among studies. RESULTS: Among 2003 citation, fourteen studies were eligible for review. Adherence rate for patients with hypertension through a better adherence to pharmacological and non pharmacological treatment. The program was funded by a grant from Italian Agency of Drugs (AIFA). The activity involved General Practitioners (GPs) from Cardarelli Hospital in Napoli, Italy. The present study was a randomized controlled trial with the enrolment of 2329 (1139 Intervention and 1190 Control). Group Intervention (I) patients participated to 3 educational sessions (two focus group and 4 role play) respectively, at the baseline and after 12 months. Group Control (C) patients received usual care. Blood pressure values were registered at the baseline and after 12 months. Focus groups are qualitative interviews with a small number of people brought together to discuss a host of topics under the guise of a "moderate". Role play is a simulation that reflects a situation found in the real world. The aim of role play is to learn how to perform the instructions and how to best handle a situation by practicing and interacting with people who share the same condition. Univariate General Linear models (GIM) were used to compare mean variation in systolic and diastolic blood pressure (SBP,DBP) between groups (Intervention and control) after adjusting for the baseline measured at baseline. A total of 4946 recipients were eligible for inclusion. Of these, 2352 received no drug therapy and 289 did not receive therapy in one of the analyzed drug classes, leaving a final study group of 2305 recipients. The study group was primarily female (68%) and African-American (67%). More than half of the recipients received diuretics followed by ACEIs, BBS, and CCBs. Persistence rates for initially-prescribed drugs ranged from 21.6% for diuretics to 31.6% for ACEIs at 6-months, and from 10.7% for diuretics to 17.9% for CCBs at 12-months. Within drug classes, persistence ranged from 24.2% for diuretics at 6-months and 121% for diuretics to 19.2% for BBs at 12-months. Race, gender, and age were significant factors predicting persistence, with African-Americans less persistent than Whites, females less persistent than males, and younger recipients less persistent than older recipients. CONCLUSIONS: Approximately half of newly-diagnosed recipients did not receive drug therapy, and among treated patients, persistence rates were poor. Race, gender, and age were factors influencing persistence in this study group.