be utilized in clinical practice. The analytic framework in this comparative effectiveness analysis demonstrated the Coaguchek XS device to have a significantly higher correctness analysis demonstrated the Coaguchek XS device to have a significantly higher

**PCV15**

**BLOOD PRESSURE GOAL ACHIEVEMENT AMONG HYPERTENSION PATIENTS TREATED WITH VALSARTAN-BASED SINGLE PILL VS. ARB-BASED FREE COMBINATION IN SOUTH CENTRAL REGION**

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OBJECTIVES: To compare blood pressure (BP) goal achievement associated with the use of valsartan-based single pill combination (SPC) vs. ARB-based free combination (FC) among adult hypertension patients in South Central region (TX, AL, MS, LA, KS, TN, MO, AR, & OK). METHODS: Data were collected from physician-administered chart review of adult hypertension patients. All patients had uncontrolled BP before initiating one of the index therapies: SPC (valsartan–amlodipine or valsartan–HCTZ, PC: ARB-CCB or ARB-HCTZ) between 07/2008 and 06/2009. Up to 3 BP’s were collected starting from 45 days after the therapy initiation. BP goal was <130/80 mmHg for patients with diabetes, chronic renal disease or coronary heart disease; or <140/90 mmHg for patients without these comorbidities. Kaplan-Meier method with log-rank test was used to compare achievement associated with SPC vs. FC over time. Cox proportional hazard models were used to estimate the likelihood of BP goal achievement associated with SPC vs. FC, controlling for demographics, baseline BP, hypertension history, comorbidities, prior and concurrent use of the index therapies, medications, and physician specialty. RESULTS: The chart review included 813 patients: 415 on SPC (210 valsartan–amlodipine and 205 valsartan–HCTZ) and 398 on FC (200 ARB-CCB and 198 ARB-HCTZ). In FCs, the most commonly used ARB and CCB were valsartan (29.1%) and amlodipine (81.3%), respectively. The rates of BP goal achievement were higher among SPC vs. FC patients over time (p = 0.007): 30.5% vs. 28.3% at month 3 and 63.4% vs. 53.8% at month 6. Cox regression confirmed that SPC patients were more likely to achieve BP goal (HR = 1.22; p = 0.047). Similar trend was observed in the subgroup analyses comparing SPC valsartan–amlodipine vs. PC ARB-CCB and SPC valsartan–HCTZ vs. FC ARB-HCTZ separately. CONCLUSIONS: Patients using valsartan-based SPC were more likely to achieve BP goal than those treated with ARB-based FC.

**PCV16**

**AN ASSESSMENT OF OPTIMAL LIPID VALUE ATTAINMENT AND ASSOCIATED DYSLIPIDEMIA TREATMENT PATTERNS FROM 2005 TO 2009 IN A COMMERCIALLY INSURED POPULATION**

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OBJECTIVES: Evidence-based guidelines for dyslipidemia therapy have provided definitive goals for low-density lipoprotein cholesterol (LDL-C) and triglycerides (TG) and suggested abnormal values for high-density lipoprotein cholesterol (HDL-C). The study objective was to determine lipid value attainment and dyslipidemia treatment rates. METHODS: Adult patients with two or more complete lipid panels from January 1, 2005 to February 28, 2009, regardless of dyslipidemia therapy, were identified from the US nationally representative HealthCore Integrated Research Database™ (HIRD). Cardiovascular risk status was assigned based on National Cholesterol Education Program (NCEP) criteria. Optimal lipid value (target) attainment was defined using NCEP, American Heart Association, and American Diabetes Association criteria. Target attainment for LDL-C, HDL-C and TG and lipid therapy pattern described are shown. RESULTS: A total of 227,903 patients were identified (mean follow-up = 1.9 years). At index lab, 21.1% of patients were at target for all three lipid fractions, 11.9% had no lipid fractions at target, 66.3% were at LDL-C target and 63.6% were not at target for either HDL-C or TG. Regardless of initial lipid fractions, only 28.7% of patients attained target over follow-up in all three lipid fractions. In patients with no lipid fractions at target at index, only 6.8% attained target for all lipid fractions and almost a third (31.9%) stayed at no lipid fractions at target; 44.6% of patients were receiving lip-impairing therapy as of the last lipid lab (up from 33.0% at index), with twice as many on therapy attaining all targets versus no targets (66.6% vs. 29.0%). Statins were the most commonly used therapy (35.8%). CONCLUSIONS: Challenges to mixed dyslipidemia therapy still exist as evidenced by a minority of patients attaining optimal lipid values during the recent timeframe of this study. These data may serve as valuable baseline benchmarks to evaluate the impact of new dyslipidemia guidelines and therapies.

**PCV17**

**COST-UTILITY ANALYSIS OF TWO KINDS OF THERAPY FOR ACUTE ISCHEMIC STROKE**

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OBJECTIVES: Mortality of Stroke in China is highest in the world, having brought a heavy financial burden to society. And the number of acute Ischemic Stroke accounted for 75% of the total cases. This study wants to evaluate the treatment program to find a better cost effectiveness treatment to offer reference for patients and clinicians choosing the right treatment. METHODS: A total of 145 cases with acute Ischemic Stroke during a period of 2007–2008 admitted in 21 hospitals in China were divided randomly into two groups. One group of 69 patients was treated by Butylphthalide sodium chloride injection and Aspirin, and another group were treated by Ozagrel injection and Aspirin. Two kinds of therapy were evaluated by double-blind, double-dummy trial from patients’ perspective. Utility of patients was investigated with EQ-SD-Direct costs were collected from HIS and questionnaires, indirect costs were estimated based on the opportunity cost of the time lost during caring. Probabilistic sensitivity analysis using nonparametric Bootstrapping was done. RESULTS: From the EQ-SD score we can learn that the improved values of Butylphthalide group score during 8–14 days and 15–90 days are higher than that of Ozagrel group, the average cost (EQ-SD-QALY Adjusted Life Years) of a patient for Butylphthalide group (RMB 225,735.4) was lower, with RMB 11,706.3, than Ozagrel group (RMB 237,459.7), and incremental costs were RMB 451,710.5(95%CI, RMB 218,689.53–1080, 313.05). The acceptability curve generated from the ICUR can be seen the possibility of Ozagrel therapy to cause effectiveness advantage is zero if the willingness to pay per QALY is lower than RMB 192,000. CONCLUSIONS: Switching from the current programmed to Butylphthalide group is more cost-effective as compared to Ozagrel group.