associated with NOAC use included rate/rhythm control treatments (OR: 0.78, 95% CI: 0.70-0.85) and antiplatelet medications (OR: 0.87, 95% CI: 0.79-0.96). Regional variation in initiation of NOACs versus warfarin was also observed. **CONCLUSIONS:** Multiple comorbidities may be associated with lower likelihood of NOAC initiation, as recently observed in other jurisdictions. Such uptake patterns have implications for real-world cost-effectiveness and outcomes studies.

**PCV156**

**INVESTMENT ASPECTS OF GENERIC DRUG POLICIES IN COUNTRIES WITH SEVERE RESOURCE CONSTRAINTS**

**Koló Z**, **Hermanns A**

**Objective:** The objective of generic drug policies can be defined as reduction in health care expenditure without compromising health outcomes. This definition is based on the disinvestment aspect of drug policies. However, the objective of generic drug policies can be also be defined as ensuring effective therapy in particular in those countries with volume limits for the use of original patented drugs due to economic constraints: increase in population health gain by improved patient access without need for additional health expenditure. Our objective was to test these two different uses of generic drug policies.

We reviewed the grey literature and IMS database to identify pharmaceutical products with (1) patent expiry in recent years, (2) major therapeutic advancement to previous standard therapies, (3) no direct therapeutic alternative at patent expiry, (4) pharmacy distribution and consequently reliable IMS sales records in different countries. Then we compared aggregated annual volume sales in DOT and ex-factory sales for the selected pharmaceuticals in +/-3 years before and after first generic entry. **RESULTS:** In this analysis we present the case of clopidogrel. In Germany the volume sales of clopidogrel products increased by 1.7% with 3 years after first generic entry, in Hungary the increase was 120.5%. The ex-factory sales were even larger, 37% and 88% growth respectively (2012 vs. 2005). **CONCLUSIONS:** In Germany off-patent clopidogrel generated significant savings without volume increase. In Hungary generic products significantly increased their market share and by peripheral vasodilators. The groups of beta blocking agents, agents acting on the prevalence of cardiovascular diseases in SR is about 250 000 patients (50.8/1000 inhabitants).

From the total health care costs in Slovak Republic the costs of medicines should not be underestimated in those countries, where accessibility of patients to patented medicines in restricted.

**PCV157**

**THE IMPACT OF DRUG POLICY ON THE UTILIZATION OF MEDICINES FOR TREATMENT OF CARDIOVASCULAR DISEASES IN SLOVAK REPUBLIC**

**Gatialova K**, **Pappi V**, **Majtas J**

**Objectives:** The aim of this study was to analyze the economic outcomes after implemented the system. **METHODS:** Utilization of medicines in period from 2008 to 2013 for treatment of cardiovascular diseases was analysed quantitatively by indirect descriptive method of evaluating supply of medicines in quantitative units (number of DDD and financial indicators reflecting the full value of consumed package. Data were gained from National Health Center and State Institute of Drug Control. **RESULTS:** The decline of consumption of cardiovasular medicines was more than 60 million EUR (2012 vs 2005). Key growth drivers using Pearson's chi-squared test while continuous variables were compared using t-test.

Among 11,743 eligible patients, 427 (3.64%) patients had switched from warfarin to novel oral anticoagulants. 16, 915 (76.55%) to dabigatran and 2,327 (19.81%) to rivaroxaban. **CONCLUSIONS:** The present study demonstrated that "Automatic Laboratory data Checking System" lessen the economic burden of statins reimbursement based on NHI regulations. The annual cost of statins medications was the first five human medications in Taiwan. Therefore, disallowed/deduction of reimbursement from Administration of National Health Insurance (NHI) was relatively higher than other drugs. An "Automatic Laboratory data Checking System" was established in order to enhance rational utilization of statins and to reduce deduction rate of statins reimbursement. This study aims to analyze the economic outcomes after implemented the system. **METHODS:** The major cause of deduction was the lipid profile fragmented in the medical record. To ensure rational use of statins based on NHI regulation, an "Automatic Laboratory data Checking System" in computerized physician order entry (CPOE) system was implemented in February 2013. When processing a statin prescription through CPOE system, the prescriber should choose the lipid profile linked with laboratory system in our hospital, or filled in lipid profile performed at outside source. The prescription would be blocked if the inspection date and laboratory data were not adherence to the NHI regulation. **RESULTS:** After system implementation, the deduction of statins reimbursement was significantly decreased. There were three indicators substantially improved in year 2013 than 2012. The average quarterly deduction rate was 2.16% in 2012, which reduced to 0.78% in 2013. The quarterly deduction rate was 14% (18.1% versus 3.95%), and the disallowed reimbursement account for 57.1% medication fee decreased to 7.17. **CONCLUSIONS:** This study demonstrated that "Automatic Laboratory data Checking System" lessen the economic burden of statins reimbursement based on NHI regulations. The system was associated with rational use of statins and reducing disallowed reimbursement as well.

**PCV161**

**CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF NON-VALVULAR ATRIAL FIBRILLATION PATIENTS SWITCHING FROM WARFARIN TO NOVEL ORAL ANTICOAGULANTS**

**Kaczro B**, **Pan K**, **Li L**, **Kawabata H**, **Phatak H**

**Objective:** This real-world study evaluated the baseline characteristics of patients with non-valvular atrial fibrillation (NVAF) who had switched from warfarin to novel oral anticoagulants (NOACs).

A retrospective cohort study was conducted using the MarketScan® plus Earlyview data from 1/1/2009 to 12/31/2013. Adult NVAF patients (ICD-9 code 427.31 or 427.52) with one year of baseline period and continuous warfarin use in the baseline period for at least 3 months immediately before the index date (defined as the first NOAC claim) were included. Patients with evidence of valvular heart disease, thyrotoxicosis, pericarditis, mitral stenosis, VT, cardiac surgery, and endocarditis during the baseline period were excluded. Patients were stratified by baseline warfarin spending as mean and continuous variables as means±SD. Categorical variables were compared using Pearson’s chi-squared test while continuous variables were compared using Wilcoxon signed-rank test. **RESULTS:** Among 11,743 eligible patients, 427 (3.64%) switched to apixaban, 8,989 (76.55%) to dabigatran and 2,327 (19.81%) to rivaroxaban.