associated with NOAC use included rate/rhythm control treatments (OR: 0.78, 95% CI 0.69 - 1.05) and prior thrombolysis or coronary intervention (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
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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 also be defined as an increased availability of medicines, especially 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 investigate the use of generic medicines in countries with limited availability of medicines. 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 not affected. CONCLUSIONS: In Germany off-patent clopidogrel generated significant savings without volume increase. In Hungary generic products significantly increased the availability of patients requiring clopidogrel therapy, in addition to reducing pharmaceutical expenditure. Incremental health gain of off-patent 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 MEDICATIONS FOR TREATMENT OF CARDIOVASCULAR DISEASES IN SLOVAK REPUBLIC
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OBJECTIVES: From the total health care costs in Slovak Republic the costs of medi- cines for treatment of cardiovascular diseases represent about 25%. In the world the pro- portion of 8-10%. Accurate data on morbidity from cardiovascular disease in Slovakia is not available. National Health Information Center is processing the data on prevalence and incidence of circulatory system diseases, but this includes only those patients who are followed in cardiology in SR. Reportedly, the prevalence of cardiovascular diseases in SR is about 250 000 patients (SR 2010). METHODS: The utilization of medicines in period from 2008 to 2013 for treatment of cardiovascular diseases was analysed quantitatively by indirect descriptiv method of evaluating supply of medicines in quantitative units (number, quantity, costs) in the number of DDD and its 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 beta blocking agents, antihypertesives, beta blocking agents, agents acting on the renin-angiotensin system and lipid modifying agents showed increase in consumption in DDD units the consumption decreased most significantly in the group of peripheral vasodilators. The groups of beta blocking agents, antihypertesives, beta blocking agents, agents acting on the renin-angiotensin system and lipid modifying agents. Atorvastatin was active agent with highest consumption in DDD. The highest average price per package was calculated by lipid modifying agents. After access of generic drugs to the market in 2008 the consumption in financial units declined while consumption in DDD grew in followed period. CONCLUSIONS: By using the same method of health care expenditure there is the possibility to provide treatment to more patients with cardiovascular disease.

PCV158 LOCAL VARIATION IN PRIMARY CARE PRESCRIBING BEHAVIOR IN ENGLAND: TICAGRELOR
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OBJECTIVES: To understand the level of local variation in community-level prescribing of ticagrelor in England, after national-level recommendation from NICE. METHODS: We used GP Practice-level prescribing data from a large database of GP practices (NHAPL) for antiplaque drugs (Chapter 2.9 of British National Formulary [BNF] in England, between August 2011 and February 2013. Data was obtained from the Health and Social Care Information Centre (HSCIC) and analyzed in Statistical Analysis Software (SAS). The percentage of total antiplaque spend (net ingredient cost) attributed to ticagrelor was calculated for each GP Practice and Clinical commissioning Group (CCG) cluster. RESULTS: Despite national-level NICE guidance, prescribing of ticagrelor was clustered across the Yorkshire region. CONCLUSIONS: The ticagrelor for example suggests that a positive National level (NICE) recommendation does not necessarily result in local prescribing behavior. Local variation (the fifth hurdle of market access) should be considered by pharmaceutical companies when developing market access strategy.

PCV159 DRUG UTILIZATION IN CARDIOVASCULAR DISEASES MANAGEMENT IN SLOVAKIA: 8 YEARS OVERVIEW
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OBJECTIVES: Antiplatelet cardiovascular diseases (CVD) remain the major cause of premature, early mortality in Europe. CVD treatment and prescribing behavior remains a major challenge for the doctors, payers and regulatory bodies. Key aim of our study was to collect and compare reliable and comparable data on drug utilization in CVD over 8 years (2005 - 2012). The study aimed at assessing the prescrip- tion of all drugs used for CVD treatment and precribing behavior. Data was obtained from the Health Center and State Institute of Drug Control. We studied review of available costs data sources connected to ATC classification and to cardiovascular diseases (C01-C10). We also looked for Daily Defined Doses (DDD) measurement units. We adopted time frame and data was consequently used for this study.

PCV160 IMPLEMENTATION OF AN AUTOMATIC LABORATORY DATA CHECKING SYSTEM TO REDUCE DEDUCTION OF STATINS REIMBURSEMENT IN A TEACHING HOSPITAL IN TAIWAN
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OBJECTIVES: To apply National Cholesterol Education Program Adult Treatment Panel (ATP 3) recommendations in reducing the cost of statin use. The objective of this study was to implement an “Automatic Laboratory data Checking System” in computerized physician order entry (CPOE) system to provide prospective monitoring system for CVD management in Taiwan. RESULTS: The implementation of this system will allow for the early detection of inappropriate use of statins and to reduce disallowed 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” was established in order to enhance rational use of statins and to reduce disallowed rate of statins reimbursement. This study aims to analyze the economic outcomes after implemented the system. To ensure rational use of statins based on NHI regulation, an “Automatic Laboratory data Checking System” was established in order to enhance rational use of statins and to reduce disallowed rate of statins reimbursement. This study aims to analyze the economic outcomes after implemented the system. RESULTS: The prescription of ticagrelor was switched to apixaban, 8,989 (76.55%) to dabigatran and 2,327 (19.81%) to rivaroxaban. Despite national-level NICE guid- ance, antiplatelet cardiovascular diseases (CVD) remain the major cause of premature, early mortality in Europe. CVD treatment and prescribing behavior remains a major challenge for the doctors, payers and regulatory bodies. Key aim of our study was to collect and compare reliable and comparable data on drug utilization in CVD over 8 years (2005 - 2012). The study aimed at assessing the prescrip- tion of all drugs used for CVD treatment and precribing behavior. Data was obtained from the Health Center and State Institute of Drug Control. The decline of consumption on the renin-angiotensin system and lipid modifying agents showed increase in consumption in DDD units the consumption decreased most significantly in the group of peripheral vasodilators. The groups of beta blocking agents, antihypertesives, beta blocking agents, agents acting on the renin-angiotensin system and lipid modifying agents. Atorvastatin was active agent with highest consumption in DDD. The highest average price per package was calculated by lipid modifying agents. After access of generic drugs to the market in 2008 the consumption in financial units declined while consumption in DDD grew in followed period. CONCLUSIONS: By using the same method of health care expenditure there is the possibility to provide treatment to more patients with cardiovascular disease.

PCV161 CLINICAL AND DEMOGRAPHICS CHARACTERISTICS OF NON-VALVULAR ATRIAL FIBRILLATION PATIENTS SWITCHING FROM WARFARIN TO NOVEL ORAL ANTIcoAGULants
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OBJECTIVES: 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). METHODS: An retrospective cohort study was conducted using the MarketScan® plus Earlyview data from 1/10/2009 to 12/31/2013. Adult NVAF patients (ICD-9 code 427.31 or 427.52) with one year of baseline period and 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, VTE, cardiac surgery, and endocarditis during the baseline period were excluded from the study. RESULTS: The prescription of ticagrelor was switched to apixaban, 8,989 (76.55%) to dabigatran and 2,327 (19.81%) to rivaroxaban.

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