**OBJECTIVES:** Pharmacotherapy is a major cost driver in venous thromboembolism (VTE) treatment. Analyses of drug utilization and impact of pharmaceutical policy are impeded by complex rules of reimbursement, accessibility of data, changes of prices and reimbursement rates. The goal of this study was to critically assess utilization of and costs of reimbursed low-molecular weight heparins (LMWH) and vitamin K antagonists (VKA) used on outpatient basis in Poland. **METHODS:** Reimbursement records of Silesian Provincial Division of National Health Fund (NHIF) were searched for detailed data on consumption of LMWH and VKA (FY 2009; about 4,646,000 insureds). Perspectives of public payer and patient were applied. **RESULTS:** Market of antithrombotics was dominated by LMWH (97% of value, 98% of reimbursement, 85% of packages number). Reimbursement constituted 94% of LMWH value and 73% of VKA value. Daily cost of VTE pharmacotherapy with LMWH was higher than with VKA (234 times more frequent for 42 times for patients). Within groups of both LMWH and VKA reimbursement of daily doses of particular drugs was changing in reverse manner than level of patient co-payment. Using warfarin instead of acenocoumarol was more expensive for NHIF by 41%, while for patients cheaper by 25%. Using enoxaparin instead of nadroparin was for NHIF more expensive by 29%, but for patients less expensive by 15%. Using dalteparin instead of nadroparin was even more expensive for NHIF (by 46%), while for patients even more cheap (by 23%). **CONCLUSIONS:** Market of reimbursed antithrombotic drugs was dominated by LMWH. Pharmaceutical policy in Poland was not promoting usage of less expensive OA, therapeutic options within groups of LMWH and VKA. Current implementation of new reimbursement law should be accompanied by careful monitoring of impact, which it brings for rationalization of health policy.

**PCV109**

ANTITHROMBOTIC THERAPY PRESCRIPTION AND PRESCRIPTION IN PATIENTS WITH ATRIAL FIBRILLATION IN FRANCE AND SPAIN

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**OBJECTIVES:** Antithrombotic therapy with oral anticoagulants (vitamin K antagonists, VKAs) or antplatelets (APs) is used to reduce stroke risk in patients with atrial fibrillation (AF). This study reviews real-life prescription of VKAs and persistence rates amongst AF patients in France and Spain. METHODS: A multicentre, retrospective, observational study was conducted using 2008–9 data from Longitudinal Patient Databases (LPD©, Cegedim) of 1,200 and 300 general practitioners in France and Spain, respectively. AF patients with a diagnosis of AF during the one-year follow-up were included and were considered to be receiving VKAs if they had ≥1 prescription during the one-year follow-up. Persistence was defined as continuous use with periods of <60 days interruption allowed. Persistence was assessed in newly diagnosed AF patients. **RESULTS:** In total, 11,355 and 2,924 AF patients were identified in France and Spain, respectively. In France, VKAs were prescribed to 64% of patients (54% VKA only, 9% VKA + AP) and 32% of eligible patients (CHA2DS2 stroke risk score ≥2) did not receive anticoagulation. 15% of patients received no antithrombotic therapy. VKA persistence was 64% and 45% at 6 and 12 months. In Spain, VKAs were prescribed to 52% of patients (58% VKA only, 8% VKA + AP). 16% of patients received no antithrombotic therapy. VKA persistence was 60% and 38% at 6 and 12 months. In France, univariate analyses showed anaemia, number of co-medications, hypercholesterolemia and order gap ≥30 days as non-significant negative predictors of persistence (p = 0.036 for all), prior myocardial infarction (p = 0.079) was a non-significant negative predictor of persistence. **CONCLUSIONS:** Persistence and prescription patterns in France and Spain show suboptimal adherence to treatment guidelines and VKA therapy in both countries after both 6 and 12 months, suggesting that these AF patients remain at risk of stroke.

**PCV110**

MULTIVARIATE ANALYSIS OF CLINICAL AND PATIENT-LEVEL FACTORS ASSOCIATED WITH COLESEVELAM TREATMENT PERSISTENCE

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**OBJECTIVES:** To evaluate colesevelam treatment persistence and associated factors. **METHODS:** In this retrospective study, patients with hyperlipidemia (HL) diagnosis were identified through electronic health records, who were ≥18 years old, had an initial order for colesevelam between January 2004 and December 2011 and an LDL-C value within 3 months of the initial order date (baseline), and ≥12 months of LDL-C follow-up. Colesevelam treatment persistence was defined as a prior order gap ≥30 days. Multivariate stepwise logistic regression was performed to assess clinical and patient-level factors associated with ≥12 months colesevelam treatment persistence. Adjusted odds ratios (OR) and corresponding 95% confidence intervals (CI) were calculated. A p-value < 0.05 was considered statistically significant. **RESULTS:** A total of 971 patients met the predefined inclusion criteria, of which 48.2% had ≥12 months of persistent treatment. Multivariate analysis was expressed in OR (95% CI) with 0.021 as a lower odds of having ≥12 months colesevelam treatment persistence, whereas an increased number of concomitant medications (1.09, 1.01, 1.19, p = 0.023) and concurrent in- testinal cholesterol absorption inhibitor therapy (1.51, 1.08, 2.13, p = 0.016) was associated with a greater odds of having ≥12 months treatment persistence. **CONCLUSIONS:** Several factors were significantly associated with colesevelam treatment persistence among patients with HL in an integrated health system. In particular, concomitant medication was associated with better treatment persistence. These data may assist in optimizing therapy regimens for lipid management.

**PCV111**

UNMET THERAPEUTIC NEEDS FOR PATIENTS WITH DYSLIPIDEMIA ACCORDING TO ATP III GUIDELINES

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**OBJECTIVES:** Dyslipidemia is a common disease that may lead to undesired cardiovascular outcomes. We evaluated the LDL-c lowering drug use for patients at three ATP III guidelines (1.0): ATP III guidelines. **METHODS:** Three cohorts were identified according to ATP III risk classification: high risk – CHD or CHD equivalent (HR); moderate risk – 2+ risk factors (MR); low risk – 0–1 risk factor (LR). It’s recommended that patient with these risk levels should receive the treatment if LDL-c was above the target level. We have 6-month continuous health insurance coverage as ascertainment period and LDL lowering drug use was evaluated in the subsequent two years using the US Impact insurance claims database. **RESULTS:** We identified 9,866 HR, 17,539 MR and 14,975 LR patients from 2006 to 2008. Compared with LR patients during 6-month baseline, HR and MR patients were older (mean age of 59, 59 versus 49 years), visited a cardiologist more often (46.6%, 12% vs 4.5%), had more hypertension (80.0%, 90.8% vs 10.8%) and diabetes (19.3%, 14.6% vs 8.4%), and incurred higher mean health care expenditures ($8,439, $3,619 vs $1,976). For all three co-thrombotic therapy with oral anticoagulants (vitamin K antago- nin (VKA)). Persistence was 60% and 38% at 6 and 12 months. In France, univariate analyses showed anaemia, number of co-medications, hypercholesterolemia (p = 0.079) was as- sociated with a greater odds of having ≥12 months treatment persistence, whereas an increased number of concomitant medications (1.09, 1.01, 1.19, p = 0.023) and concurrent in- testinal cholesterol absorption inhibitor therapy (1.51, 1.08, 2.13, p = 0.016) was as-