measurements of clinical values. CONCLUSIONS: Almost 75% of subjects with hypertension were aware of it. However, control rate was relatively low in this Latino population, suggesting a need for community-based programs targeting hypertensives unaware of their diagnosis.

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PHARMACOECONOMIC EVALUATION OF ANTIHYPERTENSIVE THERAPY IN OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL, SAGAMU, Ogun Satate, NIGERIA

Suleiman IA1, Lumor HA2
1University of Lagos, Lagos, Nigeria; 2Olabisi Onabanjo University Ago Iwoye, Sagamu Campus, Sagamu, Nigeria

OBJECTIVE: To know the cost implications of antihypertensive therapy to society. METHOD: Cost of Illness Analysis was used for Out-Patients. Drug review was carried out retrospectively for randomly sampled 39 case notes over a one-year period. The following were collected: number of hospital visits, BP at each visit, drugs prescribed at each visit. Cost components were the direct medical costs. These include the total cost of drugs over one-year period, personnel cost, diagnostic costs, and transport cost. Hospital cost of the drugs were used and the cost per defined daily dose of each drug was calculated as well as the total drug cost for one year. Stop-watch-time studies and monthly earnings were used in the calculation of personnel costs for each patient bearing in mind the number of visits. Since the study covers a one-year period (July, 2003–July, 2004), neither discounting nor inflation were considered in the analysis. RESULTS: Combination therapy was used for all patients. Total cost of therapy for the 39 patients over a one year period = N1,391,528.35 (US$9939.49), 90.4% (N1,258,139.35; US$8986.71) of which was for drugs. Average cost per patient = N35,680.21, range of cost; N1,026.80 and N84,395.15. With prevalence of hypertension in Nigeria estimated to be 10%–12% (132.8 million according to UNDP 2004); total Cost of Illness associated with hypertension less the indirect costs among others not considered could be in the range of N473,142,628,800.00 i.e. over N450 billion (over US$3.38 billion) per annum. CONCLUSION: The cost of illness due to hypertension is quite high, particularly in a country where 70.2% (93.2 million) of people live below the poverty line (earning less than US$1 (N140) per day. Urgent measures need to be taken not only for more cost effective therapy, but also to increase awareness and prevention of hypertension among others.

ADHERENCE TO ANTIHYPERTENSIVE MEDICATIONS RELATED TO COPAYMENT LEVEL

Taira DA1, Davis JW1, Wong KS2, Freich P3, Chung RS1
1Hawaii Medical Service Association (BCBS of Hawaii), Honolulu, HI, USA; 2Novartis Pharmaceutical Corporation, East Hanover, NJ, USA

OBJECTIVES: Antihypertensive medications are important in saving lives and decreasing disability. Formulary tiers, which determine copayment levels, may contribute to patients taking antihypertensive medications incompletely, inconsistently, or not at all, diminishing the potential benefit of treatment. Our objective was to determine whether copayment level is related to adherence to antihypertensive medications. METHODS: A retrospective claims database evaluation of hypertensive patients in a large health plan in Hawaii between January, 1999 and June, 2004 (n = 114,232) was conducted. Generic copayments were $5, preferred brand copayments were $20, and copayments for non-preferred brands varied based on price with copayments ranging from $20–$165. Adherence was measured using medication possession ratios, with a ratio of 0.8 considered adherent. Adherence rates were calculated annually from the date of first prescription for up to three years. Multi-variable logistic regression was used to examine the impact of copayment on adherence, controlling for patient characteristics and specific therapeutic class. RESULTS: Overall, adherence was 66.8% for generics, 66.1% for preferred brands, and 54.6% for non-preferred brands. Differences in adherence between generic and preferred brands for specific classes were 4–7% and 9–18% for preferred and non-preferred brands. The largest difference in adherence was between generic and non-preferred beta blockers (22%). All the differences were statistically significant at the 0.05 level. CONCLUSION: Adherence rates were consistently highest for generic drugs, and lowest for non-preferred brands for all specific therapeutic classes. This suggests that copayment, which is directly tied to formulary tier, may play a significant role in adherence to antihypertensive medication.