fenofibrate (4%), diltiazem hydrochloride (3%), niacin (2%), verapamil hydrochloride (1%), itraconazole (1%), clarithromycin (1%). The proportion of patients prescribed with CMs that potentially interact with statins is not uncommon and more prevalent in those using ≤5 CMs.

PCV135
LOW LIPOPROTEIN CHOLESTEROL GOAL ATTAINMENT IN DYSLIPIDEMIC PATIENTS WITH EXISTING STATIN THERAPY: A CHART EXTRACTION-BASED APPROACH
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OBJECTIVES: To evaluate the proportion of patients initiating statins achieving NCEP ATP III low-density lipoprotein cholesterol (LDL-C) goals. METHODS: Adults ≥18 years of age, initiating statins (atorvastatin, rosuvastatin, simvastatin, pravastatin, fluvastatin, lovastatin, or lovastatin) between January 1, 2009 through September 30, 2009 with no use of the index statin 3 months prior to initiation were identified via retrospective physician survey/chart extraction. LDL-C goal attainment was evaluated based on: 1) LDL-C lab values extracted from patients’ medical charts at 6 weeks, 12 weeks, 6 months, and 12 months after statin initiation, and 2) physician’s assessment. Secondary endpoints included the proportion of patients with HDL-C ≥40 mg/dl (male) and >50 mg/dl (female), and non-HDL-C goal within 12 months. Subgroup analyses were conducted among 4 different populations: patients with 1) prior CHD; 2) prior per-patient outcomes. We examined whether this approach can provide better outcomes under a pre-specified budget constraint. METHODS: We used the results from the JUPITER trial with the clinical effect reported in JUPITER, and 2) Lowest cost statin for most patients, with 75% of the JUPITER effect per patient; and 3) Usual care (do-nothing) as a baseline for cost and effectiveness. We used a budget constraint of $200M per year, which covers the lowest cost statin for 75% of the target population, and used a 5-year horizon, during which a potential of 268,000 Cardiovascular adverse events could be prevented. RESULTS: The budget allows for 3% of the target patient population to be treated with Rosuvastatin, which resulted in prevention of 7229 cardiovascular events as compared to usual care. Using the lowest cost statin allows for 5% of the target population to be treated results in preventing 118,555 cardiovascular events and is cost-saving compared to usual care. CONCLUSIONS: Under budget constraints, using lowest-cost statins enables a substantially larger market access to treatment, which according to our model resulted in significantly better health outcomes for the intended-use population.

PCV139
EPIDEMIOLOGY AND ECONOMIC BURDEN OF ATRIAL FIBRILLATION TO THE PUBLIC HEALTH CARE SYSTEM IN BRAZIL
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OBJECTIVES: To present Brazilian data on atrial fibrillation (AF) and perform a cost analysis of events related to this disease. METHODS: AF is an important risk factor for stroke and ischemic heart failure (HF) and death. It is estimated that in Brazil there are around 1.5 million patients with AF and that this population is correlated with the age pyramid. The prevalence of AF in the general population is estimated between 0.4% and 1%, increasing substantially with age. Among the strokes 20% are related to AF and 85% of these strokes are of ischemic origin and 15% of hemorrhagic origin. The stroke mortality in Brazil is 20.5 per 100,000. A panel of experts examined the resources related to the treatment of events related to AF. The panel was divided into three groups, where the medications, tests, drugs and materials used in every event. Unit costs for drugs and materials were obtained from acquisition lists (BPS and SIMPRO magazine, respectively), hospitalization, exam and procedure costs were extracted from a public reimbursement database (SIGTAP). RESULTS: From the expert panel performed, the cost of events were: fatal ischemic stroke ($511,800R$ (7,989USD), non-fatal IS without disability 2,812R$ (1,761USD), non-fatal IS with moderate disability 4,470R$