OBJECTIVES: Pharmacotherapy is a major cost driver in venous thromboembolism (VTE) treatment. Analyses of drug utilization and impact of pharmaceutical policy are impeded by complicated rules of reimbursement, accessibility of data, changes of prices and reimbursement. The goal of this study was to critically assess utilization of reimbursed venous thromboembolism (VTE) drugs (LMWH and vitamin K antagonists (VKA)) used in outpatient basis in Poland. METHODS: Reimbursement records of Silesian Provincial Division of National Health Fund (NHF) were searched for detailed data on consumption of LMWH and VKA (FY 2009; about 4.646.000 insured). 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 (50 mg of nadroparin) was 0.68 PLN and VKA was 2.5 times higher (24 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 NHF by 147%, while for patients cheaper by 25%. Using enoxaparin instead of nadroparin was for NHF more expensive by 29%, but for patients less expensive by 15%. Using dalteparin instead of nadroparin was even more expensive for NHF (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, safer, or 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 ANTIPTHROMBOTIC THERAPY PRESCRIPTION AND PERSISTENCE IN PATIENTS WITH ATRIAL FIBRILLATION IN FRANCE AND SPAIN

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OBJECTIVES: Anti-thrombotic therapy with oral anticoagulants (vitamin K antagonists, VKAs) or antiplatelets (APs) is used to reduce stroke risk in patients with atrial fibrillation (AF). This study reports on real-life prescription of VKAs and persistence 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. 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 (CHADS2 stroke risk ≥2) did not receive anticoagulation. 15% of patients received no anti-thrombotic therapy. VKA persistence was 64% and 45% at 6 and 12 months. In Spain, VKAs were prescribed to 52% of patients (9% VKA only, 8% VKA + AP) and 41% of eligible patients did not receive anticoagulation. 16% of patients received no anti-thrombotic therapy. VKA persistence was 60% and 38% at 6 and 12 months. In France, univariate analyses showed anaemia, number of co-medications, hypercholesterolemia, age ≥75-84 years and age ≥85 years to be statistically 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: Prescription and persistence 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 COLESVELEAM TREATMENT PERSISTENCE

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OBJECTIVES: To evaluate colesveleam 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 colesveleam between January 2004 and December 2011, an LDL-C value within 3 months of the initial order date (baseline), and ≥12 months of LDL-C follow-up. Colesveleam treatment persistence was defined as a prior order gap ≥30 days. Multivariate stepwise logistic regression was performed to assess patient-level factors associated with ≥12 months of colesveleam 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 identified age ≥65 and systolic blood pressure ≥150 mmHg as statistically significant negative predictors of persistence (OR: 0.65, 95% CI: 0.46, 0.94; p=0.021) were associated with a lower odds of having ≥12 months colesveleam treatment persistence, whereas an increased number of concomitant medications (≥9, 1.01, 1.19; p=0.023) and concurrent intermittent cholesteryl absorption inhibitor therapy (1.5, 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 colesveleam 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 different risk levels according to 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). Literature search identified that patients with these risk levels should receive the treatment if LDL level exceeds 3.0 mmol/L. We evaluated patients that 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 (46.9%, 12.2% vs 4.5%), had more hypertension (80.0%, 90.8% vs 10.8%) and diabetes (19.3%, 14.6% vs 4.6%), and incurred higher mean health care expenditures ($8,439, $3,619 vs $1,966). For all three cohorts, proportion of patients did not have lipid lowering medications dispensed within 2 years (57.1%, 54.4% and 58.2%, respectively). For patients who did lower dose statins was the most commonly dispensed (52.0%, 52.6% and 51.4%, respectively). Overall, the medication possession rate is low (0-0.6) and a relatively low proportion of patients changed their medications. CONCLUSION: Despite recommendations for treatment, the majority of the patients at all risk levels were not using lipid lowering medications two years after ascertainment of excess LDL level. Among patients who obtained the medications, lower dose statins were most commonly used. Furthermore, medication adherence in the treated patients was suboptimal, suggesting remaining unmet therapeutic needs in this patient population.

PCV112 DOSAGE ANALYSIS OF CHF THERAPIES ON THE BASIS OF HUNGARIAN CLAIM DATABASE

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OBJECTIVES: The utilization of statins in Slovakia is low in comparison with other European countries. Therefore, the aim of the study was to critically assess utilization of statins in Slovakia. METHODS: Statin consumption and expenditures of reimbursed statins were analyzed using national health insurance database of Silesian Provincial Division of National Health Fund (NHIFA) in Hungary. METHODS: NHIFA database uniquely contains detailed provision data (medicine, out- and inpatient services) from the whole Hungarian population of 10 million. All financed health care providers use the same report structure and reported data are strictly validated. Our retrospective analyses included data of 2004-2010 for all patients with chronic heart failure (ICD code I50) as main diagnosis. Rate of therapy and dosage pattern were analysed on the basis of treatment data. Real world study of statin use was estimated as filled volume per prescription. Estimation based on aggregated data was particularly prescribed in 2010 and subsequently declined to 25.3 million HUF in 2011. In first quartal of 2012 the downward trend continues with estimated annual decrease to 22.9 millions HUF. Perspectives of public payer and patient were applied. RESULTS: The highest consumption of statins within years 2008-2012 was 24.9 million HUF. From 2010 to 2011, consumption of statins almost halved in both financial and physical units. In particular, concomitant medication was associated with better treatment persistence. These data may assist in optimizing therapy regimens for lipid management.