have no VTE diagnosis in the 6 months prior to IH. Parenteral and oral anticoagu-
lants were identified. Multivariate logistic regression was used to examine factors associated with anticoagulant use. RESULTS: A total of 957 VTE patients were eligible for the study. Mean age was 62.8 years, and 45.1% were male. Mean length of stay was 8.7 days. During index hospitalization, 45.4% patients were treated with VKA, 25.6% with oral anticoagulants and warfarin, 2.1% with aspirin only, and 13.6% with PA only. Among patients treated with PA, low molecular weight heparin accounted for 93.4%. Chemotherapy (OR=2.24), respiratory disease (OR=1.14), and pulmonary embolism (PE) were significantly associated with PA use, while prior stroke (OR=0.43) and renal disease (OR=0.58) were associated with less likelihood of PA use. DVT plus PE vs DVT (OR=3.87), obesity (OR=2.57), chemotherapy (OR=2.23), and PE vs DVT (OR=1.36) were significantly associated with warfarin use, while bleeding history (OR=0.41), diabetes (OR=0.64), and heart disease (OR=0.67) were associated with less likelihood of warfarin use. CONCLUSIONS: Less than half of VTE patients during hospitalization had the index of anticoagulant use, 25% PA and 25% Warfarin. The current practice of PA only is a result of clinical type, stroke and bleeding history, comorbid respiratory disease, diabetes, heart disease, obesity, and chemotherapy were associated with anticoagulant use. Further research needs to examine characteristics and reasons of patients who did not receive parenteral anticoagulants during hospitalization.

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OBJECTIVES: This study investigated the outcomes and management associated with stroke prevention treatments in patients with non-valvular atrial fibrillation (NVAF) in Europe. The primary objective of this analysis was to assess the management of patients treated with vitamin K antagonists (VKA). METHODS: We conducted an observational retrospective cohort study of patients with NVAF in the Longitudinal Patient Database (CEGEDIM) in France, Italy, the UK, Spain and Germany. The analysis included patients >18 years old with recorded AF diagnosis, and without rheumatic valvular disease or prosthetic valves. Patients had to be in the database for ≥1 year before date of 1st visit (index date) during the inclusion period (May 2010-April 2012). We calculated patients’ CHA2DS2-VASc score at index date for untreated patients and at the time of the first VKA prescription for treated patients and at the start of the study visit for stroke prevention therapy based on the 2012 ESC recommendations and calculated the percentage of patients for whom initiation treatment and OAC use were consistent with recommendations. RESULTS: In France, 53% of the OAC patients (total=16,329) were treated consistently with the 2012 ESC recommendations (treat-
ment requirement and choice of OAC), 46% in Germany (total=13,468), 58% in Spain (total=12,357), 39% in Italy (total=22,447), and 36% in the UK (total=19,956). The per-
centage of patients (CHA2DS2-VASc ≥ 1) not alone due to female gender) that receiv-
ing the required treatment (either not treated or treated with a non-recommended OAC) was 36% in France; 48% in Germany; 34% in Spain; 52% in Italy, and 48% in the UK. CONCLUSIONS: This study confirms the need to reinforce education of patients and Prescribers on the 2012 ESC recommendations for stroke prevention therapy in the UK, Spain, France, and Germany. The results show that the majority of patients in France, Germany, Italy, & 1/3 of patients in UK did not achieve recommended TTR and therefore were at increased risk of recurrent stroke. Further research needs to demonstrate the correlation between these estimates and stroke and major bleeding rates within countries.

PCV26 PHARMACOECONOMIC STUDY OF HMG COA REDUCTASE INHIBITOR PRESCRIBING: IMPACT OF GENERIC PRESCRIBING ON COST SHARING. Nelson Mandela Metropolitan University, Port Elizabeth, South Africa
OBJECTIVES: To investigate the prescribing of hypolipidaemic agents with specific emphasis on the effect of generic prescribing on HMG-CoA reductase inhibitor (statin) costs. METHODS: A retrospective, cross-sectional pharmacoeconomic study was conducted on 2011 medical insurance claims data in South Africa. RESULTS: A total of 4805 patients (66.88% males) were prescribed 3873 hypolipidaemic agents. The average cost per DDD was R37.35 (range R1.42–R873.11). The proportion of all prescriptions and 83.44% of cost, were prescribed by statins (3.61% of prescribing fre-
quency and 7.72% of cost). Simvastatin was the most frequently prescribed statin (accounting for 62.59% of all prescriptions), followed by atorvastatin (17.04%) and rosuvastatin (11.68%). Simvastatin was also the active ingredient with the lowest aver-
age cost per product of R46.43. Simvastatin was prescribed under 16, atorvastatin six and pravastatin four different trade names. Fluvastatin, lovastatin and rosuvastatin only did one trade name under which they were prescribed. Only one cholesterol absorption inhibitor drug was prescribed (ezetimibe) accounting for 1.64% of prescriptions. This product had the highest average cost per prescription of R416.37. Other hypolipidaemic agents prescribed for only 0.1% of all prescriptions. The combination of ezetimibe and simvastatin, and cerivastatin. The two drugs constituted 3.61% of prescribing, with most prescriptions for bezafibrate. Dosages for the statins were investigated and it was found that the average Daily Dose (DDDs) was lower or in agreement with the Defined Daily Doses (DDDs). The aver-
age DDD of simvastatin was 23.70 (DDD=30 mg), pravastatin 25.35 mg (DDD=30 mg), lovastatin 26.31 mg (DDD=45 mg), atorvastatin 20.91 (DDD=20 mg) and fluvastatin 57.25 mg (DDD=60 mg). CONCLUSIONS: There are a variety of generic equivalents available for the statins on the South African market. It was clear that products with more generic equivalents had a lower average cost per prescription compared to the innovator products.

PCV27 USE OF CALCIUM CHANNEL BLOCKERS IN SERBIA IN THE PERIOD FROM 2007 TO 2011 YEAR. Milosevic D, Milosavvic B, Tomic N, Sabo A, Raskovic A, Horvat O Faculty of Medicine, University of Novi Sad, Serbia, Novi Sad, Serbia and Montenegro
OBJECTIVES: Calcium channel blockers are drugs of first choice in the treatment of hypertension. The aim of this study was to analyze the consumption of calcium channel blockers in Serbia in the period from 2007 to 2011 year. METHODS: The data about the use of drugs were taken from the Agency for Drugs and Medical Devices of the Serbia. RESULTS: The most frequently used drug from this group with mainly vascular effects was amiodipine. During this observed five years the consumption of amiodipine is in constantly decreasing. In 2007. it was 21.25DDD/1000 inh/day, at the end of the observed five years it was 16.53DDD/1000 inh/day. During this observed five years in drug consumption in the same group of drugs was nifedipine. Contrary to amiodi-
pine, nifedipine recorded a decline in consumption. From the calcium channel blockers, the direct arteriolar dilators calcium channel blockers have the smallest consumption. The target of this research is in decreasing of nifedipine and dilatiazem. The consumption of verapamil in the observed years was uneven. At the end of 2011. consumption of this drug was reduced by 50%. The consumption of diltiazem in observed five years is in constantly decreasing. In 2007. it was 5.25DDD/1000 inh/day, at the end of the observed five years it was 3.88DDD/1000 inh/day. From the calcium channel blockers, is the largest consumption of nifedipine. In 2007. consumption of this drug was seen as uneven. In 2010 and 2011 the consumption of calcium channel blockers marks a positive trend. This research was supported by Provincial Secretariat for Science and Technological Development, Autonomous Province of Vojvodina project No 114-451-2458/2011 and by Ministry of Science, Republic of Serbia, project no 41012.