**PCV59**

**ASSESSMENT OF THE USE OF ANGIOTENSIN RECEPTOR BLOCKERS IN THE EUROPEAN UNION PEDIATRIC POPULATION FOR TREATING ESSENTIAL HYPERTENSION**

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**OBJECTIVES:** To assess the use of angiotensin receptor blockers (ARBs) in the European Union (EU) pediatric patients experiencing essential hypertension. **METHODS:** This was a retrospective analysis of the IMS MIDAS Prescribing Insight Medical database. Projected prescription data for pediatric patients (<18 years) in the time period of October 2005 to September 2006 were analyzed. Five major European markets including France, Germany, Italy, Spain and the UK were studied for the usage of ARBs as either a monotherapy or fixed-dose combination therapy (FDC). Pediatric patients with essential hypertension were identified using ICD-10 codes. The ATC classification was used to identify major classes of antihypertensives. During analysis, special emphasis was placed on the 6–17 years age category, as many ARBs were recommended in children above 6 years of age. **RESULTS:** Out of 242,405 estimated pediatric patients with hypertension, 222,033 (91.6%) were diagnosed with essential hypertension. Out of 230,220 projected prescriptions dispensed to these essential hypertensives, 76.2% were for patients in the 6–17 years age group. In that age group, ARBs constituted 25.5% of the projected prescriptions with 10.6% in the form of FDC of ARBs with hydrochlorothiazide (HCTz). Diuretics also were used in 11.6% of the pediatric population in the age range of 6–17 years. ARBs usage, either as a monotherapy or as a FDC with HCTz, was higher in Italy (35.7%), France (30.9%) and Spain (28.1%) but was lower in Germany (5.3%) and non-existent in the UK. Valsartan-based and losartan-based FDCs were commonly used in the age range of 6–17 years and accounted for 39.1% and 13.9% of the projected prescription volume in the ARB-FDC category, respectively. **CONCLUSION:** In a majority of the key EU markets, pediatric hypertensive patients in the age range of 6–17 years are regularly treated with ARB monotherapy or FDC therapy, often without supportive clinical efficacy studies.

**PCV60**

**VARIATION OF OUTLIER PAYMENTS AMONG HOSPITALS**

**Baser Ö**

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**OBJECTIVES:** We will examine epidemiology of so-called outlier payments—non-DRG bundled reimbursements for patients with particular high hospital charges. In addition to describing the incidence of outlier payments with each procedure, we will explore the extent to which such payments vary across hospitals and how they contribute to overall inpatient costs. **METHODS:** Using the national Medicare claims database for 2002, we first identified all patients undergoing coronary artery bypass grafting (CABG) (n = 165,226), lower extremity bypass surgery (n = 43,886) and colectomy (n = 101,345). For each cancer type, we identified total number of patients receiving outlier payments, average outlier payments and total (Medicare) outlier payments. We then assessed probability of having outlier payment for each hospital, adjusting for potentially confounding patient characteristics. **RESULTS:** For all three procedures, the proportion of patients associated with outlier payments varied from 10% (colectomy) to 13% (CABG). Average outlier payments were considerable, ranging from $36,000 to over $59,000 per patient. For these three procedures, outlier payments cost CMS approximately $835 million in 2002. Adjusting for confounding patient characteristics did not change the variation in hospitals with outlier payments. For all three procedures, the proportion of hospitals with outlier payments 20 percent and higher varied from 10.1% (colectomy) to 20.9% (CABG). **CONCLUSION:** The individual hospitals appear to have differences in their outlier costs and volatility of outlier costs when holding patient factors are constant. Strong financial incentives exists for improving outcomes with inpatient surgery.

**PCV61**

**INDICATOR OF CARDIOVASCULAR MEDICINES USAGE IN PUBLIC PHARMACY CHAIN BELGRADE**

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**OBJECTIVES:** Is to analyze trends in prescription habits and rational usage of cardiovascular medicines (CM) in Belgrade population, as well as expenditure data regarding drug policy changes and to make evaluation in terms of the most used CM. **METHODS:** We used database from Public pharmacy chain—Pharmacy “Belgrade” corresponding to population of 1.57 M, with conventional data grouping and database analysis. All information on CM were based on prescriptions, which were reimbursed by national Health Insurance Fund (HIF). The calculations included: DDD methods (unit: DDD/1000 inhabitants/day) and monetary cost for years level (2005–2006). **RESULTS:** Expenditure of CM expressed as percentage of all used medicines during two years, shows that a third of the overall financial value was spent in this group (33.13% in 2005; 35.33% in 2006). The first three groups of CM with highest financial share (monetary cost in % of all CM) are agents acting on the renin-angiotensin system 49.72%, calcium channel blockers 24.16%, beta blocking system10.00% (2005); agents acting on the renin-angiotensin system 47.77%, calcium channel blockers 22.99%, beta blocking system11.28% (2006). The usage of CM expressed in DDD units reveals that in Belgrade population the most prescribed CM is enalapril maleate during two years (71.22 in 2005; 74.89 in 2006). The biggest increase has been shown in the usage of fosinopril sodium (from 5.44 in 2005 to 10.46 in 2006). **CONCLUSION:** Analysis and evaluation of the data has shown that there had been increase in expenditure of CM in these periods. The biggest increase is notified in the usage of fosinopril sodium in both financial values and DDD units, conducted by drug policy changes (reimbursement list). Monitoring of the CM usage in longer period can provide further useful information about rational use of this group of medicines.

**PCV62**

**PRIVATE PAYER EPISODE COSTS OF CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY VS. MYOCARDIAL PERFUSION IMAGING FOR THE DIAGNOSIS OF CORONARY ARTERY DISEASE**

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**OBJECTIVES:** Coronary multidetector computed tomography (MDCT) and myocardial perfusion imaging (MPI) are diagnostic modalities used to identify patients with coronary artery disease (CAD). We used Episode Treatment Groups™ (ETG) software, an industry standard for combining health care billing information into specific episodes of care, to examine CAD-related costs and clinical outcomes of individuals who underwent diagnostic evaluation by either MDCT or MPI. **METHODS:** Patients without known CAD who underwent either MDCT or MPI as an