

to every 14.2 weeks for those patients who have not undergone a procedure. **Conclusions:** Heart rhythm management of patients with AF appears to be influenced by the presence of CHF and CAD, and by insurance and physician type, but appears to result in less frequent need for physician visits.

PCV88

REAL-WORLD STUDY OF TREATMENT INTENSIFICATION OF STATINS IN PATIENTS WITH UNCONTROLLED ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD)

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Objectives: Statins are effective in reducing low-density lipoprotein cholesterol (LDL-C) and cardiovascular disease risk, however, despite treatment, patients in the real-world setting may not reach lipid goals. Ensuring timely treatment intensification (TI) is important in reducing the risk of adverse outcomes. The objectives of this study, conducted in patients with ASCVD and baseline LDL-C > 70 despite existing statin therapy were to (a) To evaluate predictors of TI (b) To assess the association between TI and LDL-C lowering. **Methods:** A retrospective cohort study was conducted using Truven MarketScan database from 2013-2017. The first prescription of statin between January 2014-February 2016 was identified as the index date. A pre-index period of 180 days to identify baseline characteristics and a follow-up period of 360 days for outcomes was determined. TI was defined as an increase in the intensity of statin from low to moderate, moderate to high or low to high. Logistic regression was conducted to identify predictors of TI. To measure the effect of TI on LDL-C reduction, multiple linear regression with follow-up LDL-C as the outcome was performed. **Results:** There were 14,395 patients included in the study with 3,909 patients having follow-up LDL-C values. TI in the follow-up was observed in 1,914 (13.30%) patients. Age older than 75 [OR: 0.7(95%CI: 0.59-0.84)] was associated with lower likelihood of TI in the multivariable logistic regression model. Baseline characteristics positively associated with TI included higher LDL-C value and adherence, low and moderate statin intensity, male sex and diabetes. For patients with follow-up LDL-C values, TI was associated with significant mean reduction in LDL-C (β : -9.68, $p < 0.0001$). **Conclusions:** Even though TI was associated with significant LDL-C lowering, a significant proportion of patients not at goal were not intensified. Future studies need to examine the relationship of TI with factors such as patient adherence and side-effects as well as cardiovascular outcomes.



PCV89

ANALYSIS OF THE LIST OF MEDICINES FOR TREATMENT OF HYPERTENSION IN PREGNANCY IN UKRAINE

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Objectives: Hypertensive disorders represent major causes of pregnancy related maternal mortality worldwide. Preeclampsia affects 3-4% of all pregnancies in Ukraine. There is a necessary a list of proven medicines. **Methods:** Comparative analysis of Ukraine clinical guidelines, NICE and ESH/ESC guidelines, analysis of registered antihypertensive drugs, cost analysis. **Results:** We analyzed the list of antihypertensive drugs included in the Ukrainian guidelines, NICE an ESH/ESC guidelines as well. It was established, that in Ukraine no registered medicines such as labetalol, oxiprenolol, hydralazine, which are included in guidelines. Methyldopa as a first-line medicine for the treatment of pregnant hypertension, there is registered only one by european producer. We calculated the direct costs for the treatment course methyldopa per 1 pregnant woman (3 months), it was 541.2 UAH (19.2 \$). These costs are high for pregnant women out-of-pocket. Oral nifedipine and verapamil are frequently as second line used for the treatment of hypertension in pregnancy. The nifedipine is registered in 15 trade names, of which 67.7% are foreign producers in market. We calculated the cost per treatment was 50.5-81.2 UAH (1.8-2.9 \$) by ukrainian producer, cost was 226.1- 543.3 UAH (\$ 8.1- \$ 19.4) by foreign. Verapamil is registered in 10 TN, of which 50% are foreign. The cost per treatment was 30.3 - 54.8 UAH (1.1 - 2.0 \$) for domestic drugs and 166.1 USD (5.9 USD) for a foreign. Cost for foreign drugs are 5,5 times higher. **Conclusions:** For the good treatment of hypertension in pregnancy according to the ESH/ESC and Ukraine guidelines, it is necessary to register the market of these drugs in order to ensure their availability: labetalol, oxiprenolol, hydralazin. It is also necessary to introduce a domestic methyldopa for reducing the cost of patient and budget. Perspective is to include in the reimbursement list these antihypertensive drugs for budget financing treatment of hypertension in pregnancy in Ukraine.



PCV91

FACTORS ASSOCIATED WITH AVOIDING HEALTHCARE AMONG ADULTS WITH HYPERTENSION: AN ANALYSIS OF THE 2015 MEDICARE CURRENT BENEFICIARY SURVEY

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Objectives: Avoiding healthcare can increase the occurrence of cardiovascular diseases and place significant economic burdens on older adults with hypertension. This



study examines the factors associated with avoiding healthcare among Medicare beneficiaries with hypertension. **Methods:** This cross-sectional study used data from the 2015 Medicare Current Beneficiary Survey. The study population was older adults with hypertension (unweighted N=8,293; weighted N=34,415,713). The dependent variable was avoiding healthcare defined by the question, "Will you do just anything to avoid going to doctors?". Healthcare utilization-related factors (e.g., issue in access to care due to costs, doctors that failed to recognize health issues, and satisfaction with the health information provided by their doctors) were included as the primary independent variables. Survey-weighted multivariate logistic regression was used by controlling for demographics, economic status, and health status. **Results:** Approximately 65.9% (95% Confidence Interval (CI)=64.6-67.2) of Medicare beneficiaries reported having hypertension. Among them, 27.7% (95% CI=26.2-29.3) reported that they would do anything to avoid going to the doctor. Older adults with hypertension who were seen by doctors who failed to recognize health issues were more likely to avoid healthcare than those that did not encounter such doctors (Odds Ratio (OR)=2.66; 95% CI=2.06-3.43; $p < 0.001$), and those who were not satisfied with the information provided by their doctors concerning their health were more likely to avoid healthcare than those who were satisfied with the information provided by their doctors (OR=1.64; 95% CI=1.11-2.42; $p = 0.013$). Among older adults with hypertension, having issues with access to care due to costs increased the likelihood of avoiding healthcare (OR=1.61; 95% CI=1.19-2.17; $p = 0.001$). **Conclusions:** Among older adults with hypertension, cost barriers increase the risk of avoiding healthcare; however, the quality of the patient-doctor relationship can be an even more important factor.

PCV92

IMPROVING MEMBERS HYPERTENSION AT BLUE CROSS BLUE SHIELD OF LOUISIANA: THE EFFECTIVENESS OF OCHSNER'S DIGITAL MEDICINE HYPERTENSION (DMH) PROGRAM

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Objectives: Hypertension, a controllable chronic condition through lifestyle changes and/or medication management, affects millions of Americans. Ochsner Health System introduced a digital medicine hypertension (DMH) program that combined in-depth education, lifestyle management, and remote blood pressure monitoring and individualized pharmacist medication management. This study evaluated whether Ochsner Health System's DMH program improved enrollee blood-pressure, utilization and health care spending. **Methods:** Beginning February 2016, hypertensive patients could enroll in Ochsner's DMH during their visit with an Ochsner primary care physician (PCP). Additional requirements for patient enrollment included: patients had to be a resident of Louisiana and not have had a heart or kidney transplant. The treatment group included all patients who enrolled in the DMH program and were continuously enrolled in BCBSLA at least 6 months prior to and after the DMH participation date. Treatment cohort via propensity scoring was matched to a control population with the same inclusion criteria, patient characteristics and comorbid conditions but were not being managed by Ochsner PCPs. Blood pressure readings are the primary clinical health outcome. Controlled blood pressure was defined as < 140/90 mmHg in the baseline period. Healthcare utilization and expenditures were analyzed at the per member per month level (PMPM). **Results:** After matching, 386 patients were included in the analysis (193 in each cohort). The treatment group had significantly improved blood pressure with 18% higher of members that were 'uncontrolled' at baseline gained controlled blood pressure readings within the study period; hypertension related medication adherence also increased 7.5%. Healthcare utilization was lower with less ER visits and Inpatient Admissions; however, study participants had more PCP, specialist visits and Rx scripts. **Conclusions:** The Ochsner Health System's DMH program improved enrollee blood-pressure, medication adherence and health care utilization.



PCV94

PRESCRIBING PATTERNS FOR PATIENTS WITH HEART FAILURE AT DISCHARGE IN A TERTIARY HOSPITAL, IN RIYADH

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Objectives: By 2030, it is estimated that the prevalence and total cost of heart failure (HF) will increase by 46% and 127%, respectively. Despite that the American College of Cardiology (ACC) and American Heart Association (AHA) published a clear and updated clinical practice guideline for the treatment of HF, a study showed that adherence of physician to the guideline-recommended therapy was good in only 23% of patients. The aim is to describe the prescribing patterns for patients with heart failure at discharge. **Methods:** A retrospective chart review was conducted on 408 adult patients who were diagnosed with HF at discharge during January 2017 to January 2018 in Riyadh at KACC and internal medicine wards in KAMC. Collected data

