considered were: clinical management of patient with HCV chronic infection, access to outpatient, hospital stay planned and unrelated costs of hospital admission, role of the general practitioner (GP). RESULTS: The budget impact analysis shows that, considering both naive and previously treated patients, the treatment with boceprevir has an impact on the National Health Service of almost €66 million for the first year. Compared to treatment with DTV and a sensitivity analysis based on the boceprevir-based strategy an ICER of €8,622.00. The management of FT for its intrinsic complexity requires monthly outpatient visits, at least at the beginning of treatment, for monitoring the compliance to treatment, side effects and critical organizational points. A potential the request for boceprevir for each single patient by the medical prescriptor, who needs to fill in detailed form from the Italian Agency of Drug (AIFA). CONCLUSIONS: The impact of the introduction of boceprevir on the budget is high, even if the ICER is favourable. Patient management is particularly complicated because there is a need for an alliance between the patients, their relatives, GPs and specialized centers.

PG113 ENTERAL DIETS (ED): A COST-COMPARISON ANALYSIS FOR IN-HOSPITAL PREPARATIONS BASED ON REAL WORLD OBSERVATION Clark DAC*, Paladini L 1, Nishikawa AM 2, Rogers L 1, Arrazá A 3
1 Johnson & Johnson Nutrition, São Paulo, Brazil 2Johnson Nutrition, São Paulo, Brazil
OBJECTIVES: ED can be administered based on three different systems – powder based (Po), open, liquid (Op), and a completely closed (C). There are differences in the preparation, installation and delivery and in the diarrhoea rates among them. Our aim was to measure the total costs for each system, considering the resources needed to prepare, delivery administer and discard of each system (hidden costs). METHODS: We measured the human (nurse, nutritionist, auxiliary personnel) resources involved in ED preparation, delivery and equipment. Outpatient costs were not included. Additional information was obtained from the side effects of ED system. RESULTS: There were differences among the human resources needed for each system. Hidden costs were 63% of the total for Op, 58% for Po and 52% for C. For the nurse time was used to calculate the costs: Op US$74.32, Po US$62.15 and C US$56.35. This increase in the differences among the costs is due to a hidden cost allocated in the side effects of the ED system. CONCLUSIONS: We are aware that reducing costs will be more efficient if we create a standardized approach to the use of ED systems. In conclusion, ED solution administration requires the prescription of the solution and the entire handling, both of which contribute to the final cost of the therapy.

PG114 COST ANALYSIS OF PROTON PUMP INHIBITORS IN THE TREATMENT OF ULCER DUODENUM IN UKRAINE Iskriyeva I, Gerasymova O, Mishchenko O, Kuznetsov I, Krypychenko O, Tkachova O National University of Pharmacy, Kharkov, Ukraine
OBJECTIVES: Proton pump inhibitors (PPIs) are essential components of any antihelicobacter therapy (AT) of peptic ulcer disease. The aim of research - to determine the costs of the use of PPIs in the traditional triple schemes AT (first and second line) of the working age patients with a duodenal ulcer in Ukraine. The objects of research - preparations of omeprazole, pantoprazole, rabeprazole, lansoprazol, enomeprazole, in our pharmacy. METHODS: Cost analysis on the use of PPIs in the schemes of AT was performed per one patient for 14 days with the daily doses of drugs: omeprazole - 20 mg, pantoprazole - 40 mg, lansoprazol - 30 mg, enomeprazole - 40 mg (according to the recommendations of the “Maastricht IV”, 2010). For determining the costs only the costs of the PPIs were taken into account. The purchase of drugs was made using the information in the system “Drohetechnika”. RESULTS: The total cost for the use of PPIs in the schemes of AT of duodenal ulcer can be quite high in Ukraine. In this regard, the choice of PPIs for inclusion in the schemes of AT is advisable to use the results of pharmacoeconomic studies that will optimize the costs of the payer.

PG115 ECONOMIC ANALYSIS OF USE OF HORMONE DEVICES IN PATIENTS WITH LAPAROSCOPIC CHOLECYSTECTOMY IN THE UNITED STATES Czajka KL 1, Clymer J 2, Vaughn B 2
1Johnson & Johnson/Ethicon Endo Surgery, Inc, Cincinnati, OH, USA, 2Johnson and Johnson/Ethicon, Inc, Somerville, NJ, USA
OBJECTIVES: Intracorporeal ultrasonic energy devices have been developed as a safer and more efficient alternative to traditional electrosurgery (monopolar and bipolar) in laparoscopic cholecystectomy. However, the economic impact on hospital cost is not yet assessed in the United States. The aim of the study is to evaluate the total costs of LG using criteria related to both complications and outcomes. RESULTS: Intracorporeal ultrasonic energy devices have not been assessed in laparoscopic cholecystectomy. The total cost in laparoscopic cholecystectomy with two energy devices was compared to determine which modality is more cost effective. RESULTS: The total cost case using an ultrasonic device for an intracorporeal laparoscopic cholecystectomy is $870 v. $599.50 for the use of a laser.

PG116 MORTALITY AND MEDICAL COSTS ASSOCIATED WITH LIVER-RELATED DISEASES AMONG PATIENTS WITH HEPATITIS C VIRUS (HCV) INFECTION IN TAIWAN Tan CH, Huang KC, Huang SY, Wu YT, Lin KD Taipei Medical University, Taipei, Taiwan
OBJECTIVES: To examine the mortality and medical costs during the first and the second year following the onset of the five liver-related diseases, i.e. HCV infection, compensated cirrhosis (CC), decompensated cirrhosis (DCC), hepatocellular carcinoma (HCC), and liver transplantation posed higher risk of death with hazard ratio of 14.5 when compared with their matched control counterparts. CONCLUSIONS: Liver-related diseases followed by HCV infection impose substantial economic burdens to the National Health Insur in Taiwan. Effective treatment for HCV infection may imply potential savings to the society.

PG117 RESOURCE UTILIZATION AND COSTS FOR PATIENTS WITH INFLAMMATORY BOWEL DISEASES IN ITALY: A POPULATION-BASED ASSESSMENT Meleotti F 1, Ferrari C 2, Porroni G 3, Ardizzone S 3, Rottioli A 4, Caprioli F 1, Cestari R 2, Candeias P 1, Mantovani L 3, Massari A 4, Ravelli A 4, Vecchi M 3, Danese S 2, Cesana G1
1University of Milano - Bicocca, Monza, Italy, 2EPICO MICI LOMBARDIA Project, Milan, Italy, 3University of Naples, Naples, Italy
OBJECTIVES: To describe health care resource utilization in treating patients affected by inflammatory bowel diseases (IBD) and to assess the related direct costs to the Italian health care system (HS) in its most populat region. METHODS: A retrospective analysis was conducted using pharmacy and hospital claims data from a large national HS data warehouse that organizes and integrates the health care administrative databases of the national HS in Lombardy (northern Italy) with a probabilistic approach. The Italian IBD cohort includes hospitalization records of IBD patients during the period 2003-2009. We analyzed the IBD cohorts in relation to the type of IBD CC, DCC, HCC and liver transplantation were NT$749,793, NT$187,428, NT$197,835, NT$487,816, respectively. The 2nd year total medical costs associated with DCC, HCC and liver transplant were NT$194,016, NT$731,167 and NT$270,009, respectively. Patients in the scheme of DCC, HCC and liver transplantation posed higher risk of death with hazard ratio of 14.5 when compared with their matched control counterparts. CONCLUSIONS: Liver-related diseases followed by HCV infection impose substantial economic burdens to the National Health Insur in Taiwan. Effective treatment for HCV infection may imply potential savings to the society.