institution was $3,495,887 (322,350 USD). Sensitivity analysis for the worst scenario (3% of metronidazol prescriptions, 96% unjustified prescriptions and a higher unit price) would lead to an annual cost of $5,193,064 (478,844 USD). CONCLUSIONS: Inadequate prescribing criteria persists for metronidazol despite of clinical criteria and published evidences. Our study showed that there is a gap between medical practice and clinical and health economics research. There is also an opportunity to update clinicians’ knowledge using educational strategies. Another challenge is to educate patients in the sense that drugs prescription is not always the best option but hygiene, good sanitary conditions and nutrition, and prevention. Finally the opportunity cost of unjustified prescriptions should not be underestimated but more often evaluated and taken into account for policies.

PIN9

VARIABILITY IN THE USE OF HIV PHENOTYPIC TESTING BY SPECIALTY OR PRACTITIONER
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OBJECTIVE: HIV treatment has involved infectious disease specialists and other specialties. We studied the relative use of phenotypic resistance testing among specialties and by different regions in the U.S over time. METHODS: Phenotypic resistance testing data from Virologic was aggregated for 7/01–6/03. Tests were assigned to each ordering physicians. Self-reported specialty was identified and an automated sample generated. Specialties were grouped as infectious disease, internal medicine, primary care (family practice & general practice) and all others. “Unspecified” physician records were deleted. Data were analyzed for statistically significant differences in: the average use of resistance testing by each specialty in July 2001–June 2002 compared to July 2002–June 2003 across the US, and the use of resistance testing in the each US census region compared to the average US-wide use for each respective specialty. RESULTS: There were approximately 2600 physicians in the sample for which 250,000 drug resistance tests were conducted. It showed across the US the average use of phenotypic resistance testing by Infectious Disease statistically increased 5% (p ≤ 0.05) for July 2002–June 2003 compared to July 2001–June 2002 and the use by other specialties decreased. Within each specialty there were statistically significant differences by geographic region in the use of phenotypic resistance testing. CONCLUSION: Based on its relative ease of interpretation compared to genotypic information we might have predicted that the use of phenotypic resistance testing would increase for non-Infectious Disease specialists. The reverse was true i.e. it increased for Infectious Disease relative to other specialties use. Significant differences in the use of phenotypic resistance testing were also seen by regions. Contributing factors may include increasing adoption of phenotypic resistance testing by Infectious Disease specialists, variation in patient severity and financial constraints.

PIN10

OFF-LABEL USE OF PIPERACILLIN/TAZOBACTAM (ZOSYN®) IN A PEDIATRIC UNIT
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OBJECTIVE: The intravenous piperacillin/tazobactam antibiotic combination product does not currently carry an indication for pediatric use in the United States. Despite the lack of established pediatric safety data in the US, piperacillin/tazobactam is commonly prescribed for the treatment of infectious diseases in this population. This study examines the safety of intravenous (IV) piperacillin/tazobactam prescribed off-label to hospitalized pediatric patients. METHODS: This protocol is an on-going (>2 years duration) observational study evaluating off-label medication usage in the pediatric population. The pharmacy order entry system, containing all medications prescribed to a patient during hospitalization, is examined on a twice-weekly basis to identify patients admitted to a general pediatric unit who receive off-label IV piperacillin/tazobactam. Charts of identified patients are then reviewed to determine applicable medical history and outcomes of piperacillin/tazobactam use. RESULTS: Forty-three courses of IV piperacillin/tazobactam were administered to 39 pediatric patients ranging in age from 5 months to 18 years (mean ± SD 9.7 ± 5.7 years). The mean weight of the patients was 29.2 kg (range 6.5 to 70.3 kg). The average dose and duration of piperacillin/tazobactam therapy was 9.6 g/day (range 1.8 to 18 g) and 6.4 days (1 to 20 days), respectively. Of the 43 pediatric observations, no adverse drug events were reported resulting from piperacillin/tazobactam administration. CONCLUSIONS: Availability of combination antibiotic medications approved for use in hospitalized pediatric patients is limited. Based on the small number of patients in this review, off-label use of piperacillin/tazobactam appears to be a safe selection in the management of infectious disease in a general hospital pediatric unit. However, further investigation involving larger pediatric populations is required to establish the true safety of piperacillin/tazobactam in hospitalized pediatric patients.

PIN11

TESTING AND TREATMENT OF HEPATITIS C IN THE LOUISIANA MEDICAID POPULATION
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OBJECTIVES: Chronic hepatitis C is a major public health problem whose incidence is expected to increase. But, treatments are available that can eliminate the virus in about 50% of cases. The purposes of this research were to: examine the prevalence of hepatitis C in the Louisiana Medicaid population, determine testing rates and follow-up physician visits in at-risk populations and examine treatment of hepatitis C. METHODS: The was a retrospective analysis of Louisiana Medicaid medical and pharmacy claims. RESULTS: The 3-year prevalence of hepatitis C as determined by a primary or secondary diagnosis was 7.08 per 1000. Of those diagnosed from 1998-2000, 35% were age 41-50; 31%, age 21-40; and 23%, age 51-64. Of the 25,788 recipients who were tested for hepatitis C in the 3-year period, the highest testing rate in at-risk groups was among those with hepatitis B with almost 73% having had a hepatitis C test. Other at-risk groups were not tested at that rate. Of the 25,788 tested for hepatitis C, 17,385 received follow-up care (an outpatient physician visit within 90 days of the test). Of those who were tested, 643 received a diagnosis of hepatitis C with 489 (76%) receiving treatment. Of those treated, 364 (74.44%) started on monotherapy and 125 (25.56%) started on combination therapy. Switches from monotherapy to combination therapy were common. After 6 months, 132 had switched to combination therapy and 204 had switched by 12 months. Of those diagnosed with cirrhosis, 88.07% also had a diagnosis of hepatitis C. Of recipients with other advanced liver disease, 53.47% had a hepatitis C diagnosis. CONCLUSIONS: There is a high prevalence of hepatitis C in the Louisiana Medicaid program. Many at-risk recipients are not being tested. Of those tested, most received follow up care and most diagnosed with hepatitis C were receiving treatment.