determinant of wasted doses was the number of children arriving. Depending on whether the clinic setting was urban/rural, or outreach/fixed center, median session sizes varied between 5-13 children. Vaccine wastage added significant cost due to variations in session size even when modeled using a low multisite vial strategy. For instance, open vial waste from pneumococcal delivered in 5-dose presentation contributed R$20/4M in waste to Figaro's cost. RESULTS: For each country and the impact session size distributions will be presented. CONCLUSIONS: Our analysis of field data confirmed significant session size variation within a across country immunization settings. Given challenges in mandating session sizes, pressures on vaccine budgets and high value of vaccine delivery, policy makers must consider new solutions to reduce the impact of waste on total program costs.

PIN24 BUDGET IMPACT ANALYSIS OF CEFAROLINE VERSUS LINEZOLID OR VANCOMYCIN ON COST OF TOTAL TREATMENT FOR THE TREATMENT OF COMPLICATED SKIN AND SOFT TISSUES INFECTIONS IN RUSSIAN FEDERATION
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OBJECTIVES: To estimate the budget impact of the inclusion of ceftaroline compared to linezolid or vancomycin on the top of complicated skin and soft tissues infections treatment scheme with antimicrobials according to Russian health care system. METHODS: The budget impact analysis was conducted. Direct expenses associated with complicated skin and soft tissues infections and resulting follow-up costs were calculated using general tariff agreement of Russian obligatory insurance system and official national statistics. For reference, accepted exchange rate was 1 EUR = 60 RUB. RESULTS: Ceftaroline inclusion into the standard complicated skin and soft tissues infections therapy provided cost saving benefits compared with inclusion of linezolid or vancomycin in the complicated skin and soft tissue infections standard therapy scheme. Total health care costs of complicated skin and soft tissues infections therapy were approximately 77,997 RUB (1,950 EUR) per patient compared to 78,816 RUB (1,970 EUR) per patient in ceftaroline group (therapy duration – 9 days), 78,509 RUB (1,960 EUR) per patient in linezolid group (therapy duration – 9 days), 78,509 RUB (1,960 EUR) per patient in vancomycin group (therapy duration – 12 days). Treatment of complicated skin and soft tissues infections using standard therapy with ceftaroline inclusion compared to one with linezolid or vancomycin leads to cost savings of 819 RUB (20 EUR) per patient, 796 RUB (20 EUR) per patient, respectively. CONCLUSIONS: The results of budget impact analysis illustrate that including ceftaroline into the standard therapy of complicated skin and soft tissues infections in comparison with vancomycin or linezolid has potential to reduce Russian health care system total costs for complicated skin and soft tissues infections treatment.

PIN25 ESTIMATING THE COST IMPACT OF SWITCHING FROM A VIAL TO A PRE-FILLED SYRINGE MODE OF ADMINISTRATION FOR THE DTAA-IPV-HIB ‘5-IN-1’ VACCINE IN INFANTS
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OBJECTIVES: To estimate the cost impact to the NHS of switching from vial and syringe (V&S) to pre-filled syringe (FPS) administration of the ‘5-in-1’ vaccine for diphteria, tetanus, whooping cough, polio and hepatitis B (DTAA-IPV-HIB) to babies. A model was developed to estimate the cost impact of the switch in children less than 2 years old. Vaccines supplied were assumed to reach three destinations: administration (admn) (38.6% of 360,000 doses), landfill (62.4%) and other (9%). This study evaluated the cost impact of previously interrupted newly treated with BOC had higher costs associated with treatment futility when compared to TVR, and for treatment experienced patients, TVR had an average cost of R$ 8.305 per interrupted naïve patient and R$ 753 per interrupted treatment in experienced patients and BOC had an average treatment cost of R$ 8.305 per naïve patient interrupting treatment and R$ 4.753 per interrupted treatment in experienced patients. CONCLUSIONS: BOC had higher overall costs associated with treatment futility when compared to TVR, especially in treatment experienced patients, in both the public and private health care systems in Brazil.

PIN27 THE COST OF STOPPING (FUTILITY) RULES TELAPREVIR AND BOCEPREVIR IN THE TREATMENT OF GENOTYPE 1 HEPATITIS C PATIENTS IN BRAZIL
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OBJECTIVES: To estimate the cost of treatment discontinuation due to label stopping (futility) rules of telaprevir (TVR) and boceprevir (BOC) triple therapy in Brazilian public (SUS) and private health care system (SS). METHODS: Treatment costs considered drug acquisition costs from a public and private payer perspective in Brazil. Stopping rules (SR) were defined according to the label of each drug. For TVR the SR were defined at week 36 (SR WK 36) and at week 12 (SR WK 12) as viral load (VL) > 1,000 IU/mL, for BOC, SR were defined at week 12 (SR WK 12) and at week 24 (SR WK 24) as detectable VL. Patients eligible for the SR were gathered for naïve and experienced patients from the respective phase 3 trials. As data for SR WK24 was not published in naive patients it was assumed to be the same as SR WK12 and a deterministic sensitivity analysis was carried out. RESULTS: Under the SUS perspective, the average cost of naïve patients interrupting treatment with TVR was an ST costs of £3,596 and a cost of £3,993 per interrupted treatment with BOC, and for treatment experienced patients, TVR had an average cost of R$ 352 compared to an average cost of R$ 3,041 for BOC per patient meeting the SR. Under the SS perspective, TVR had an average cost of R$ 1,433 for interrupted naïve treatment and R$ 753 per interrupted treatment in experienced patients and BOC had an average treatment cost of R$ 8.305 per naïve patient interrupting treatment and R$ 4.753 per interrupted treatment in experienced patients. CONCLUSIONS: BOC had higher overall costs associated with treatment futility when compared to TVR, especially in treatment experienced patients, in both the public and private health care systems in Brazil.

PIN28 COMPARATIVE EFFECTIVENESS OF TRIPLE THERAPY VERSUS DUAL THERAPY FOR CHRONIC HEPATITIS C VIRUS INFECTION IN KAZAKHSTAN
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OBJECTIVES: Currently, 23 thousand people (registered) are suffering from Hepatitis C virus in Kazakhstan (more 60% genotypes 1, 2 and 3). The listing of direct-acting antivirals heralds a new era in the treatment of hepatitis C virus (HCV) genotype 1. Clinical studies showed a significant increase in sustained virological response rates from 48-52% to 63-79%. This study evaluated the cost impact of the newly introduced triple therapy with Telaprevir (TVR+PR) compared to dual therapy (PR) for the treatment of genotype 1 hepatitis C virus (HCV) infection in previously untreated patients. METHODS: A systematic literature review identified relevant study. A decision analytic model was created for each genotype 1 population. Previously published economic Markov model comparing triple therapy (TVR + PR) and dual therapy (PR) has been adjusted for the Kazakhstani context of health care (payer perspective). Clinical outcomes and dose were taken from the phase ADVANCE 3 trial. Other parameters of the model - including utilities - were adapted from Kazakhstan or if not available from the international literature after an extensive search of the literature. Drug costs were taken from the list of drugs in Kazakhstan. All costs were inflated to 2012 goda. Skidka of 3% and the horizon of life were considered. RESULTS: Base-case analysis shows that the triple treatment (TVR + PR) than dual therapy (PR) leads to increased costs, and the best results. The results were robust when analyzing multiple sensitivity. The discount rate seemed to have a great impact. CONCLUSIONS: Telaprevir triple therapy for previously treated patients with HCV-genotype 1, more efficient than the dual therapy, but it leads to increased costs (in particular, the cost of medications).

PIN29 PHARMACOECONOMIC EVALUATION OF THE FIXED-DOSE COMBINATION OF ABACAVIR/LAMIVUDINE IN THE ANTIRETROVIRAL THERAPY OF NON-HIV INFECTED PATIENTS IN RUSSIA
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OBJECTIVES: To estimate the costs of once-daily fixed dose combination (FDC) abacavir/lamivudine (ABC/3TC) compared with twice-daily fixed dose combination (ABC/3TC) and twice-daily FDC indinavir/lamivudine (IDV/3TC) in flavivirus (EV)-based regimens for treatment-naive adults with HIV infection in Russia. METHODS: An Excel based model was developed to estimate the costs over 48- and 96-week time horizon for three compared regimens. Probabilities of switching to alternative and 2nd line therapy due to low adherence and side effects were estimated for each regimen based on literature search. Costs of antiretroviral