data to calculate direct, indirect and intangible costs in patients receiving ART.

METHODS: Multicenter prospective observational study in eight German speciali-
dized centers for infectious diseases: four private practices/outpatient centers and
four hospitals offering inpatient- and outpatient facilities. CORSAR started recruit-
ment during 2009 and ended in July 2012, when the last patient reaches week 96.
After signing informed consent, patients were included and stratified by treatment
line. The intent to treat analysis was used. Combination therapy was taken from the patients
records. Direct costs for hospitalization, outpatient care, other medical care and
treatment as well as out of pocket payments and quality of life data were calculated
from the data collected by quarterly questionnaires. RESULTS: A total of 1154 pa-
tients with a median time of receiving ART were included. Time since HIV-diagno-
sis was 10.6 years, 10.2% had viral load >50 cp/mL; 10.6% female; employment ratio
60.8%. Direct costs of treatment were mainly driven by antiretroviral drugs, ac-
counting for 83.3%. Due to use of less complex ART-regimens and more frequent use
of ART-switching, the earlier treatment lines total costs were highest in inter-
vention treatment-lines (>3rd) with 26,243 €/year compared to 22,718 €/year for
initial therapy. The labour market participation rate also decreases with advance-
ment in treatment lines (65% in first treatment line vs. 46% in >3rd treatment lines).
Indirect cost due to productivity losses account for 7% of total costs.

CONCLUSIONS: Total costs were higher in later lines of therapy due to more com-
plex, less NNRTI-based regimens. In comparison to earlier studies the impact of
Non-ART-costs decreased. Expenses to be borne by the patient increased but are
still less than 1%, indicating an increasing financial burden of people living with
HIV their disease within the German health system.

PIN34
DEVELOPMENT OF TREATMENT COSTS OF PATIENTS UNDERGOING REMISSION
INDUCTION CHEMOTHERAPY: A HISTORICAL COMPARISON BEFORE AND
AFTER INTRODUCTION OF POSACONAZOLE PROPHYLAXIS

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OBJECTIVES: Prior trials have demonstrated efficacy and effectiveness of po-
saconazole prophylaxis in the treatment of invasive fungal diseases (IFDs) in high-risk
tients. Controversy exists about the cost effectiveness of posaconazole prophylaxis
in neutropenic patients with a high risk of IFDs. We performed an analysis com-
paring the direct costs of posaconazole prophylaxis against topical polyene (thrush)
prophylaxis in patients with acute myelogenous leukemia (AML) and me-
edyplastic syndrome (MDS). METHODS: Data of AML/MDS patients receiving
remission induction chemotherapy were analysed to compare hospital cost of patients
before (2003-05) and after (2006-08) introduction of posaconazole prophyl-
axis. All cases were part of an earlier analysis demonstrating effectiveness of
posaconazole over topical polyphylaxis. Duration on general ward, intensive care
unit, mechanical ventilation, diagnostic procedures and all anti-infective drugs
were included into the cost analysis. RESULTS: Patient groups were well matched
according to age, gender, underlying disease, and duration of neutropenia. The
average costs per patient in the posaconazole group (n=76) and the topical polyene
group (n=81) were 21,010 € (95% CI: 18,204-23,876) € and 23,169 € (95% CI: 19,402-
26,937) € per patient, respectively. Antifungal treatment costs were nominally
higher in the posaconazole group (4,580 € [95% CI: 3,678-5,482] €) vs. 4,019 € [95% CI:
2,825-5,214] € respectively. Comparing the costs of antifungal drugs the
parenteral antifungal agents were more expensive (average of R343.85 per prescription),
followed by ampoules (R324.56) and suspensions (R17.25) and sulphonamides and combinations (R22.68). Beta-lactams were the
least expensive (average of R31.24). Creams were on average the least expensive (R267.33). Vehreschild J1, Petakis P2, Tsoulos C2, Vatopoulos A4
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OBJECTIVES: To provide a general overview of antimicrobial prescribing cost in a
South African primary care patient population. Costs varied hugely with generic prescribing influencing costs.

METHODS: It is a combined retrospective and pro-
spective observational real life study on cost and therapeutic results of AIDS pa-
tient’s therapy. Information was gathered for 2/3 of the treated patients for
the antiretroviral combinations therapy and its cost, CD4 count and viral load. the
changes in the dosage regimes, cost of therapy and its influence on CD4 count and
viral load were evaluated. Descriptive statistic, Willcoxon tests, and Spearman
correlation analysis were applied. RESULTS: On total 162 patients were included
and out of them 48 identified with the changes in their therapy. Nearly 40 different
dosage regimes were found prescribed as combinations of 3 or 4 medicines. During
the period were introduced 3 new antiretroviral medicines (tenofovir, emtricit-
abine, darunavir). The average yearly cost of pharmacotherapy is increasing from
155,205 to 319,571 € during 2006 - 2010. 123 patients were prescribed the newly authorized medicines that lead to sustained
suppression of viral load to <20 in 45.6%. Introduction of the new medicines led to the increase in total pharmacotherapy cost with 291 89.64 euro, but also to better
treatment outcome. Statistically significant were the changes in the mean cost of the
therapy in 2007 vs 2006 (p=0.0002) and in 2010 vs 2009 (p=0.0001). We found the
statistically significant changes among the mean cost of therapy and viral load
(p=0.0221), as well as among the mean cost of therapy and CD4 count (p=0.05). The
Correlation among the therapeutic results and the therapeutic combinations were
found significant (p=0.0001) (AIDS04). CONCLUSIONS: AIDS remain costly disease for the health insurance budget but new medicines led to better control on its progression.

PIN37
THE ECONOMIC BURDEN OF INITIAL EMPRIC ANTIBIOTIC FAILURE ON HEALTH
CARE RESOURCE UTILIZATION FOR HOSPITALIZED PATIENTS WITH
COMPLICATIONS INTRA-ABDOMINAL INFECTIONS (CIAIS) IN GREECE

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OBJECTIVES: To estimate the impact of initial empiric antibiotic treatment failure on pharmacological and total health care costs in hospitalized patients with CIAIs. METHODS: The economic impact associated with initial empiric antibiotic treatment failure was based on the results of an observational epidemiological study involving 201 adults with CIAi in Greece (NCCT00592643). An average per-patient per period of four weeks was estimated: 3.36 days of hospitalization, 1,038-1,593 days of inpatient stay, 1,238-1,827 days of decreased time in the posaconazole group. Average duration of ICU stays was 1.79 (95% CI: 0.68-2.90) days per patient compared to 3.83 (95% CI: 1.53-6.13) days per patient for ICU costs. Costs for diagnostic procedures were 611 € (95% CI: 479-744) and 552-754 €, respectively. CONCLUSIONS: In our hospital, there was a trend towards cost-saving by posaconazole prophylaxis in patients receiving remission induction chemotherapy. These cost savings were primarily caused by a shorter overall length of stay and the less frequent ICU treatment of patients receiving posaconazole.

PIN38
COST OF ANTIMICROBIAL PRESCRIBING USING A LARGE PHARMACY
DATABASE IN SOUTH AFRICA

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OBJECTIVES: To provide a general overview of antimicrobial prescribing cost in a
South African primary care patient population whose prescriptions were dis-
pensed by community pharmacies. METHODS: A retrospective, cross-sectional pharmacoeconomic study was conducted on prescription data of a national community pharmacy group in South Africa for 2010. All records for patients treated during the classification system were retrieved. RESULTS: A total of 660 500 patients received 1 576 593 antimicrobial products during 2010 (average of 2.39 per patient) per year at a total cost of R191 875 007. The average age of patients was 34.23 years. Most patients were females (58.32%), and they were prescribed 60.12% of antimicrobials. The average cost per antimicrobial product was R126.70 (SD= R158.21). Antiviral agents were the most expensive (R195.67), followed by ami-
oglycosides (R188.42). The least expensive products were chloramphenicol (R17.25) and sulphonamides and combinations (R22.68). β-lactams were the most frequent accounting for 93.17% of all antimicrobial prescrip-
tions. The average cost for a beta-lactam prescription was R99.5. The average cost
per over-the-counter product was R32.75, compared to R185.21 for prescription-
only antimicrobials. Most products were tablets (61.80%), followed by capsules
(16.25%) and suspensions (14.39%). Per prescription, the injections were the most
expensive (average of R343.85 per prescription), followed by ampoules (R324.56)
and solutions (R267.33). Creams were on average the least expensive (R21.42). There was a clear peak in prescribing during the winter months (May to August). The single most often prescribed trade name product was a generic combination product. The most expensive trade name product was Valcyte 450 tablets (valganciclovir) at R12 217.67. CONCLUSIONS: This study provided a general overview of antimicrobial prescrib-
ing cost in a South African primary care patient population. Costs varied hugely with generic prescribing influencing costs.