and parasitic diseases, Sofia, Bulgaria, University hospital of infectious and parasitic diseases in Sofia. Information was gathered for the way of diseases transmission, antiretroviral combinations and disease burden associated with MTCT of HIV in Bulgaria. METHODS: Whereas HIV-negative infants have a life expectancy at birth ranging from 52.2 years for males and 54.3 years for females, the life expectancy of HIV-positive infants varies from 2 years at the age of 1 year old in the absence of antiretroviral therapy (ART) to about 14.2 years with ART. Approximately 18% of eligible children in Bulgaria have access to ART, at an annual treatment cost of US$328. Lifetime health-care costs of HIV-positive untreated infants are assumed to be US$495. The model calculates years of life lost (YLL) from a life-expectancy curve specific to HIV-positive and HIV-negative newborns and years of life lived with disability (YLD) by applying the relevant disability weights of 0.123 for each year lived with HIV and 0.5 for the last year of life with AIDS. All costs and life years are discounted at 3% annually. RESULTS: The total societal disease burden resulting from mother to child transmission of HIV is estimated at 952,480 disability adjusted life years (DALY’s), which is defined as the sum of YLL: 572,662 and YLD: 379,818. The discounted net present value of future health care costs associated with mother to child transmission of HIV is estimated at US$27.3 Million. CONCLUSIONS: Mother to child transmission of HIV is associated with a substantial economic burden, which includes direct medical expenditures and decreased productivity. The economic burden is also worrisome in a country with annual health expenditures of US$24 per capita (circa US$ 830 Million total). Cost-effective strategies to reduce the incidence of MTCT can be scaled up nationally if urgently needed.

PIN32

ECONOMIC BURDEN OF NON-CF BRONCHIOLITIS ENROLLED IN A MANAGED CARE PLAN

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OBJECTIVES: To determine the cost of non-CF bronchiolitis patients enrolled in a managed care plan. METHODS: Data were obtained from a large employer-based claims database. A cohort of bronchiolitis patients (cases) with and without acute exacerbations was identified using ICD-9 494.0 and 494 codes and matched (1:1) on demographics to those without the disease (controls) from January 1, 2005, to December 31, 2009. Index event for cases were defined as the first medical claim of bronchiolitis during the study period and controls were assigned the same index event date. Cases had a clinical diagnosis of acute bronchiolitis, chronic obstructive pulmonary disorder 12 months prior (baseline) and post index event. Medical resource use and expenditures were estimated for 12 months before and after index event. All statistical tests were conducted using SAS 9.2.

RESULTS: The final study sample included 9,146 cases and 27,438 matched controls. 64% and 50% of the sample was females and between 45-64 years of age at index date, respectively. 37%, 29%, and 27% of the sample was enrolled in a POS, HMO, or PPO type of health plan. Overall comorbidity burden as measured by the Charlson comorbidity score and respiratory conditions other than bronchiolitis were significantly (p < 0.001) greater among cases vs. controls. The difference was primarily driven by an increase in outpatient care visits (2.21 vs. 0.43), emergency room visits (1.18 vs. 0.08) and hospitalizations (15.45 vs. 5.03) in the post-index period vs. baseline in cases vs. controls. CONCLUSIONS: The study found that overall incremental economic impact of non-CF bronchiolitis to a health plan was $1,945 per patient. Further research needs to identify the impact of current treatment on the burden of the disease.

PIN33

ECONOMIC IMPACT OF THE ANTIRETROVIRAL PHARMACOTHERAPY ON COST AND HIV/AIDS CONTROL IN BULGARIA

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OBJECTIVES: To analyze the changes in the antiretroviral pharmacotherapy during 2006-2010 and its impact on cost and disease control of HIV/AIDS patients in Bulgaria. METHODS: Micro costing approach was used based on retrospective analysis of patients' records in major clinic for immunosuppressed patients at the University hospital of infectious and parasitic diseases in Sofia. Information was gathered for the way of diseases transmission, antiretroviral combinations and their yearly cost, CD4 count and viral load per patient per year. It was evaluated the number of patients newly treated with the new antiretroviral products and their yearly cost. The analysis included patients treated during 2006 - 2010 due to switches of the therapy for some of the patients to newer medicines because of drug toxicity, resistance or other reasons. All newly registered patients were treated with the new antiretroviral products and their yearly cost of therapy was increased in total pharmacotherapy cost with 291.84 euro, but also to better control measured with the increase in CD4 count (>500) and sustained suppression of vial load to <20 in 45.46% of patients. CONCLUSIONS: HIV/AIDS remain costly diseases for the Bulgarian population but new medicines led to better control on its progress and thus could save further hospital cost.