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

METHODS: Multicenter prospective observational study in eight German specializ-
ed centers for infectious diseases: four private practices/outpatient centers and four hospitals offering inpatient- and outpatient facilities. CORSAR started recruit-
ment in 2009 and ended in July 2012, when the last patient reached weeks 96.
After signing informed consent, patients were included and stratified by treatment line. The average costs were derived from the patients' charts. 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 mean age of 54.4 years were recruit by ART and 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 second line drugs, earlier treatment lines total costs were highest in in-
creased 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 due to 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 in the treatment of invasive fungal diseases (IFDs) in high-risk pa-
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-
eyodysplastic syndrome (MDS). METHODS: Data of AML/MDS patients receiving remission-induction chemotherapy were analysed to compare hospital costs 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 prophylaxis. 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 21,040 € (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-
5,213 €]) (p=0.125). Azole antifungal and b-lactamase inhibitors (3,136,1,539 €) and penicillin (1,238,1,827 €) were numerically decreased in the posaconazole group. Average duration of ICU stays was 1.79 [95% CI: 0.6-2.90] days per patient compared to 3.83 (95% CI: 1.53-6.13) days per patient. Costs for diagnostic procedures were 611 € (95% CI: 470.3-754.6) and 1,038-1,597 €, respectively (p=0.019). RESULTS: 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.

PIN35 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 pharmacoepidemiological study was conducted on prescription data of a national community pharmacy group in South Africa for 2010. All records for antimicrobial products dispensed were analyzed. The MIMS classification system was used. RESULTS: A total of 660,500 patients received 1,576,593 antimicrobial products during 2010 (average 2.39 products per patient) 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 antibiotics. The average cost per antimicrobial product was R12,710.70 (SD=±158.21). Antiviral agents were the most expensive (R195.67), followed by ami-
 noglycosides (R188.42). The least expensive products were chloramphenicol (R1.25) and sulphonamides and combinations (R22.68). Beta-lactams were the most expensive antibiotic accounting for 61% of all antimicrobial products. The average cost for a beta-lactam prescription was R99.53. 220.06 per patient.

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 (20.06% Rx). On average, the most expensive trade name product was Valcyte 450R tablets (valganciclovir) at R12 217.76. CONCLUSIONS: This study provided a general overview of antimicrobial prescrib-
ing cost in a South African primary care patient population. Costs varied hugely due to therapeutic prescribing influencing costs.

PIN36 SIX YEARS OBSERVATIONAL STUDY OF THE COST OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY AND HIV/AIDS CONTROL

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OBJECTIVES: To analyze the changes in the highly active antiretroviral therapy during the period 2006-2011 and its impact on cost and disease control of HIV/AIDS patients in Bulgaria. METHODS: It is a combined retrospective and pro-
spective observational real life study on cost and therapeutic results of HIV pa-
tients’ therapy. Information was gathered for 1/3 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, Wilcoxon 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 regimens were found prescribed as combinations of 3 or 4 medicines. During the period were introduces 3 new antiretroviral medicines (tenofovir, emtricit-
abine, darunavir). The average yearly cost of pharmacotherapy is increasing from 155 in 2006 to 319 571.76 during 2006- 2010. The patients were prescribed the newly authorized medicines that lead to sustained sup-
pression of viral load to <20 in 45.46%. Introduction of the new medicines led to the increase in total pharmacotherapy cost with 291 89.64 euro, but also to better health outcome. Statistically significant changes were identified in 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 (p=0.0021 vs 2009, p=0.004). CONCLUSIONS: AIDM remain costly disease for the health insurance budget but new medicines led to better control on its progression.

PIN37 THE ECONOMIC BURDEN OF INITIAL EMPICR DOBUTAMINE ANTI-INFILTRATION INFECTIONS (CIAI) IN GREECE

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OBJECTIVES: To estimate the impact of initial empiric antibiotic treatment failure on antimicrobial and total health care costs in hospitalized patients with CIAIs.
METHODS: The economic impact associated with initial empiric antibiotic treat-
mant failure was based on the results of an observational epidemiological study involving 201 adults with cIAI in Greece (NCT00929643). An average per patient-per day cost was estimated from the total hospitalization cost (including DRG mapping and discharging). Daily cost was then extrapolated to the additional length of stay (LOS), associated with initial antibiotic failure. Costs included expenditure for additional ICU and surgical interventions. DRG matching was validated by a specialist medical advis-
or. Mean per patient DRGs were weighted against subject percentage in each diag-
oses group. Mean per patient costs for unsuccessful initial therapy were calcu-
lated using the latest formulary prices and the mean number of days on each antibiotic agent, as recorded in the observational study. RESULTS: The most fre-
quently reported diagnoses (201 subjects) were perforation of the intestine (15.9%), acute appendicitis with peritonial abscesses (13.4%) and post-operative peri toneum (13.4%). Patients most commonly received metronidazole (59.2%), followed by beta-lactamase inhibitors (38.3%) and second generation cephalosporines (30.3%) as empiric antibiotic treatment (as part of monotherapy, double therapy or triple therapy regimes). 78 patients exhibited failure of the initial treatment, whereas initial treatment was successful in 111 subjects with respective hospitalization of 21.9:16.4 and 8.9 : 4.5 days. Total additional per patient resource cost was esti-
mated to be €3,761.56 inclusive of unsuccessful mean empiric antibiotic expendi-
ture of €200.06 per patient. Mean per patient DRGs and associated cost were calcu-
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