groups in high risk. The aim of the study is to evaluate the economic consequences of the vaccination againstHAV in population groups at high risk and to compare the results with the vaccination of all 1-year old children in the population.

**METHODS:** Cost-benefit analysis was performed based on epidemiologic data for the number of incidents in the high risk groups and the treatment cost of the HAV infection. The costs were compared with the cost of vaccination. Two vaccination scenarios were created: 1. Prophylactic one dose vaccination and 2. Two dosages and one booster dose application. The validity of the results was tested with a sensitivity analysis using total vaccination of all people in the high risk group (n = 32,606) induces savings for the health care system because the cost of vaccination is less than the cost of treatment of the people with HAV infection (n = 4,565). The cost of vaccination varies from €1,257 to €2,514 depending on the vaccination schedule and the so-called "second scenario", respectively. The expenditures for infected people's therapy are €2,547 at most. Thus the net savings account for €1,289 and €3,526, respectively.

**CONCLUSIONS:** The logistic regression analysis confirmed that HBV infection is cost-saving for the health care system if performed in groups at high risk and in the periods of epidemic outbreaks.

**PIN30**

PRELIMINARY ASSESSMENT OF THE COST OF TREATMENT FOR CHRONIC HEPATITIS C VIRUS INFECTIONS WITH SOFOSBUVIR AND FIRST GENERATION ANTI-VIRALS ACROSS EIGHT COUNTRIES

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**OBJECTIVES:** The new wave of HCV drugs reaching the market in 2014 offer higher cure rates with shorter treatment times, however, the new antivirals have been met with concerns regarding the costs associated with the new drugs by payors and the WHO. We have set out to examine the costs of treatment with sofosbuvir, compared with concerns regarding the costs associated with the new drugs by payors and the WHO. We have set out to examine the costs of treatment with sofosbuvir, compared with telaprevir and boceprevir in Norway, Denmark, Germany, Luxembourg, Portugal, Slovenia, Italy, and the United States. Treatment costs for HBV reactivation were calculated by following the HBV reactivation management guideline and national statistics and expert opinions. Costs of HBV screening and antiviral prophylaxis were calculated by following the HBV reactivation management guideline and national statistics and expert opinions. Costs savings for the number of incidents in the high risk groups and the treatment cost of HCV related infections were found to be changing from 7,000 to 7,500 USD. The median length of stay in the hospital was 10 days for first generation antiviral patients versus 23.5 days in case of HCV resistant patients. The median hospitalization cost was found to be 40,815 INR in case of HCV sensitive patients while it was 126,885 INR in case of HCV resistant patients. The management cost was observed to be increasing the morality and cost burden on the patients substantially. Increased length of hospital stay leads to an increase in the incidence of Nosocomial infections which further leads to the increased morbidity, mortality and cost burden on the society.

**PIN33**

TREATMENT OF MRSA PNEUMONIA: ECONOMICAL AND CLINICAL COMPARISON OF LINEZOLID VERSUS VANCOMYCIN

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**OBJECTIVES:** Infections with methicillin resistant Staphylococcus aureus (MSRA) pathogens represent a substantial economic burden for the health care system. Although only limited data exist regarding the costs of MSRA infections are generally negligible in relation to the total MSRA-related hospital costs, the prices of the drugs often influence the therapy decisions. The objective of this study is to investigate clinical routine settings of costs in second scenario, respectively. The expenditures for infected people’s therapy are €2,547 at most. Thus the net savings account for €1,289 and €3,526, respectively.

**CONCLUSIONS:** Our preliminary assessment has highlighted the variable treatment costs of HCV antivirals across countries. Comparisons of treatment costs with next generation treatments versus first-generation antivirals will see expenditure for HCV therapeutics increase significantly. However, sofosbuvir has been found to be cost-saving for the health care system if performed in groups at high risk and in the periods of epidemic outbreaks.

**PIN31**

FIXED DOSE COMBINATIONS OF NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR FOR NAIVE PATIENT WITH HIV INFECTION IN RUSSIA: COST COMPARISON ANALYSIS

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**OBJECTIVES:** To compare treatment costs for the fixed dose combination (FDC) tenofovir and emtricitabine (TDF/FTC) versus FDC abacavir and lamivudine (ABC/3TC) each in combination with efavirenz (EFV) in treatment-naive adults with HIV-1 infection in Russia. **METHODS:** A mathematical model was developed in Microsoft Excel to evaluate costs of treatment, including drug (1st and 2nd lines of therapy) and patient management costs. In the model individuals remained on their current regimen or moved to the 2nd line of therapy after the first 48 weeks on therapy. Transition probabilities were based on the proportion of patients with viral response measured as HIV-1 RNA < 50 copies per milliliter from the clinical trial with TDF/FTC + EFV vs ABC/3TC + EFV head-to-head comparison. Cost calculations were based on registered drug prices, reimbursement rates in public medical insurance and data on government procurement in Russia in 2014. **RESULTS:** It was expected that after the 48 weeks of treatment 71.0% of patients in TDF/FTC + EFV group and 59.4% of ABC/3TC + EFV remain on the initial regimen. The total average costs per patient for 96 weeks of therapy, including drug (1st and 2nd lines of therapy) and patient management costs, were lower for TDF/FTC + EFV (€6,528) than for ABC/3TC + EFV group (€7,123). **CONCLUSIONS:** FDCs TDF/FTC in 1st line therapy in treatment-naive adults with HIV-1 infection in Russia is relatively small compared with vaccine program costs. Since the management of HBV reactivation was not always provided for all patients at risk, a further cost analysis should be conducted by reflecting real-world clinical practice.