costs of chronic hepatitis C in Sweden. The pooled data from the literature review and the interviews indicated a direct cost per year of EUR 300 for mild disease, EUR 400 for moderate disease, EUR 900 for compensated cirrhosis, EUR 13,000 for decompensated cirrhosis, EUR 20,000 for HCC, and EUR 130,000 for liver transplantation (including one-year follow up).

CONCLUSIONS: Chronic hepatitis C is associated with high rates of health care utilisation. The driver of the direct medical costs is the management of long-term consequences including cirrhosis, HCC and liver transplantation. More efficient therapies with higher cure rates could potentially result in long-term cost savings by reducing severe complications.

PIN38
GUIDELINE EVALUATION OF COSTS RELATED TO CHRONIC HEPATITIS C AND ANTIVRAL TREATMENT STRATEGIES
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OBJECTIVES: Treatment of chronic hepatitis C infection is well established and will be expanded to triple treatment with new drugs like hepatitis C virus (HCV) protease inhibitors in Germany in fall 2013. Costs related to the current HCV guidelines will be a basis for further health economic analyses needed for pricing strategies but are not available yet. The aim of this study is to analyse the costs associated with diagnosis, treatment and monitoring of HCV infected patients according to the 2010 German S3-consensus guideline considering HCV genotype and length of therapy. METHODS: Patients with chronic HCV infection were divided in patients with 1) normal transientasminas 2); elevated transaminas 3); compensated cirrhosis; and 4) decompensated cirrhosis. Direct costs according to the actual 2010 HCV German guideline were analysed for basic diagnostic procedures, monitoring and treatment of patients per groups 1-3. Costs were modelled according to treatment duration (16 to 72 weeks) depending on the sustained viral response and HCV genotype. Costs were calculated according to the German outpatient fee scale EBM-2010. RESULTS: Costs for basic diagnostics including determination of HCV genotype and diagnosis of suppotential hepatic comorbidities accounted for 640€ per patient. Monitoring costs accounted for €596 – €1173 depending on length of therapy. Pharmocaceuticals costs accounted for the largest part of the costs (€7,709 – €34,692). The total costs of a 16-week treatment including basic diagnostics, monitoring and treatment were calculated for €6,706, €12,734 for a 24-week treat- ment, €24,529 for a 48-week treatment and €36,266 for 72-week treatment.

CONCLUSIONS: State of the art and guideline cost evaluation for treatment of HCV infection show high costs for optimal and viral response guided therapy. These data should be used for further investigation of real life costs and costs of new triple treatment strategies in HCV treatment.

PIN39
COST ANALYSIS OF ANTIBIOTIC THERAPY OF ACUTE PERITONITIS IN UKRAINE
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LINEZOLID VERSUS VANCOMYCIN FOR SKIN AND SOFT TISSUE INFECTIONS BY METHICILIN-RESISTANT STAPHYLOCOCCUS AUREUS: A COST COMPARISON ANALYSIS UNDER THE PUBLIC HOSPITAL PERSPECTIVE IN BRAZIL
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OBJECTIVES: Seventy-nine percent of the skin and soft tissue infections (SSTI) are caused by staphylococcus aureus, from which 1/3 is methicillin-resistant staphylococcus aureus (MRSA). This study aims to compare S1TTI-MSA treatment costs with linezolid versus branded and generic vancomycin under the Brazilian public payer perspective. METHODS: A cost comparison study was performed to compare linezolid versus generic and branded vancomycin. As supported by clinical studies, overall treatment duration of 15 days with linezolid and 14 days with vancomycin was considered, using PO linezolid and IV vancomycin. The quality of life of patients was assessed by utility values. RESULTS: The incremental cost of linezolid treatment in comparison with vancomycin (lg bid) was entirely IV. A decision-tree model simulated SITTTI-MSA treatment assuming linezolid (600mg bid) IV can be switched to PO after 4-days and patients can be discharged if PO is implemented at physician discretion. CONCLUSIONS: Linezolid exhibited a cost-saving profile over branded or generic vancomycin for the treatment of SSTI-MSA under the Brazilian public payer perspective. This economic benefit was a direct result of potential early discharge of patients PO linezolid.