CONCLUSIONS: Despite rise in infection control practices postoperative SSIs continue to remain associated with significant increases in LOS and hospitalization costs.

PI13
THE COST OF MANAGING CHRONIC HEPATITIS C IN SWEDEN:
RESOURCE UTILISATION IN DIFFERENT STAGES OF THE DISEASE
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OBJECTIVES: Approximately 3% of the global population is infected with the hepatitis C virus. 20% of the patients will develop cirrhosis within 20 years of infection, and these patients have a 1% to 5% risk per year of developing hepatocellular carcinoma (HCC). The direct cost per year for requiring treatment for hepatitis C is pegylated interferon combined with ribavirin. The objective of this study was to obtain an understanding of the resource utilisation and costs associated with chronic hepatitis C in Sweden.

METHODS: A literature review was conducted to identify resource utilisation and costs of chronic hepatitis C in Sweden. The MEDLINE, EMBASE, NHS EED and Cochrane CCTR databases were searched. To validate the results of the literature review and ill gaps in the evidence base, interviews were conducted with eight clinicians and one nurse specialised in the areas of infection, gastroenterology or transplantation medicine. The Skåne price list was primarily used to obtain the unit costs.

RESULTS: Twelve publications were relevant for inclusion in the review. There was a lack of resource utilisation data for certain disease stages, primarily decompensated cirrhosis and HCC, and for updated unit costs, in these publications. As no other sources were available, indirect costs associated with chronic hepatitis C in Sweden were 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 866 for severe disease and EUR 120,000 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.

PIN15
GUIDELINE EVALUATION OF COSTS RELATED TO CHRONIC HEPATITIS C AND ANTIVIRAL 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 concerning HCV genotype and length of therapy. METHODS: Patients with chronic HCV infection were divided in patients with 1) normal transaminases; 2) elevated transaminases; 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 and 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 diagnostic hepatic biomarkers accumulated for 4401 per patient. Monitoring costs accounted for €596 – €1173 depending on length of therapy. Pharmaceutical 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 the first course of treatment for patients groups 1-3 were modelled according to treatment duration (16 to 72 weeks). Total costs for 16-week treatment were €2,346 for a 24-week treatment, €2,529 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 can 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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OBJECTIVES: The cost analysis of antibiotic therapy (AT) in patients with acute peritonitis was conducted. These schemes are recommended by the Clinical Protocol of acute peritonitis treatment (MHO of Ukraine, order 1297, 02.04.2010) for use in practice. METHODS: The schemes of antibacterial therapy are 1 – i.v. clindamycin (1,0 gr intravenously (iv.) 1 time/day); 2 – cefotaxim (1,0 im. 3 times/day); 3 – meropenem (1,0 gr iv. 3 times/day); 4 – imipenem (1,0 gr iv. 3 times/day); 5 – linezolid (600 mg 600 mg 600 mg iv. 4 times/day); 6 – imipenem + ceftriaxone (1,0 gr iv. 3 times/day); 7 – imipenem + ceftriaxone + linezolid (1,0 gr iv. 4 times/day); 8 – imipenem + clavulanate (1,0 gr 3 times/day); 9 – linezolid + cilastatin (500 mg/500 mg iv. 4 times/day); 10 – linezolid + cilastatin + ceftriaxone (1,0 gr iv. 3 times/day). The projected infection rates were obtained from Brazilian official price lists (2010 USD values). The total costs of a 16-week treatment including basic diagnostics, monitoring and the first course of treatment for linezolid up to LOS=9 days, with overall costs per patient ranging from 2540-4548 USD even if IV therapy was maintained throughout the inpatient period (LOS=15 days).

CONCLUSIONS: Linezolid exhibited a cost-saving profile over branded and generic vancomycin under the Brazilian public payer perspective. This economic benefit was a direct result of potential early discharge of patients receiving PO linezolid.