non-gastroenterology (104/7, 50.1%) and gastroenterology specialists were similar, but monthly trend of gastroenterology visits significantly increased (p<0.001) in different tiers of medical facilities. Antipsychotics (13094, 41.0%) and laxatives (9240, 27.2%) were the most frequently prescribed and monthly consumptions of antipropulsive, antispasmodics and propulsive significantly increased (p<0.001) over time. CONCLUSIONS: A small cohort of outpatients receiving long-term IBS treatments conducted a retrospective Analysis of Treatment Costs. The results suggest potential competitive pricing strategy for Rotarix in terms of cost-consumer Price Index.

GASTROINTESTINAL DISORDERS - Cost Studies

PG16

ADHERENCE TO 5-AMINOSALICYLIC ACID (5-ASA) THERAPY FOR ULCERATIVE COLITIS (UC): IMPACT ON HEALTH CARE COSTS

Yen L1, Knight TK2, Sharma G2, Nichol MB2, Moceriott JB2, Hodgkins P1
1Shire Development LLC, Wayne, PA, USA, 2University of Southern California, Los Angeles, CA, USA, 3Pfizer, Collegeville, PA, USA

OBJECTIVES: To examine the influence of 5-ASA adherence rates on total annual direct costs in UC patients using a budget impact model. METHODS: This model assessed health care costs and utilization (US payer's perspective, 1-year horizon) in patients >18 years with newly diagnosed or relapsing mild-to-moderate UC taking one of the following treatments: Colazal®, Pentasa®, Asacol®, or Lialda® or Mezavant®. The default health plan share (model base case) was based on the average market share of 5-ASA formulations from June 2009 to May 2010. Adherence rates and mean days of therapy were based on published claim data; relapse rates were calculated for adherent patients (having a medication possession ratio [MPR] ≥0.8) and nonadherent patients (MPR <0.8). All direct costs were derived from published literature and converted to 2010 US dollars using the Consumer Price Index. RESULTS: Total annual cost of care for patients on Lialda/Mezavan ($12,771) was the lowest of the 5-ASA therapies: Asacol, $13,098; Colazal, $13,423; Pentasa, $14,139. Patients on Lialda/Mezavan also had the lowest inpatient, emergency room, and office visit expenses. Although pharmacy costs were higher for Lialda/Mezavan ($2801) compared with Asacol ($2669), the lowest pharmacy cost of examined 5-ASA, this incremental cost increase was offset by the lower costs of hospital care for Lialda/Mezavan patients. Assuming a UC prevalence of 0.23%, a health plan with 1 million participants could save $419,565 if all patients on Asacol switched to Lialda/Mezavan. Results of sensitivity analyses revealed that the impact on hospital adherent rate and inpatient costs for nonadherent patients were the most influential variables impacting total annual health plan cost savings. CONCLUSIONS: Lower inpatient health care costs were primarily driven by inpatient and, in relapse frequency, were associated with higher treatment adherence. Therefore, optimal savings for health plans may result from inclusion of medications on formularies based on therapeutic value (including improved adherence) rather than pharmacy costs.

PG17

THE COST-EFFECTIVENESS OF ROTAVIRUS VACCINATION IN GUANGZHOU, CHINA

Yang L1, Pfister, Colleaguesville, PA, USA

OBJECTIVES: A cost-effectiveness analysis on two vaccination programs against rotavirus in Guangzhou, China was conducted for two 1) a test case in the context of urban areas to enrich the knowledge of national health policy makers in determining the inclusion of these vaccination programs in the Chinese Expanded Program on Immunization, and 2) the findings may inform the city authorities to include the program in the local immunization schedule. METHODS: The cost-effectiveness analysis was conducted for two interventions under evaluation (through the incremental cost-effectiveness ratio [ICER]) are Lanzhou lamb vaccine and Rotarix. Major costs include those associated with vaccine (prices of vaccines, program costs of implementation, and vaccine wastage) and associated with diarrhea (direct medical costs: outpatient visit and hospitalization; indirect costs: transportation and parents’ loss of wage). Effects were measured as adjusted life years (DALYs) averted. Epidemiological and other parameters are also considered. RESULTS: The ICER of the Lanzhou lamb vaccine is more than $1.2 million per death averted and $36807.29 per DALY averted. Uncertainty analyses indicate that disease prevalence and the price of vaccines, program costs of implementation, and vaccine wastages under evaluation (through the incremental cost-effectiveness ratio [ICER]) are the uncertainty of the base case analysis. Therefore, optimal savings for health plans may result from inclusion of medications on formularies based on therapeutic value (including improved adherence) rather than pharmacy costs.