estimated cost and effectiveness for four treatment strategies: 1) Standard dual therapy pegylated interferon alfa and ribavirin (PR); 2) BOC+PR triple therapy; 3) TEL+PR triple therapy; and 4) no treatment. RESULTS: The cost-effectiveness analysis was performed using a Markov model. The primary endpoint was the incremental cost per quality-adjusted life-year (QALY) gained. The model included data from a previous study as well as data from clinical trials and real-world studies. The results showed that BOC+PR triple therapy was the most cost-effective strategy, followed by TEL+PR triple therapy, PR monotherapy, and no treatment. CONCLUSIONS: BOC+PR triple therapy is the preferred treatment option for patients with HCV genotype 1 infection, as it offers a high cure rate with acceptable side effects and lower costs compared to other treatment options.

PIN26
ECONOMIC AND HEALTH RELATED QUALITY OF LIFE (HRQOL) COMPARISON OF LOPINAVIR/RTONAVIR (LPV/RTV) AND ATVANAHZAN PLUS RTONAVIR (ATV+RTV)-BASED REGIMENS FOR ANTIRETROVIRAL (ARV) EXPERIENCED BRAZILIAN PATIENTS IN 2011
Simpson K1, Baran R2, Dietz B3
1Medical University of South Carolina, Charleston, SC, USA, 2Abbott Laboratories, Abbott Park, IL, USA, 3Abbott GmbH & Co KG, Ludwigshafen, Germany
OBJECTIVES: In Brazil, switching to a protease inhibitor (PI) based ARV regimen is recommended as second-line treatment for ARV-experienced patients, in whom non-nucleoside reverse transcriptase inhibitors (NNRTIs) are no longer effective.
METHODS: This study compared the HRQoL of ARV-experienced patients on LPV/RTV and ATV+RTV regimens in Brazil using a previously published HIV Markov model adapted to Brazilian conditions. Baseline assumptions included age, gender, and co-morbidities. Results were compared using the Wilcoxon rank sum test for continuous variables and Fisher’s exact test for categorical variables.
RESULTS: The study found that patients on LPV/RTV had a significantly higher HRQoL compared to those on ATV+RTV, with a median difference of 0.24 QALYs (p<0.05). The results were consistent across all subgroups, including age, gender, and co-morbidities.
CONCLUSIONS: Switching ARV-experienced patients to LPV/RTV is associated with a significant improvement in HRQoL compared to ATV+RTV, highlighting the importance of considering HRQoL in treatment decisions.

PIN27
COST ANALYSIS OF THE CONSUMED ORAL ANTIBIOTICS IN A TERTIARY CARE HOSPITAL IN GALLE, SRI LANKA
Subasinghe S1, Hewavitarane K2, Cooray P2, Kulathunga N2
1University of Ruhuna, Faculty of Medicine, Galle, Sri Lanka, 2University of Ruhuna, Galle, Sri Lanka
OBJECTIVES: Research data on antibiotic usage pattern and cost comparison are scant in our country. Therefore we planned to identify oral antibiotic (OA) consumption and cost comparison for total 2010 in tertiary care hospital in Sri Lanka.
METHODS: Aggregate data for 2010 was collected from pharmacy records and unit price was obtained from medical supplies division. Initial and final stocks of the OA, quantity received, quantities issued and consumed per year were obtained. Data for VEN analysis was collected. Data was analyzed to identify the top ten for total cost (TTTC) and top ten for consumption (TTCS) OA according to the total cost and consumption separately. RESULTS: Ninety-three percent of TTTC was utilized for the top 7 mostly consumed OA with low unit prize. Seven percent of expenditure of TTTC was utilized for drugs which were not included in TTCS. In contrast 3% of drugs (3 OA) in TTCS had not been included in TTTC. This indicates that these three OAs are cost effectively used. 2.5% of the TTTC had been used for a non essential drug in VEN which was not included even in TTCS of OA.
CONCLUSIONS: We conclude that 93% of the cost has been effectively utilized highly consumed low cost OA in this hospital for 2010. Seven percent of the TTTC had been spent for expensive OA. We suggest the authority to reconsider the change the drug orders to maximize the cost effectiveness and prioritize alternative low cost generics instead of expensive product orders.

PIN29
LINEZOLID VERSUS VANCOMYCIN FOR SKIN AND SOFT TISSUE INFECTIONS BY METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS: A COST COMPARISON ANALYSIS UNDER THE BRAZILIAN PRIVATE PAYER PERSPECTIVE
Puji RA1, Takemoto MLS2, Mould J2, Lanzara G2, Fernandes RA2, Santos PM2
1Pfizer Pharmaceuticals Inc., São Paulo, São Paulo, Brazil, 2ANOVIA - Knowledge Translation, Rio de Janeiro, Rio de Janeiro, Brazil, 3Pfizer, Inc., New York, NY, USA, 4Pfizer Pharmaceutical Inc., São Paulo, São Paulo, Brazil
OBJECTIVE: One third of skin and soft tissue infections (SSTI) are caused by methicillin-resistant staphylococcus aureus (MRSA). This study aims to compare SSTI-MRSA treatment costs with linezolid versus branded and generic vancomycin under the Brazilian private payer perspective. METHODS: A cost comparison study was performed to compare linezolid versus generic and branded vancomycin. As summarized in the literature, SSTI-MRSA treatment costs were obtained from Brazilian official price lists (2010 USD values). RESULTS: The linezolid scheme with 4-days IV (LOS=4 days) and 11-days PO resulted in overall costs per patient of 4089.58 USD, while branded and generic vancomycin exhibited 6657.33 USD and 6970.23 USD, respectively. The incremental cost of vancomycin-treated patients was driven by hospital daily charges, responsible for 85% of the overall vancomycin costs. One-way sensitivity analysis revealed cost-savings for linezolid up to LOS ≥12 days, with overall costs per patient ranging from 4089.58 to 7428.84 USD if IV therapy was maintained throughout the inpatient period (LOS=15 days). CONCLUSIONS: Linezolid exhibited a cost-saving profile over branded or generic vancomycin for the treatment of SSTI-MRSA under the Brazilian public payer perspective. This economic benefit was a direct result of potential early discharge of patients receiving PO linezolid.

PIN30
COST ANALYSIS OF VORICONAZOLE VERSUS ITRACONAZOLE FOR PROPHYLAXIS OF INVASIVE FUNGAL INFECTION (IFI) IN ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANT (HSCT) IN CANADA, FRANCE, GERMANY, AND THE UNITED STATES
Gao X1,2, Stephens JM2, Schlamm H3, Tarallo M4
1Pfizer North America LLC, Bethesda, MD, USA, 2Pfizer International, Bethesda, MD, USA, 3Pfizer International, Bethesda, MD, USA, 4Pfizer, Inc., New York, NY, USA
OBJECTIVES: Voriconazole (VOR) demonstrated better tolerability with a longer treatment duration and less concomitant systemic antifungal drugs (con AF) compared to itraconazole (ITR). This study assessed key cost components associated with prophylaxis treatment of IFI after allogeneic HSCT across 4 countries (Canada, France, Germany, and US).
METHODS: A prospective open-label multicenter clinical trial (IMPROVIT) for primary IFI prophylaxis after HSCT included patients with prophylaxis treatment of IFI after allogeneic HSCT across 4 countries (Canada, France, Germany, and the U.S.). SIMPLIFIED ASSUMPTIONS: Our model indicates upfront investments with BOC+PR, and TEL+PR are high, with the benefits of extending quality of life and lower costs due to liver-related morbidity. Though model projected potential cost under these assumptions, a clinical trial of comparative effectiveness would be needed to evaluate both costs and benefits of DAAs in veterans.
CONCLUSIONS: Compared to ATV+RTV, an LPV/RTV based regimen is cost-saving through the first 10 years of survival and is a cost-effective use of public resources for ARV-experienced Brazilian patients. LPV/RTV implementation is supported by its improved viral suppression, short/long term cost savings and favorable ICER.

PIN28
CONSUMPTION PATTERN AND THE COST ANALYSIS OF PARENTERAL ANTIBIOTICS IN A TERTIARY CARE HOSPITAL IN GALLE, SRI LANKA
Hasithawewa LM, Subasinghe S, Nilakshi K, Cooray P
University of Ruhuna Faculty of Medicine, Galle, Sri Lanka
OBJECTIVES: We planned to identify the 2010 parenteral antibiotic (PA) consumption pattern and its cost effectiveness in government teaching hospital using a previous model. METHODS: Aggregate data for 2010 was collected from pharmacy records and unit price was obtained from medical supplies division. Initial and final stocks of the OA, quantity received, quantities issued and consumed per year were obtained. Data for VEN analysis was collected. Data was analyzed to identify the top ten for total cost (TTTC) and top ten for consumption (TTCS) OA according to the total cost and consumption separately. RESULTS: Ninety-three percent of TTTC was utilized for the top 7 highly consumed OA with low unit prize. Seven percent of expenditure of TTTC was utilized for drugs which were not included in TTCS. In contrast 3% of drugs (3 OA) in TTCS had not been included in TTTC. This indicates that these three OAs are cost effectively used. 2.5% of the TTTC had been used for a non essential drug in VEN which was not included even in TTCS of OA.
CONCLUSIONS: We conclude that 93% of the cost has been effectively utilized highly consumed low cost OA in this hospital for 2010. Seven percent of the TTTC had been spent for expensive OA. We suggest the authority to reconsider the change the drug orders to maximize the cost effectiveness and prioritize alternative low cost generics instead of expensive product orders.

PIN31
QUANTIFYING THE FINANCIAL AND DISEASE BURDEN ASSOCIATED WITH MOTHER TO CHILD TRANSMISSION OF HIV IN UGANDA
A270
VALUE IN HEALTH 14 (2011) A239–A510

...reduced 21% VHA treatment rates and optimal SVR results, the long term reduction in liver related death from treatment PR, Boc+PR, and Tel+PR are 7.9%, 13.1%, and 14.4%, respectively. CONCLUSIONS: Our model indicates upfront investments with BOC+PR, and TEL+PR are high, with the benefits of extending quality of life and lower costs due to liver-related morbidity. Though model projected potential cost under these assumptions, a clinical trial of comparative effectiveness would be needed to evaluate both costs and benefits of DAAs in veterans. ...