research is needed to understand how differences in the characteristics of the patients treated with PrT versus Pr impact on treatment adherence and hospitalization patterns observed.

PIN104

EPIEDEMIOLOGIC TRANSITION OF HEPATITIS A IN SIX COUNTRIES AND IMPLICATIONS FOR VACCINATION POLICY: DATA FROM A SYSTEMATIC LITERATURE REVIEW

Durden E1, Maiese BA1, Foley K1
1Truven Health, Austin, TX, USA, 2Truven Health Analytics, Cambridge, MA, USA
OBJECTIVES: To evaluate hepatitis A (HAV) endemicity in six countries via systematic review of published literature. The countries represent varying seroprevalence (different stages of the HAV epidemiologic transition), stages of vaccine coverage, and face different circumstances that may affect vaccine adoption.

METHODS: Articles published from 1990 to October 2011 were identified through a number of article search engines, including PubMed. Search terms were “Hepatitis A” and “Country.” Reference lists of identified articles were reviewed for relevant articles published prior to 1990. A supplementary Internet search identified additional information not indexed in the reviewed search engines. Articles were excluded if they focused on the biological mechanisms of hepatitis A, were non-human studies, vaccine trial results, case studies or opinion pieces.

RESULTS: A total of 797 articles were identified. After exclusions, the number of articles reviewed were: Chile, 33, India, 80, Mexico, 25, Russia, 38; South Korea, 79; and Taiwan, 65. India is still considered to have high HAV endemicity, while Chile and Mexico are intermediate, and Korea, Russia, and Taiwan are low. The timeframe of available data differed greatly by country and often region/city within a country, with some regions only having data as recent as 2009. In Mexico, 5 years (i.e. 5 years from publication) or ten (i.e. ten years from publication). Data supporting the HAV epidemiologic transition varied by country, and it was often unclear at which point the country transitioned to a lower endemicity category, if at all. Hepatitis A incidence data were sparse for some countries, and recent outbreaks were reported in Korea and Taiwan.

CONCLUSIONS: Data gaps, including determination of the HAV epidemiologic transition, exist to some extent in all the countries studied. Filling these data gaps to enhance knowledge of the burden of HAV will assist countries in decision-making regarding vaccine adoption.

PIN105

THE IMPACT OF PRICING METHODOLOGIES ON COMMUNITY ACQUIRED PNEUMONIA (CAP) DRUGS IN BRAZIL

Severus CA1, Miller KL2, Rossi C1
1Pharmaceutical Services, MA, USA, 2PAREXEL INTERNATIONAL, Umberide, UK
OBJECTIVES: Pharmaceutical spending in Brazil represents approximately 11% of its total Gross Domestic Product (GDP). Sales of generics represented 17.2% of the pharmaceutical sector by value and 21.3% by volume in 2010, and are expected to grow at a higher rate than the overall pharmacy market. This study looks at how the increase in generics use, along with reference price controls, may impact access to newly approved Community Acquired Pneumonia (CAP) drugs.

METHODS: An array of published data such as pricing process, current policies, sector-specific research articles contributed towards a framework to understand the key factors affecting access to CAPs, drugs, were gathered. The data then informed a telephonic survey of national and regional health care stakeholders (N=6).

RESULTS: Findings that exist in Brazil: 1) New CAP products are placed in 1 of 2 product categories based on comparisons to comparator agents; 2) Category I products are considered to be better than the comparator and can charge a premium price; 3) Category II products cannot exceed the lowest price of 9 reference countries, which are Australia, Canada, Spain, USA, France, Greece, Italy, New Zealand and Portugal; 4) Category II products do not demonstrate a benefit over the comparator drug. Drugs are in the market, and outcomes data in such patients are limited. We examined treatment patterns and outcomes for septic/CrILL inpatients with candidemia. METHODS: This retrospective study of electronic health record data from 7/2005-3/2012 used Cerner’s Health Facts. Adult inpatients with ≥1 blood culture positive for any species of Candida were identified. CATHIL was defined as ≥1 organism isolated in the same culture unit exceeding the reference range. Timing of initial antifungal therapy relative to the index blood culture draw (BCx), length-of-stay following first antifungal order (AF-LOS), mortality, and measures of resource utilization were the descriptive statistics. Proportional, and t-test for continuous data comparisons. CONCLUSIONS: In 1,288 candidemia patients with sepsis/CrILL, 266 initiated antifungal therapy prior to BCx, 150 within 24h of BCx, 590 after 24h, and 282 received no antifungal therapy. AF-LOS and mortality rates were 39.9%, 30.7%, 29.5% and 51.1%, respectively. P=0.001. Initial antifungal therapies in those treated ≤24h of BCx were: fluconazole in 54.0%, echinocandin in 39.3%, other azoles in 3.3%, and amphotericin B in 3.3%. In patients treated within 24h after BCx with fluconazole (n=81) or echinocandin (n=59), occurrence of bacteremia was high (71% vs 75%); echinocandin patients had a higher mean number of organ system dysfunctions (1.8 vs. 1.5, P=0.04). In the ≤24 treated groups, AF-LOS (fluconazole, 4.6; echinocandin, 4.8; The price of candidemia was used for proportional, and test for continuous data comparisons. CONCLUSIONS: A large proportion of inpatients with Candida and sepsis/CrILL inpatients received initial antifungal therapy within 24h of the first positive BCx, with an adverse mortality effect. Nonetheless, patients treated within 24h have high mortality and resource utilization.

PIN106

TREATMENT PATTERNS IN PEDIATRIC ANTIBIOTIC FORMULATIONS: AN ANALYSIS OF THE RAMQ DATABASE

Légaré K1, Beauchemin CM2, Lagacz J1, Snow L1
1University of Montreal, Montreal, QC, Canada, 2Abbott, St-Laurent, QC, Canada
OBJECTIVES: In clinical practice, the taste of liquid pediatric antibiotics may contribute to treatment acceptance and compliance. The purpose of this study was to analyze treatment patterns and persistence with liquid pediatric antibiotics, in a real life setting, using the RAMQ database. METHODS: Selected patients were <20 years old and were covered by the Quebec provincial drug reimbursement program (RAMQ). They were prescribed a liquid pediatric antibiotic (branded or generic formulation) during the period from July 2008 to April 2011 at least once. The analyses evaluated patients and treatment characteristics and patterns in terms of short-term (30 days or less) and long-term (>30 days) repeated use. RESULTS: Data were available for a sample of 67,727 patients who used an antibiotic of interest. The average age of the study population was 4.7 years (SD=3.5) and 89.9% were ≤10 years old. The treatment was assessed in boys versus girls was similar (51.2% versus 48.8%, respectively). Amoxicillin trihydrate and macrolides, clarithromycin and azithromycin were most often used (49.3% and 33.0%, respectively). About 55.4% of children received more than one antibiotic during the study period. Among children who received a second antibiotic, about 22.5% required it within 30 days following treatment initiation. In the short-term, the need for a second antibiotic was more frequent when cephalosporin was the initial treatment. In the long-term, when the initial treatment was amoxicillin or a macrolide, subsequent antibiotics were more likely to be the same as the first antibiotic. CONCLUSIONS: Many children will require more than one antibiotic treatment during their childhood. Several factors may contribute to short-term acceptance and compliance of the initial antibiotic, one of which may be taste. The better the acceptance and compliance to the initial antibiotic, the more likely the same antibiotic will be used for subsequent treatments.

PIN108

TREATMENT PATTERNS IN PEDIATRIC ANTIBIOTIC FORMULATIONS: AN ANALYSIS OF THE RAMQ DATABASE

Légaré K1, Beauchemin CM2, Lagacz J1, Snow L1
1University of Montreal, Montreal, QC, Canada, 2Abbott, St-Laurent, QC, Canada
OBJECTIVES: In clinical practice, the taste of liquid pediatric antibiotics may contribute to treatment acceptance and compliance. The purpose of this study was to analyze treatment patterns and persistence with liquid pediatric antibiotics, in a real life setting, using the RAMQ database. METHODS: Selected patients were <20 years old and were covered by the Quebec provincial drug reimbursement program (RAMQ). They were prescribed a liquid pediatric antibiotic (branded or generic formulation) during the period from July 2008 to April 2011 at least once. The analyses evaluated patients and treatment characteristics and patterns in terms of short-term (30 days or less) and long-term (>30 days) repeated use. RESULTS: Data were available for a sample of 67,727 patients who used an antibiotic of interest. The average age of the study population was 4.7 years (SD=3.5) and 89.9% were ≤10 years old. The treatment was assessed in boys versus girls was similar (51.2% versus 48.8%, respectively). Amoxicillin trihydrate and macrolides, clarithromycin and azithromycin were most often used (49.3% and 33.0%, respectively). About 55.4% of children received more than one antibiotic during the study period. Among children who received a second antibiotic, about 22.5% required it within 30 days following treatment initiation. In the short-term, the need for a second antibiotic was more frequent when cephalosporin was the initial treatment. In the long-term, when the initial treatment was amoxicillin or a macrolide, subsequent antibiotics were more likely to be the same as the first antibiotic. CONCLUSIONS: Many children will require more than one antibiotic treatment during their childhood. Several factors may contribute to short-term acceptance and compliance of the initial antibiotic, one of which may be taste. The better the acceptance and compliance to the initial antibiotic, the more likely the same antibiotic will be used for subsequent treatments.

NEUROLOGICAL DISORDERS - Clinical Outcomes Studies

PND1

COMPARATIVE RISKS OF SEVERE CUTANEOUS REACTIONS, ASEPTIC MENINGITIS, AND ORGAN DYSFUNCTION ASSOCIATED WITH ANTIHELICETIC DRUGS

Chen P, Teigland C, Parente A, Jones B, Scoggins J, Mehta S, Yang X
Inovalon Inc., Bowie, MD, USA