interruption strategy did not increase the costs related to adverse events or consultations.

**PIN33**

**COST-MINIMIZATION ANALYSIS OF DAPTOMYCIN FOR MRSA SKIN AND SOFT TISSUES INFECTIONS IN BRAZILIAN PRIVATE SECTOR**

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**OBJECTIVES:** To analyze the cost-minimization of Daptomycin in comparison to Vancomycin and Linezolid for patients with Methicillin Resistant Staphylococcus Aureus (MRSA) skin and soft tissues infections in Brazilian private payer perspective.

**METHODS:** The alternatives were indirectly compared due to the absence of Head to Head studies. Resource consumption for MRSA treatment were collected from previous publication and divided into two categories: hospital care (including diagnostic tests) and pharmaceuticals. Total treatment cost was investigated for a base case where patients were treated in the best profile for each medicine effectiveness based on values extracted from randomized open or blind studies [Daptomycin: Length of stay (LOS) = 4 days with intravenous drug. Vancomycin: LOS = 7 days with intravenous drug. Linezolid: LOS = 4 days with intravenous drug and 11 days with oral drug]. The costs data regarding medicines were collected from companies price list or price submission process and utilization costs from literature. Results were converted in US Dollars (R$ 1.7/USD 1.00). A one-way sensitivity analysis was performed.

**RESULTS:** For base case the total treatment was US$1,646.89 for Daptomycin, US$1,843.84 for Vancomycin and US$3,290.46 for Linezolid. Pharmaceutical inpatient cost was US$129.93 higher for Daptomycin in comparison to Linezolid and US$868.31 higher when compared with generic-vancomycin; however this cost was offset by shorter LOS. Despite the unitary prices of the Vancomycin and Linezolid are lower than the price of Daptomycin, the total treatment costs with Linezolid and generic-vancomycin is higher than with Daptomycin. The sensitivity analysis on costs variables in an interval of +/- 20%, was robust with the base case.

**CONCLUSIONS:** The Daptomycin is a cost-saving alternative for MRSA skin and soft tissues infections compared to generic-vancomycin and linezolid in the perspective of Brazilian private payer.

**PIN34**

**COMPARISON OF GENERIC AND BRAND NAME ANTIBIOTIC USAGE IN TURKEY**

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**OBJECTIVES:** Irrational antibiotic usage is still common in Turkey and antibiotics are still the most commonly used drug in Turkey. Our aim in this study was to evaluate the effects of generic drug usage in inpatient clinics in Turkey, compared to brand names. **METHODS:** Data was collected from one university hospital, internal medicine inpatient service for 1 month. A total of 62 patients were treated with an antibiotic. The antibiotic’s name, dosage and the duration of use were recorded by the nurses. The price of the antibiotics were extracted from the Ministry of Health’s official price list. We compared the cost of the bio-equivalent and the cheapest generic drugs with the original drugs. **RESULTS:** During the month, the cost of the antibiotics used at the internal medicine inpatient clinic was €1136, compared to the cheapest generics, which was €1013. In this clinic, €2,2 per patient more was paid for the brand name antibiotics each month. If the 1400–1600 patients being treated with antibiotic in this hospital per year are considered, an average of €3300/month or €39,600/year is being paid for brand name antibiotics.

**CONCLUSION:** Considering antibiotics are the most common used medication in Turkey (17% of total drug usage), it can easily be understood how the use of Brand Name drugs rather than Generics would lead to a vast economic burden. This shows the importance of promoting the use of generic antibiotics and the need for cost-minimization analysis.
have confirmed 383 human cases with a fatality rate of 63% (241/383) as per WHO May 2008 data. The major share is from three South East Asian (SEA) countries—Vietnam, Thailand and Indonesia, which together accounted to 177 deaths from 264 cases. Poultry sector contributes 1.2–2.4% of GDP in East Asian and pacific countries. Bird flu has encroached poultry trade in South East Asia killing more than 120 million birds with a gross economic loss of US$10 billion compared to 300 million birds killed globally with economic loss of US$20 billion (0.5–1% fall in GDP) since 2003. The impact extends not only to poultry farmers but also to upstream and downstream sectors (poultry trade, breeding farms, tourism etc.). A recent analysis has projected that a future pandemic could kill 5–150 million people leading to a 3.1–5.1% loss of world GDP (US$1.2–2 trillion).

CONCLUSIONS: Health and economic losses have posed a major challenge to South East Asia. Appropriate and timely measures are required to prevent a future pandemic which could be devastating to Asia and rest of the world.

GENITAL WARTS IN ITALY: A COST OF ILLNESS ANALYSIS

**OBJECTIVES:** Human Papilloma Virus (HPV) is responsible for both benign and malignant genital disease. The objective of this study was to review the available epidemiological and cost information for genital warts (GW), with a focus on the female population, the current target for HPV vaccination in Italy.

**METHODS:** The study analyzed scientific literature, data from the Italian Centres of Surveillance of Sexually Transmitted Infections (MST), the National Hospital Discharge and the National Drug Utilisation databases. National tariffs for ambulatory visits, hospitalizations and drugs costs were used to estimate the overall cost of GW disease for the Italian National Health System (NHS). The overall cost for prevention and treatment of cervical cancer was taken from La Torre 2007. RESULTS: No Italian specific publications were found regarding GW epidemiology; however from applying European incidence rates to the female Italian population, 30,000 new GW cases/year were estimated. According to MST data, there were 8,000 public clinic visits relating to female GWs (20,000 visits for male GWs), suggestive of a considerable use of public gynaecologists. In 2004 hospitalizations due to female GWs totalled 512 plus 1728 day-admissions. Including the cost of the specific medicines (approx. €2.4 M/year for imiquimod), the overall cost to the Italian NHS was estimated as €4.3 M per year for the diagnosis and treatment of female GWs (approx. 9.2M € for the whole population). Using data from Merito (ISPOR Dublin 2007) estimating the average cost for outpatient management of GWs as €147/case, the total expenditure for the management of the GWs in the Italian female population could be up to €7.1 M.

**CONCLUSIONS:** The NHS expenditure for the management of GW in the Italian female population was estimated to represent 2.1–4.4% of the total expenditure for prevention and treatment of HPV-related cervical cancer disease.

**PIN37**

**THE ECONOMIC BURDEN OF HCV AND HBV CO-INFECTION: EVIDENCE FROM UNITED STATES MANAGED CARE DATA**

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**OBJECTIVES:** Chronic Hepatitis C virus (HCV) and Hepatitis B virus (HBV) are the two leading causes of liver disease in the world. Approximately 2%-10% of HCV patients worldwide are estimated to also have HBV, resulting in greater disease burden. We analyze insurance claims to assess resource use and costs among managed care enrollees with chronic HCV and HBV co-infection compared to those with chronic HCV alone.

**METHODS:** A US claims database spanning the period January 1, 2002 to December 31, 2006 was retrospectively analyzed. Patients were classified into 2 groups: 1) chronic HCV without HBV or HIV (N = 27,296), and 2) chronic HCV and HBV co-infection without HIV (N = 2,525). An index date was set as the date of the first observed chronic HCV diagnosis or date of diagnosis of co-infection. Patients had continuous plan enrollment for ≥3 months pre- and ≥12 months post-index. Mean per patient use and costs of all medical and pharmacy services were assessed over 12 months post-index. RESULTS: Patients with HCV alone had 61 encounters and total cost of $20,258 compared to 67 encounters and total cost of $23,494 for co-infected patients (P < 0.05). Co-infected patients stayed longer in the hospital (9.2 vs. 7.6 days, P < 0.05) and also had higher costs for laboratory services and other outpatient/ancillary services (both P < 0.05). There were no significant differences in encounters and costs related to physician office and emergency department visits. After controlling for demographics and comorbidities in multivariate analyses, co-infected patients had 4.4 more visits and incurred $1885 more in total costs compared to those with HCV alone (P < 0.05).

**CONCLUSIONS:** Chronic HCV and HBV co-infection leads to significantly greater consumption of health care resources and imposes greater burden on managed compared to chronic HCV alone.

**PIN38**

**INPATIENT COSTS AND OUTCOMES ASSOCIATED WITH HEPATITIS C, HUMAN IMMUNODEFICIENCY VIRUS, AND CO-INFECTION WITH BOTH IN THE UNITED STATES**

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**OBJECTIVES:** We generate national estimates of inpatient costs, length of stay (LOS), and probability of death among patients infected with Hepatitis C Virus (HCV), human immunodeficiency virus (HIV), and those co-infected with both. METHODS: Discharge data from the 2005 HCUP Nationwide Inpatient Sample, the largest all-payer inpatient care database in the United States (US) were analyzed. Hospitalizations were categorized into mutually exclusive groups based on ICD-9-CM diagnosis codes: HCV only, HIV only, HCV and HIV, and no HCV or HIV. Weighted estimates of LOS, costs, and probability of death were calculated for each stay. RESULTS: There were 390,973 hospitalizations for HCV, 136,596 for HIV, and 26,000 for HCV and HIV co-infections. The average LOS for HCV-related hospitalizations was 6.03 days. LOS for HIV-related hospitalizations was higher at 7.87 days (P < 0.0001), similar to the LOS for hospitalizations pertaining to HCV and HIV co-infection (7.98 days). In comparison, hospitalizations not related to HCV or HIV had