QALYs outcome used utility data from other studies, of which only one used utilities generated in Chile. Weekly cost of treatments were estimated at $2049.15, SOF at $2520.55, and QALYs included cases, deaths and life years at time 47 considered indirect cost due to causes such as sick leave and loss of productivity in addition to direct cost for the analysis. All but one studies included sensitivity analysis, but 53% did not conduct uncertainty analysis. The payer sensitivity analysis was conducted with 5% for treatment-naive patients, 8% for retreatment, and 8% for patients with interferon-ineligible intolerant patients. RESULTS: In all comparisons, DCV+SOF was predicted to be associated with reduced total costs and improved QoL versus SOF+RBV. Treatment with DCV+SOF was associated with $31,875 and QALY gains of 0.13. Treatment-experienced: DCV+SOF expected to be associated with cost savings of £13,701 and QALY gains of 0.24. Interferon-ineligible/intolerant: DCV+SOF expected to be associated with cost savings of £13,382 and QALY gains of 0.56. For interferon-naive patients. CONCLUSIONS: 12 weeks of DCV+SOF appears a cost-effective treatment option for patients with HCV genotype 3 in all modelled scenarios. When compared to 24 weeks of SOF+RBV, DCV+SOF was predicted to be dominant.

PN74 COST IMPACTS OF TILDENZOLID USE IN ACUTE BACTERIAL SKIN AND SOFT TISSUE INFECTION (ABSISS) FOR HOSPITALS AND MANAGED CARE ORGANIZATIONS (MCOs)

Evaluating cost impacts of tildenizolid use via cost-minimization analysis and cost-effectiveness analysis. Patients with ≥6 inpatient linezolid DOT were modeled as receiving the same inpatient DOT with tildenizolid; patients with 7-10 inpatient linezolid DOT were modeled as completing a 6-day course of tildenizolid in hospital. Daily drug costs were based on lowest, published wholesale average cost and included preparation/administration costs.

OBJECTIVES: Adults ≥15 years account for most seasonal influenza-related hospitalizations and deaths. A recent 32,000-participant, head-to-head RCT (FM12, NCT04103058) demonstrated that a high-dose vaccine (HDC) was 24.2% more efficacious than a standard-dose influenza vaccine (SD) in adults ≥15 years. A cost-utility analysis (CUA) of HDC vs. SD in FM12 participants was performed. METHODS: Health-care resource utilization data collected in the FM12 study included: medications, non ROUTINE medical and emergency room visits, and hospitalizations. Utilized resources were summarized across vaccine arms and unit costs were applied, using standard US cost sources, to each resource item (including vaccines; HD $31.82, SD $12.04) to estimate the mean total direct medical and societal costs associated with each vaccine. Adverse event data from the trial were mapped to quality of life data from the literature to estimate the effectiveness of both vaccines. The time horizon was one year’s influenza season for costs and a lifetime for quality-adjusted life years (QALYs). RESULTS: The average per-participant direct medical costs (including influenza vaccine cost) and societal costs were $116 and $128 lower in the HD arm. Influenza vaccinations represented over 95% of the total cost and were less frequent in the HD arm (7.7% of HD participants reported ≥1 hospitalization versus 8.4% in SD arm) and average length of stay (LOS) across all participants was shorter in the HD arm (0.49 days vs 0.56 days). HD was associated with 0.004 more QALYs per participant and, due to cost savings, dominated SD in the CUA. CONCLUSIONS: Despite the higher price of HD vs. SD, the total direct medical and societal costs were over $100 lower per vaccinee in those who received HD. This was driven by a reduction in the number of hospitalizations and in the LOS for those hospitalized. HD dominated SD in the CUA.

PN76 COST/UTILITY ANALYSIS OF PNEUMOCOCCAL VACCINES PCV13 Versus PPV23 in Adults over 18 Years old in Chile

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OBJECTIVES: Pneumococcal infections are a public health problem in older adults. In Chile there are two vaccines at this time, PPV23 and PCV13. The objective of

PN73 ESTIMATING THE COST-EFFECTIVENESS OF 12 WEEKS OF TREATMENT WITH DACLATASVIR+FOSFOBUVIR IN PATIENTS CHRONICALLY INFECTED WITH HCV GT 3

ças et al. 2015) A1–A307


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OBJECTIVES: Adult chronic hepatitis C infection is a major public health problem and has been a burden in low and middle-income countries. The 2013 international guidelines for good practice and reporting are demanded in addition to institutional mechanisms and reporting problems exist in economic evaluations for vaccines in China. Local guidelines for good practice and reporting are demanded in addition to institutional mechanisms and reporting problems exist in economic evaluations for vaccines in China. Local guidelines for good practice and reporting are demanded in addition to institutional mechanisms and local procedures to improve the overall quality of economic evaluation work for immunization programs in China.

PN71 COST-EFFECTIVENESS ANALYSIS OF VACCINATION AGAINST RABIES IN DOGS IN COLOMBIA

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OBJECTIVES: To estimate the cost-effectiveness of rabies vaccination program in dogs to control rabies incursions in human populations in Colombia. METHODS: A Markov model with daily cycles was designed to simulate the dynamics of the transmission of rabies in the dog population of Colombia. A literature review for identifying transmission parameters within dog population and transmission to humans was carried out. The model considered two alternatives: No vaccination and dog vaccination (comparing exposure, inresource-constrained areas from a PAYER’S PERSPECTIVE


SOF expected to be associated with cost savings of £13,701 and QALY gains of 0.24. Interferon-ineligible/intolerant: DCV+SOF expected to be associated with cost savings of £13,382 and QALY gains of 0.56. For interferon-naive patients. CONCLUSIONS: 12 weeks of DCV+SOF appears a cost-effective treatment option for patients with HCV genotype 3 in all modelled scenarios. When compared to 24 weeks of SOF+RBV, DCV+SOF was predicted to be dominant.

PN74 COST IMPACTS OF TILDENZOLID USE IN ACUTE BACTERIAL SKIN AND SOFT TISSUE INFECTION (ABSISS) FOR HOSPITALS AND MANAGED CARE ORGANIZATIONS (MCOs)

Evaluating cost impacts of tildenizolid use via cost-minimization analysis and cost-effectiveness analysis. Patients with ≥6 inpatient linezolid DOT were modeled as receiving the same inpatient DOT with tildenizolid; patients with 7-10 inpatient linezolid DOT were modeled as completing a 6-day course of tildenizolid in hospital. Daily drug costs were based on lowest, published wholesale average cost and included preparation/administration costs.

OBJECTIVES: Adults ≥15 years account for most seasonal influenza-related hospitalizations and deaths. A recent 32,000-participant, head-to-head RCT (FM12, NCT04103058) demonstrated that a high-dose vaccine (HDC) was 24.2% more efficacious than a standard-dose influenza vaccine (SD) in adults ≥15 years. A cost-utility analysis (CUA) of HDC vs. SD in FM12 participants was performed. METHODS: Health-care resource utilization data collected in the FM12 study included: medications, non ROUTINE medical and emergency room visits, and hospitalizations. Utilized resources were summarized across vaccine arms and unit costs were applied, using standard US cost sources, to each resource item (including vaccines; HD $31.82, SD $12.04) to estimate the mean total direct medical and societal costs associated with each vaccine. Adverse event data from the trial were mapped to quality of life data from the literature to estimate the effectiveness of both vaccines. The time horizon was one year’s influenza season for costs and a lifetime for quality-adjusted life years (QALYs). RESULTS: The average per-participant direct medical costs (including influenza vaccine cost) and societal costs were $116 and $128 lower in the HD arm. Influenza vaccinations represented over 95% of the total cost and were less frequent in the HD arm (7.7% of HD participants reported ≥1 hospitalization versus 8.4% in SD arm) and average length of stay (LOS) across all participants was shorter in the HD arm (0.49 days vs 0.56 days). HD was associated with 0.004 more QALYs per participant and, due to cost savings, dominated SD in the CUA. CONCLUSIONS: Despite the higher price of HD vs. SD, the total direct medical and societal costs were over $100 lower per vaccinee in those who received HD. This was driven by a reduction in the number of hospitalizations and in the LOS for those hospitalized. HD dominated SD in the CUA.

PN76 COST/UTILITY ANALYSIS OF PNEUMOCOCCAL VACCINES PCV13 Versus PPV23 in Adults over 18 YEARS OLD IN CHILE

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OBJECTIVES: Pneumococcal infections are a public health problem in older adults. In Chile there are two vaccines at this time, PPV23 and PCV13. The objective of