tacrolimus and ciclosporin, and a randomised study which assessed tacrolimus’ effectiveness was measured in quality-adjusted life years (QALY) and life years in remission (LYr). Only direct medical costs were considered for each treatment alternative. Only direct medical costs were considered for each treatment alternative. Only direct medical costs were considered for each treatment alternative. Only direct medical costs were considered for each treatment alternative.

METHODS: A cost-effectiveness analysis was developed based in a decision tree model to simulate 28 days of treatment. A systematic revision of the literature was developed over the efficacy and safety of the use of linezolid, vancomycin, daptomycin and teicoplanin in patients diagnosed with MRSA-confirmed cSSTI. Efficacy data used to input the economic model is informed in a published meta-analysis. In this meta-analysis pooled efficacy estimates were generated from clinical and microbiological determinations of success for the MRSA-subgroups in cSSTI clinical trials using a Bayesian meta-analytic approach (treatment success rate: linezolid-84.4%, vancomycin-74.7%, daptomycin-78.1% and teicoplanin-74.7%). The treatment duration was 14 days for each line treatment and more 14 days for the second treatment line. Patients in treatment with linezolid were diagnosed with infection in hospital using venous blood and complete treatment with oral linezolid during 6 days, based on Itani et al. 2010. Patients in treatment with vancomycin, daptomycin or teicoplanin stay 14 days in the hospital using venous drugs. The costs and consequences of the disease treatment were computed for each treatment alternative. Only direct medical costs were considered based in official Brazilian costs databases. RESULTS: The incremental cost-effectiveness analysis demonstrated that linezolid is the most economically attractive drug, with better efficacy and lower cost than the comparators. The total cost per patient with linezolid, vancomycin, daptomycin and teicoplanin were BRL26,365/ USD12,861, BRL36,421/USD17,766, BRL37,651/USD18,366, BRL37,848/USD19,529, respectively (US$ 1 = R$ 2.05). CONCLUSIONS: Linezolid is the best therapeutic option, with better efficacy and safety and lower cost, versus vancomycin, daptomycin and teicoplanin for the treatment of patients diagnosed with MRSA-confirmed cSSTI under Brazilian private perspective.

PPS17 CLINICAL AND ECONOMIC ANALYSIS OF LINEZOLID FOR THE TREATMENT OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS CONFIRMED COMPLEX SKIN AND SOFT TISSUE INFECTIONS UNDER THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM

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OBJECTIVES: To estimate the cost-effectiveness of linezolid for the treatment of methicillin resistant staphylococcus aureus (MRSA) confirmed complicated skin and soft tissue infections (cSSTI) under the Brazilian private health care perspective.

METHODS: A cost-effectiveness analysis was developed based in a decision tree model to simulate 28 days of treatment. A systematic revision of the literature was developed over the efficacy and safety of the use of linezolid, vancomycin, daptomycin and teicoplanin in patients diagnosed with MRSA-confirmed cSSTI. Efficacy data used to input the economic model is informed in a published meta-analysis. In this meta-analysis pooled efficacy estimates were generated from clinical and microbiological determinations of success for the MRSA-subgroups in cSSTI clinical trials using a Bayesian meta-analytic approach (treatment success rate: linezolid-84.4%, vancomycin-74.7%, daptomycin-78.1% and teicoplanin-74.7%). The treatment duration was 14 days for each line treatment and more 14 days for the second treatment line. Patients in treatment with linezolid were diagnosed with infection in hospital using venous blood and complete treatment with oral linezolid during 6 days, based on Itani et al. 2010. Patients in treatment with vancomycin, daptomycin or teicoplanin stay 14 days in the hospital using venous drugs. The costs and consequences of the disease treatment were computed for each treatment alternative. Only direct medical costs were considered based in official Brazilian costs databases. RESULTS: The incremental cost-effectiveness analysis demonstrated that linezolid is the most economically attractive drug, with better efficacy and lower cost than the comparators. The total cost per patient with linezolid, vancomycin, daptomycin and teicoplanin were BRL26,365/ USD12,861, BRL36,421/USD17,766, BRL37,651/USD18,366, BRL37,848/USD19,529, respectively (US$ 1 = R$ 2.05). CONCLUSIONS: Linezolid is the best therapeutic option, with better efficacy and safety and lower cost, versus vancomycin, daptomycin and teicoplanin for the treatment of patients diagnosed with MRSA-confirmed cSSTI under Brazilian private perspective.

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