Abstracts

PEGINTERFERON-ALFA-2a (40 KD) to be a cost-effective therapy for the private health care system in Brazil.

PIN12

COST-EFFECTIVENESS OF LINEZOLID VS. VANCOMYCIN IN COMPLICATED SKIN AND SOFT-TISSUE INFECTION DUE TO SUSPECTED METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS IN FRANCE

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OBJECTIVES: Studies have shown similar clinical cure rates and shorter length of stay (LOS) for linezolid compared to vancomycin in patients with complicated skin and soft tissue infections (cSSTI) due to suspected or proven methicillin-resistant Staphylococcus aureus (MRSA). This study examined the clinical and economic consequences of using linezolid vs. vancomycin from the French health system perspective. METHODS: A decision-analytic model followed an average patient from initiation of empirical treatment until successful 1st-line treatment, death, or 2nd-line treatment failure. Efficacy data were derived from published clinical trials. Resource utilization patterns were collected through structured interviews with 4 French physicians experienced in treating cSSTI. Costs from official price and tariff lists were published in 2007. Average total treatment cost was €16,602 for linezolid vs. €15,823 for vancomycin, Modelled survival was 80.4% (linezolid) vs. 72.7% (vancomycin), resulting in an average 2.0 life-years gained per linezolid treated patient in a 65-year-old cohort (14.9 vs. 13.0 years). Costs per life-year gained (excluding future costs) and death avoided were €6,865 and €12,127, respectively. One-way sensitivity analysis on selected parameters (50% variation above or below baseline) did not change the overall conclusions. CONCLUSION: Improved clinical outcomes, but increased cost per episode were calculated for linezolid-treated patients. The results suggest that linezolid can be considered a cost-effective alternative for treating patients with NP due to suspected MRSA in France.

PIN13

COST-EFFECTIVENESS OF LINEZOLID VS. VANCOMYCIN IN THE TREATMENT OF NOSOCOMIAL PNEUMONIA SUSPECTED TO BE CAUSED BY METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS IN FRANCE

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OBJECTIVES: Linezolid has shown efficacy in the treatment of methicillin-resistant Staphylococcus aureus (MRSA) infections, including nosocomial pneumonia (NP). In patients with MRSA-NP, survival and clinical cure rate was higher for patients treated with linezolid (80% and 59%, respectively) than those treated with vancomycin (63.5% and 35.5%, respectively). The objective of this study is to assess the economic impact of these clinical outcomes in the Spanish setting. METHODS: A retrospective decision-analytic model from the hospital perspective was applied to pooled data from 2 prospective, randomized, controlled-double-blind studies. The model described possible treatment outcomes for patients beginning empiric MRSA-NP treatment. Clinical and other parameters were obtained from published trials and from an expert panel, comprised of 5 Spanish experts experienced in treating NP. Resource use was estimated by the expert panel. Only direct costs (€2007) were considered. The model assumed 50% of suspected MRSA patients had proven MRSA. Model outputs included costs/patient, cost/death avoided, cost/life-year gained (LYG), and cost/cure. Sensitivity analyses were carried out to test the robustness of the model. RESULTS: The overall clinical cure rate was 11% greater for linezolid than for vancomycin (71% versus 60%). Average total treatment cost was €16,602 for linezolid versus €15,823 for vancomycin-treated patients; incremental cost €6829. Death rates were 21% (linezolid) versus 34% (vancomycin), with an average 1.9 LYG per linezolid patient in a 65-year-

A439
old cohort (13.6 vs. 11.3 years). The incremental costs/LYG and death avoided were €406 and €4730, respectively. Although the model was sensitive to variables like proven MRSA percentage and costs accrued by patients who die, varying these parameters by 25% the overall conclusions remained the same. CONCLUSION: According to this model, Linezolid is cost-effective versus vancomycin for MRSA suspected-nosocomial pneumonia in Spain, with and additional cost/LYG and death avoided below the acceptable threshold.

COST-EFFECTIVENESS OF AUGMENTIN ES® FOR THE TREATMENT OF PAEDIATRIC ACUTE OTITIS MEDIA (AOM) IN POLAND
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OBJECTIVES: To assess clinical effectiveness and costs of Augmentin ES® (amoxicillin/clavulanic acid 90/6.4 mg/kg/day in two divided doses) vs Augmentin® conventional twice-daily regimen (45/6.4 mg/kg/day in two divided doses) in acute otitis media treatment in Poland from the public payer (NHF) and payer (NHF + patient) perspective. METHODS: Systematic review according to Cochrane Collaboration guidelines and clinical effectiveness analysis according to Polish HTA Guidelines were performed. Medline (Pubmed) Cochrane and EMBASE were searched (August 2006). Only RCTs with high credibility assessment (based on Jadad scale) were included in the systematic review. Overall costs of treatment were taken into account, including cost of pharmacotherapy, drug administration, second-line therapy, complications of otitis media and adverse events. Sensitivity analysis was performed according to a range of acquisition costs of Augmentin ES® and azithromycin (+/-20%). All calculations were performed for 2006 ($1 = PLN3.8). RESULTS: Randomized head-to-head clinical trial of Augmentin ES® vs azithromycin was found and significant difference in clinical cure rate between two drugs was revealed: 90.5% vs 80.9%, respectively; no significant differences in safety profile were found. Cost analysis revealed that savings per patient when Augmentin ES® is used in place of azithromycin were: PLN49 ($12.9) (public payer) and PLN38.3 PLN ($10.1) (payer). Results of clinical and cost analysis proved that azithromycin therapy is dominated by Augmentin ES®. The results proved to be robust to variations in the drugs cost acquired in sensitivity analysis. Savings accompanying clinical cure of one patient in case of Augmentin ES® used in place of azithromycin were: PLN510.5 ($134.3) (from public payer perspective) and PLN399.2 ($105) (payer perspective). CONCLUSION: Augmentin ES® compared with azithromycin therapy brings significant savings and is a cost-effective treatment of acute otitis media in Poland.

COST-EFFECTIVENESS OF AUGMENTIN ES® VS AZITHROMYCIN FOR THE TREATMENT OF PAEDIATRIC ACUTE OTITIS MEDIA (AOM) IN POLAND
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OBJECTIVES: To assess clinical effectiveness and costs of Augmentin ES® (amoxicillin/clavulanic acid 90/6.4 mg/kg/day in two divided doses) vs azithromycin (10 mg/kg, day 1; 5 mg/kg/d, days 2–5) in acute otitis media treatment in Poland from the public payer (NHF) and payer (NHF + patient) perspective.

METHODS: Systematic review according to Cochrane Collaboration guidelines and clinical effectiveness analysis according to Polish HTA Guidelines were performed. Medline (Pubmed) Cochrane and EMBASE were searched (August 2006). Only RCTs with high credibility assessment (based on Jadad scale) were included in the systematic review. Overall costs of treatment were taken into account, including cost of pharmacotherapy, drug administration, second-line therapy, complications of otitis media and adverse events. Sensitivity analysis was performed according to a range of acquisition costs of Augmentin ES® and azithromycin (+/-20%). All calculations were performed for 2006 ($1 = PLN3.8). RESULTS: Randomized head-to-head clinical trial of Augmentin ES® vs azithromycin was found and significant difference in clinical cure rate between two drugs was revealed: 90.5% vs 80.9%, respectively; no significant differences in safety profile were found. Cost analysis revealed that savings per patient when Augmentin ES® is used in place of azithromycin were: PLN49 ($12.9) (public payer) and PLN38.3 PLN ($10.1) (payer). Results of clinical and cost analysis proved that azithromycin therapy is dominated by Augmentin ES®. The results proved to be robust to variations in the drugs cost acquired in sensitivity analysis. Savings accompanying clinical cure of one patient in case of Augmentin ES® used in place of azithromycin were: PLN510.5 ($134.3) (from public payer perspective) and PLN399.2 ($105) (payer perspective). CONCLUSION: Augmentin ES® compared with azithromycin therapy brings significant savings and is a cost-effective treatment of acute otitis media in Poland.