eligible persons aged 2–59 years of age. The study objectives were to determine the cost-effectiveness of LAIV compared to TIV in Canadian children and adolescents from a Ministry of Health (MoH) perspective and a societal perspective. METHODS: A previously published US cost-effectiveness model using patient-level data to compare LAIV and TIV was supplemented by secondary (e.g. literature) primary data (i.e. survey of 144 Canadian physicians). To compare the costs and benefits of LAIV and TIV, a cost-utility analysis was conducted. Parameter uncertainty was addressed through probability sensitivity analysis (PSA). RESULTS: Although LAIV cost $405 compared to $352 for TIV, LAIV reduced the number of influenza illness cases and lowered the number of hospitalizations, ER visits, outpatient visits and parents’ days lost from work. The estimated offsets in direct costs saved were $14 per vaccinated child aged 2–17 years. Societal savings were $35.33 per vaccinated child. When costs and outcomes were considered, LAIV was the dominant strategy when compared to TIV. At a willingness to pay of $100 per QALY gained, the results of the PSA indicated that the probability of LAIV being cost-effective was almost 1. CONCLUSIONS: LAIV reduces the burden of influenza in children and adolescents. Consistent with US results, vaccinating children with LAIV ahead of TIV is the dominant strategy from an US and MoH perspective.

PIN35 CLINICAL EFFECTIVENESS AND COST UTILITY OF ENTECAVIR VERSUS LAMIVUDINE AND ADEFOVIR IN CHRONIC HEPATITIS B VIRUS (HBV) PATIENTS IN MEXICO

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OBJECTIVES: To estimate the long-term costs and effectiveness of entecavir compared with lamivudine and adefovir in treating chronic HBsAg-positive infection. METHODS: We compare key outcomes related to survival, costs, and QOL for HBV patients followed in a US institutional model with entecavir, lamivudine and adefovir. Data was collected retrospectively from 529 patients with chronic HBV treated at major U.S. academic, community and VA hospitals. RESULTS: Time-dependent Markov models were used to simulate the estimated outcomes and costs for HBV patients treated with entecavir vs lamivudine and adefovir. The impact of treating HBV with entecavir, lamivudine and adefovir in patients who are positive for hepatitis B e antigen (HBeAg) was based on the efficacy and safety results of the Phase 3, double-blind, randomized controlled trial. Utility values were derived from published literature. The cost-effectiveness analysis was conducted from the Mexican Healthcare perspective. Costs were derived from the literature and expert interviews, future costs and effects were discounted at 5% per reccommendations for analyses in Mexico. All costs are presented in 2010 US dollars. Multiple 1-way sensitivity analyses were performed to address uncertainty. RESULTS: The model projects an accumulated discounted cost to the Mexican healthcare system per patient receiving the entecavir regimen of $26,356 compared to $28,525 for adefovir and $27,901 for lamivudine regimen. The base-case analysis presented incremental cost-effectiveness ratios for entecavir vs adefovir and lamivudine of $123 per QALY and $1,574 per QALY respectively. These values are in accordance with the recommendations of the Commission on Macroeconomics and Health, WHO, suggesting that health technologies with ICERs below the per capita GDP are considered very cost-effective. Results were robust to various assumptions tested in the sensitivity analysis. CONCLUSIONS: Results from this study suggest that in the Mexican setting, use of entecavir in place of adefovir and lamivudine for treatment of HBV is likely to be cost effective. These conclusions are supported by conservative assumptions and sensitivity analysis.

Infection – Patient-Reported Outcomes & Preference-Based Studies

PIN36 ANTEVITAL RIDEFIL ADHERENCE IN COMMUNITY HIV SPECIALTY PHARMACIES (HSV-S) VERSUS NON-SPECIALIZED PHARMACIES (NSP)

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OBJECTIVES: Community pharmacies focused on HIV offer enhanced services to assist patients taking antiretrovirals (ARV), yet the impact of these services is unclear. The objective of this study was to determine differences in patient characteristics, regimen characteristics, and regimen refill adherence for HIV-SP versus NSP.

METHODS: We conducted a retrospective database study of patients with ARV claims from May 2007 – August 2009 at California Walgreens pharmacies. A multivariable logistic regression model was constructed to determine independent factors, regimen characteristics, and refill adherence. Patients were deemed “regimen adherent” on any given study day with ARV claims.

RESULTS: 4,254 HIV-SP and 11,679 NSP users were included. Compared to NSP users, HIV-SP adhered to their ARV regimen more frequently (95% vs. 93% at 1 year refill adherence). The objective of this study was to determine differences in patient characteristics, regimen characteristics, and regimen refill adherence for HIV-SP versus NSP.

CONCLUSIONS: LAIV reduces the burden of influenza in children and adolescents. Consistent with US results, vaccinating children with LAIV ahead of TIV is the dominant strategy from an US and MoH perspective.

PIN37 HOW MANY IMMUNIZATION DOSES WERE MISSED IN PEDIATRICS YOUNGER THAN 2 YEARS

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OBJECTIVES: How many immunization doses were missed in pediatrics younger than 2 years.

METHODS: We conducted a retrospective database study of patients with incomplete or partial immunization compliance. With an increase in parent’s knowledge of immunization guidelines and agents, it is important to find a way to improve immunization practice and childhood immunization coverage in the future.

CONCLUSIONS: LAIV reduces the burden of influenza in children and adolescents. Consistent with US results, vaccinating children with LAIV ahead of TIV is the dominant strategy from an US and MoH perspective.