caspofungin group were 74.9%±8.3%, 70.2%, respectively, total costs were $8650 1, $10463.6, $9744, $9100, respectively. Thus, the cost-effectiveness ratio was $1,915.5, $1486.8, $1388, respectively. CONCLUSIONS: Micafungin 100 mg/d group is the most cost-effective option in the treatment of invasive Candida infection in China, followed by caspofungin group.

PIN52 ECONOMIC VALUE OF USING ANTIMICROBIAL COATED SUTURES FOR ABDOMINAL INJURIES PREVENTING ABDOMINAL SITE INFECTIONS

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OBJECTIVES: Since surgical site infections (SSI) continue to impose a substantial burden to hospital and society, there is a need to evaluate newer SSI-prevention interventions such as antimicrobial (e.g. tricosan) coated sutures. METHODS: We developed a decision analytic model using a Markov process to determine the cost-effectiveness of antimicrobial sutures in abdominal incisions from the hospital, third party payer, and societal perspectives. Sensitivity analyses systematically varied the risk of developing an SSI (range: 5%-20%), cost of tricosan-coated sutures (range: $5-$25 per inch), and efficacy of tricosan-coated sutures to prevent infection (range: 5%-50%). RESULTS: Depending on their efficacy, tricosan-coated sutures saved $4,109 – 13,975 (from the hospital perspective), $4,113 – 14,297 (third party payer), and $40,127 – $53,244 (societal) per SSI prevented, when a surgery had a 1.5% SSI risk. However, if the SSI risk after surgery was ≤5% and the efficacy in preventing SSI was ≤10%, tricosan-coated sutures resulted in extra expenditure for hospitals and third party payers, resulting in extra costs of $1,626 and $1,071 per SSI prevented for hospitals and third party payers respectively, if SSI risk was 5% and efficacy was 10%. CONCLUSIONS: Our results show that switching to tricosan-coated sutures from the uncoated sutures can prevent SSI and save substantial costs to hospitals, third party payers, and society over a wide range of SSI prevention efficacy, cost, and risk values.

PIN53 COST-EFFECTIVENESS OF QUADRIVALENT INFLUENZA VACCINATION PROGRAM FOR THE ELDERLY AGED 65 YEARS OR OLDER IN TAIWAN

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OBJECTIVES: Vaccines have been the main global means to minimize the impact of influenza and are recommended by WHO for individuals aged 65 years or older. The primary goal of influenza vaccination in the elderly is to reduce the risk of complications. Since 1998, a public-funded trivalent influenza vaccine (TIV) vaccination program has been implemented by the Taiwan government targeting people aged over 65 years. Another proposed alternative for preventing seasonal influenza is quadrivalent influenza vaccine (QIV) which contains two influenza A-lineages and two influenza B-lineages. The aim of the study is to assess, from the governmental perspective, the cost-effectiveness of adopting QIV versus TIV for the elderly aged 65 years or older. METHODS: A Markov model was used to estimate the cost and effectiveness of QIV and TIV in the elderly. Direct cost data was obtained from the Taiwan National Health Insurance claims data. Vaccine efficacy and coverage rate were based on government statistical reports. Outcomes of lifetime included cases, utilizations, and deaths avoided and QALYs gained. Cost-utility analysis was performed, and the willingness-to-pay threshold of $30,000 per QALY gained, TDF/FTC-based regimens were predicted to be cost-effective compared with ABC/3TC-based regimens, with incremental cost-effectiveness ratios of $20,545 for TDF/FTC+EFV versus ABC/3TC+EFV and $20,652 for TDF/FTC+ATV/r versus ABC/3TC+ATV/r. In subgroup analyses, TDF/ FTC-based regimens were predicted to be more cost-effective compared with ABC/3TC-based regimens. CONCLUSIONS: In an analysis of the regimens examined in the ACTG 5202 clinical trial for treatment-naive adults with chronic hepatitis C infection, regimens containing TDF/FTC yielded more favorable health outcomes and were predicted to be cost-effective compared with regimens containing ABC/3TC.

PIN55 COST-EFFECTIVENESS OF PROTEASE INHIBITORS FOR THE TREATMENT OF CHRONIC HEPATITIS C INFECTION: A SYSTEMATIC REVIEW

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OBJECTIVES: The current recommendations for hepatitis C infection genotype 1 include one protease inhibitor (IP), boceprevir or telaprevir, in addition to the pre-existing interferon therapy with ribavirin. However, the cost of these new drugs imposes high financial burden in the health care systems. The aim of this study is to undertake a systematic review of the cost-effectiveness of boceprevir compared to telaprevir and IFN. METHODS: A systematic search was conducted in MEDLINE, EMBASE, Econlit and NHS-ED. Only full-text published manuscripts were considered and no further restriction were included. Relevant studies were selected by two independent researchers. Disagreements were resolved by discussion. A checklist was used based on the CHEERS guidelines to assess the quality of the studies. RESULTS: Nine studies were found. Three compared Boceprevir versus DT whereas 6 compared both IP with DT. Six analyses were performed (no previous studies found). Most studies were done from governmental perspective. Only two studies used information from mixed treatment comparisons to be incorporated into the model. 8 out of 9 studies concluded that the IP is cost-effective for their corresponding jurisdiction. In naive patients, two studies reported Telaprevir being more cost-effective than Boceprevir. In patients previously treated one study favors Boceprevir and two studies favors Telaprevir. CONCLUSIONS: The treatment with IP compared with DT is more cost-effective. In the most of the studies, important variations were found in terms of patient’s subgroups and schemes of treatment. It cannot be concluded that one drug is more cost-effective than the other due to important structural uncertainty.

PIN66 COST-MINIMIZATION STUDY OF SEQUENTIAL THERAPY OF LINEZOLID IN A BRAZILIAN PUBLIC HOSPITAL: WHICH IS THE PHARMACOECONOMIC IMPACT?

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OBJECTIVES: Conduct a pharmacoeconomic analysis, cost-minimization type of therapy, of linezolid use in patients hospitalized between August, 2009 and December, 2010 in a public hospital in Brazil. METHODS: We conducted a retrospective cohort study at a Brazilian public hospital from August 1, 2009 through December 31, 2010. A cost-minimization analysis was conducted comparing cases with linezolid use and cases without linezolid use for the treatment of infections during the internment in this period, from the perspective of the Brazilian public health system. RESULTS: The medical records of 61 patients were evaluated. Of all patients, 26 (42.3%) were treated with linezolid. Mean duration of linezolid lasted 10.6 ± 4.7 days. The antibiogram was present in 65.6% of the records. In 50.8% of cases, the bacteria were sensitive to linezolid. The main reason for the use of linezolid was sepsis and nosocomial pneumonia (34.4% each). Sixteen (26.2%) of 61 patients died. The remaining 45 patients did not die. The total cost was US $45,718 ± 23,918 (mean ± standard deviation). The most frequent antimicrobial use was associated with linezolid was associated with US $13,455 ± 6,062 (mean ± standard deviation). CONCLUSIONS: The results demonstrated the importance of pharmacoeconomic analysis of linezolid in the hospital, because in 17 months of cost analysis, these could have been reduced by 20.2% only with the switch antibiotic therapy. It is expected that results of studies such as this may contribute to the rational use of antimicrobials and resources for hospitals.

PIN67 EXPECTED COST-UTILITY OF QUADRIVALENT INFLUENZA VACCINE UNDER A UNIVERSAL INFLUENZA IMMUNIZATION PROGRAM IN ONTARIO, CANADA

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OBJECTIVES: Ontario, Canada, immunizes against influenza using a trivalent inactivated influenza vaccine (IIV3) under a Universal Immunization Program (UIP) paid for through general tax revenues. The UIS is an example of change to immunizations over the last year. A newly approved quadrivalent inactivated influenza vaccine (IIV4) offers wider protection against influenza B disease. In this study, we explore the expected cost-utility of using IIV4 in the context of Ontario’s UIP. METHODS: We developed a model based on outcomes data published by Kwong and colleagues. We used Ontario based health care costs and Canadian based labor costs. Efficacy of IIV3 and IIV4 were estimated in a similar manner from randomized and controlled trials. However, we improved by including emerging data from new meta-analyses on the efficacy of IIV3. These include new estimates of cross protection against mismatched B influenza offered by IIV3, as well as, new estimates of vaccine efficacy in seniors conservatively, hence protection was not considered. RESULTS: Over an average influenza season,