with an average patient age of 63.4 (±15.8) years in the SBT group, and 81 residents placed 362 CVVH higher lines in patients with an average age of 63.8 (±15.3) years in the control group. Compared to the traditional training, the SBT was a dominant case with cost-saving ($-5,062, p = 0.002), and reductions of overall complications (3.9%, p = 0.017) and severe complications (3%, p = 0.043) per admission, resulted in the incremental cost-effectiveness ratios of $1,298. = $5,062/3.9% and $1,667. = $5,062/3.1% per 1% averted probability of overall and severe complications gained, respectively. The total benefit cost ratio was 10.2. Even in the first year, the SBT demonstrated a high return on investment (ROI) of 649% with a $4,863 net benefit per admission. The ROI could reach 934% and 986% in 5 years and 10 years, respectively.

CONCLUSIONS: Using SBT for CVVH insertion is a cost-effective approach that can be widely implemented.

P558 EFFECTIVENESS OF ANIDULAFUNGIN FOR THE TREATMENT OF INVASIVE CANDIDIASIS IN COLOMBIA

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OBJECTIVE: The aim of this analysis is to estimate the cost-effectiveness of anidulafungin for the treatment of invasive candidiasis in Colombia. METHODS: We constructed a decision tree to determine the incremental cost-effectiveness ratio (ICER) of anidulafungin (200 mg on the first day, followed by 100 mg daily) compared to amphotericin B deoxycholate (0.7-1.0 mg daily); amphotericin B liposomal (5.0 mg/ kg daily); caspofungin (70 mg on the first day followed by 50 mg daily) and fluconazole (800 mg on the first day followed by 400 mg daily) for the treatment the patients with invasive candidiasis. RESULTS: The perspective of the analysis was from the Colombian health system including only direct costs. All currency units are in USD ($1 USD = COP 1,971). We used a time horizon of life expectancy. A 5% discount rate was used. The results were measured in quality-adjusted life years (QALY). The effectiveness and safety data were taken from the literature. Bayesian mixed treatment comparison method was applied for the comparison of treatments. The costs of procedures were based on the estimate of 2001 and 2010 and the resources used by the patients were obtained from the Colombian Social Security Institute (SISMED) database. Univariate and probabilistic sensitivity analyses were performed. RESULTS: The total expected costs per patient were: anidulafungin USD$ 4,685.61; amphotericin B deoxycholate USD$ 928.22; amphotericin B liposomal USD$ 669.12; caspofungin USD$ 3,566.48; fluconazole USD$ 628.39. The results per QALY of anidulafungin compared to fluconazole was USD$ 6,521.38. Amphotericin B deoxycholate, amphotericin B liposomal and caspofungin were dominated alternatives.

CONCLUSIONS: Assuming as threshold for Colombia GDP per capita USD$ 7,609.42 anidulafungin is a cost-effective alternative for the treatment of the patients with invasive candidiasis.

P559 AN ECONOMIC COMPARISON OF LINEZOLID AND VANCOMYCIN FOR THE TREATMENT OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) RELATED COMPLICATED SKIN AND SKIN STRUCTURE INFECTIONS (CSSSI) IN THE KINGDOM OF SAUDI ARABIA

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OBJECTIVES: To assess the value of linezolid compared with vancomycin in the treatment of CSSSIs caused by MRSA from a payer perspective in the Kingdom of Saudi Arabia (KSA) using a two week decision analytic model. The model compared five antibiotic treatment combinations: linezolid vs. vancomycin; linezolid vs. amphotericin B deoxycholate; amphotericin B deoxycholate vs. amphotericin B liposomal; caspofungin vs. fluconazole. The cost analysis was performed at the hospital level. Additionally, the effectiveness and safety data were taken from the literature. Sensitivity analyses were performed.

RESULTS: The incremental cost-effectiveness ratios of linezolid compared to vancomycin were USD$ 4,685.61 vs. USD$ 928.22, respectively. The overall cost of treatment including drugs, clinical failures, complications, and outpatient parenteral administration were lower with linezolid (SAH14,246) than with vancomycin (SAH15,804) resulting in substantial cost-savings of SAH1,558 vs. vancomycin. Linezolid provided savings due to lower outpatient medical costs (SAH1,548 vs. SAH7,831), specifically from outpatient parenteral administration. These findings were reinforced in all of the scenarios sensitivity analysis and linezolid was consistently the cost-saving treatment alternative. CONCLUSIONS: Results from this analysis demonstrate the overall economic savings resulting from linezolid use compared with vancomycin for the treatment of MRSA CSSSIs. Savings observed for both linezolid and vancomycin does not require outpatient parenteral administration compared to other intravenous antibiotics.

P560 COST-EFFECTIVENESS ANALYSIS OF OSILTAMIVIR IN THE INFLUENZA PNEUMONIA PREVENTION IN COLOMBIA

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OBJECTIVES: Influenza disease may result in a severe disease causing hospitalization and deaths in younger children and older adults. Early antiviral treatment may improve clinical outcomes. Our goal was to estimate the oseltamivir cost-effectiveness in the prevention of pneumonia due to influenza in the Colombian urban population. METHODS: A probabilistic decision-tree model to simulate Influenza-Like Syndrome (ILS) burden of disease and influenza pneumonia complications in Colombian population was programmed in excel. Transition probabilities and care costs for Colombia were obtained from a literature review and surveillance databases. Incremental cost-effectiveness ratio (ICER) for oseltamivir in the prevention of pneumonia complication in urban and elderly populations. RESULTS: A probabilistic decision-tree model was used to simulate 10,000 iterations were used to estimate 95% confidence interval. Costs were expressed in 2013 USD. RESULTS: A total of 275,788 ILS cases in children and 86,675 in elderly population were estimated for 2014. Whit no oseltamivir would occur 75,789 and 62,675 pneumonias in children and elderly, respectively, and a total 22,719 deaths. Including the oseltamivir treatment at 90% coverage would avert 33,462 pneumonias and 6639 pneumonia deaths. The oseltamivir cost per ILS was estimated at US$ 6,619,552. Over all age subpopulation in Colombia, oseltamivir treatment would result in a total saving in intervention in population younger than 5 years old and equal or older than 65 years old with an ICER of USD$ -953 (95% IC$ -934 to -759). CONCLUSIONS: A total of 275,788 ILS cases in children and 86,675 in elderly population were estimated for 2014. Whit no oseltamivir would occur 75,789 and 62,675 pneumonias in children and elderly, respectively, and a total 22,719 deaths. Including the oseltamivir treatment at 90% coverage would avert 33,462 pneumonias and 6639 pneumonia deaths. The oseltamivir cost per ILS was estimated at US$ 6,619,552. Over all age subpopulation in Colombia, oseltamivir treatment would result in a total saving in intervention in population younger than 5 years old and equal or older than 65 years old with an ICER of USD$ -953 (95% IC$ -934 to -759).