pneumococcal vaccination coverage and factors associated with receiving pneumococcal vaccination in U.S. adults with high-risk conditions is impounded by the ACIP recommendation. METHODS: This retrospective observational cohort study included commercially-insured adults aged 19-64 years with newly-diagnosed chronic medical conditions from 2007-2010. Outcomes of interest include pneumococcal vaccination coverage and time from initial diagnosis to pneumococcal vaccination. RESULTS: Among 300,556 U.S. adults with high-risk conditions, 30% had their condition diagnosed by primary care physicians. On average, these adults visited a physician 12.4 times, wanted a visit to the emergency department 38.3, 27.3, 6.6, 0.4, and 1.4 times, respectively, during an average 2.6 years of follow-up. Nevertheless, overall pneumococcal vaccination coverage was only 6.9%. Coverage was highest in patients with HIV (32.1%), followed by diabetes (11.2%), chronic lung disease (8.5%), asthma (6.8%), chronic renal failure (6.3%), chronic heart disease (5.7%), cooclear implant (4.4%), cancer (4.2%), chronic liver disease (3.7%), alcoholism (2.5%), and transplant (2.0%). Among those who received pneumococcal vaccine, the majority of the patients have a visit to the physician's office (99%), average time from initial diagnosis to vaccination was 469 days, ranging from 198 days for HIV to 576 days for chronic liver disease. Multivariable logistic regression showed that adults who were older, initially diagnosed by primary care physicians, or received pneumococcal vaccination, had more conditions or more healthcare encounters were more likely to receive pneumococcal vaccination. CONCLUSIONS: Pneumococcal vaccination coverage in adults with high-risk conditions was far below the Healthy People 2020 objective. Findings suggest missed opportunities continue and better interventions needed to improve pneumococcal vaccination during healthcare encounters for this vulnerable population.

PIN106

DRIVERS AND BEHAVIORS OF ADULTS WHO RECEIVED VACCINATION AT DIFFERENT SETTINGS

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OBJECTIVES: Adults are increasingly receiving vaccinations outside of traditional doctor's office settings. This study aimed to examine, from the patient's perspective drivers and behaviors of adults vaccination across various settings. METHODS: A cross-sectional, self-administered, online survey was conducted in U.S. nationally representative adults aged at least 10 years who received either influenza, pneumococcal, or zoster vaccine within the past 6 months. The survey explored patient preferences, and behaviors of adults vaccinated at various settings. Descriptive and bivariate analyses were applied to analyze patients' responses by each vaccine and setting. RESULTS: Among 1,278 qualified respondents, 46% were vaccinated at doctor's office, 37.1% at pharmacy, and the remaining at other clinical or community settings. Other than doctor's office or pharmacy, the most common alternative setting to receiving vaccination was workplace for influenza vaccine (15.2%) where we can observe 17.7% received or more vaccines concurrently with convenience and healthcare provider recommendation reported as the main drivers. CONCLUSIONS: Findings suggest opportunities to improve adult vaccination at traditional and non-traditional settings, and highlight importance of healthcare provider recommendation in adult vaccination.

PIN107

PAST TRENDS AND CURRENT CHALLENGES IN THE HEPATITIS C REIMBURSEMENT LANDSCAPE: IS HISTORY REPEATING ITSELF?

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OBJECTIVES: In 2011, the introduction of boceprevir and telaprevir was hailed as a breakthrough in the hepatitis C (HCV) treatment paradigm, but these treatments were not widely adopted due to cost and safety concerns. 4 years on, the introduction of newer, more effective therapies (e g, simeprevir and sofosbuvir) has reinvigorated the HCV space. However, cost concerns continue to limit the number of patients being treated with new medicines. To inform future submissions, HCV reimbursement decisions across 5 HTA agencies were assessed and the underlying rationale examined. METHODS: NICE, SMIC, PBAC, CADTH, and TIVL were searched for guidance on HCV medicines between December 2010 and December 2014. Recommendations for and rationale behind each decision were extracted. RESULTS: Boceprevir and telaprevir had each been assessed 6 times across the different agencies including submissions: PBAC initially rejected both, then restricted both dependent on reduced price at resubmission; CADTH also restricted both dependent on current and future cost-effectiveness concerns; reasons for rejection/restriction of boceprevir and telaprevir included cost-effectiveness concerns, uncertain efficacy in some patient populations, and safety concerns. SMIC had assessed both dependent on current and future cost-effectiveness concerns, uncertainty over current and efficacy in some genotypes; PBAC and SMIC accepted simeprevir. Sofosbuvir had been assessed 4 times with 1 in development: PBAC rejected sofosbuvir due to unacceptable cost-effectiveness and also due to uncertain efficacy in similar across countries; diabetes and heart disease were among the most common comorbidities. Practice patterns varied considerably, the most common first-line treatment was ampicillin/sulbactam (22.1%) in Germany, fluconazole (31.5%) in UK, rifaximin (10.7%) in Italy, and amoxicillin/clavulanate (21.2%) in Spain. MRA rates across all SSTIs were 3.4%, 4.9%, 3.3%, and 3.4% in Germany, UK.