with notable resource utilization, including inpatient admissions. Average total per patient costs associated with potential AEs constituted over 10% of total costs.

**PIN48**

**EVALUATION OF THE CLINICAL CHARACTERISTICS AND ECONOMIC BURDEN OF VETERAN PATIENTS DIAGNOSED WITH THE HEPATITIS C VIRUS IN THE UNITED STATES**

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**OBJECTIVES:** To assess the clinical characteristics and economic burden of patients diagnosed with the hepatitis C virus (HCV) in the U.S. veteran population.

**METHODS:** A retrospective database analysis was performed using the Veterans Health Administration (VHA) Medical SAS Datasets from October 1, 2005 to May 31, 2012. All U.S. veteran beneficiaries diagnosed with HCV were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM) diagnosis codes 070.41, 070.44, 070.51, 070.54, and V02.62. Comorbidities and other clinical conditions were assessed for the 12-month baseline period. Health care resource utilization and costs were assessed for the 12-month follow-up period. Descriptive statistics were calculated as means a standard deviation (SD) and percentages to measure cost, and utilization distribution in the sample. **RESULTS:** A total of 146,161 veterans were diagnosed with HCV during the study period. Among the 10 most common baseline comorbidities, hypertension was the only condition comprising of more than 20% of patients. Patients were also diagnosed with comorbid lumbar (8.26%), presbyopia (3.93%) and backache (3.80%), which are common in the elderly population. Of the baseline period, 12 patients (approximately 3% of the patient population) had Albumin test results of <3.0 mg/dl. 15.03% of patients had Prolonged Prothrombin Time Test results of >3.0 seconds. Omega-6 (16.06%), Linolenic (15.86%) and Hydrochlorothiazide (10.88%) were the most commonly prescribed medications within 60 days of initial disease identification. Inpatient (26.84%), emergency room (ER) (30.06%), office (99.78%), outpatient (99.81%) and pharmacy visits (93.65%) were calculated. Healthcare utilization and costs followed health care expenses: inpatient ($98,841, SD $38,442), ER ($109,31 SD $1,042), office visit ($9,587, SD $13,05), outpatient ($10,169, SD $13,599), and pharmacy costs ($1,771, SD $4,703).

**CONCLUSIONS:** HCV treatment is complicated by the presence of comorbidities such as hypertension. Further analysis of complicated comorbid condition is required to improve the overall burden of illness of HCV patients.

**PIN49**

**PUBLIC HEALTH IMPACT AND COST EFFECTIVENESS OF HEPATITIS A VACCINATION IN THE UNITED STATES: A POPULATION-BASED DYNAMIC MODEL**

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**OBJECTIVES:** To assess the population-level impact and cost-effectiveness of universal Hepatitis A vaccination of children in United States as recommended by Advisory Committee on Immunization Practices (ACIP) in 2006 compared with the prior ACIP regional policy of routine vaccination of children living in states with high hepatitis rates.

**METHODS:** We developed a population-dynamic model of Hepatitis A to evaluate the public health and economic impacts of two-dose Hepatitis A vaccination of children 12 and 18 months of age. The dynamic model was fitted to Hepatitis A seroprevalence from the National Health and Nutrition Examination Survey (NHANES II and III) and reported incidence from the National Notifiable Diseases Surveillance System (1980–1995). We used a societal perspective and included direct medical costs within and outside of hospital settings. Costs are expressed in 2012 USD. Outcomes were measured with quality-adjusted life-years (QALYs) and percentage of quality-adjusted life-years (QALYs) gained compared with no vaccination or high-risk vaccination, respectively.

**RESULTS:** The total expected costs per patient were: linezolid USD$12,905.1, vancomycin USD$13,039.9, daptomycin USD$16,067.5 and tigecycline USD$181,035.8. Treatment with linezolid was associated with a shorter length of stay at the intensive care unit (7 days on average) which reduced significant treatment costs due the likelihood of switching from intravenous to oral administration (5 days savings on average). Vancomycin and daptomycin QALYs were lower than linezolid (0.060, 0.061 and 0.059). The percentage of patients cured for each alternative was: linezolid 84.9%, vancomycin 74.7%, daptomycin 76.1%, and tigecycline 67.9%. Daptomycin is the most cost-effective compared to vancomycin, daptomycin and tigecycline.

**CONCLUSIONS:** Despite its higher acquisition cost, linezolid would be a cost-saving alternative in the treatment of cSSSTI in the Chilean Provisional Health Institutions – ISAPRE. Only direct medical costs were considered. Effectiveness measures were quality-adjusted life-years gained (QALYs) and percentage of patients cured. Efficacy, safety and utility values were collected from literature review.

**METHODS:** The study population consisted of Chilean private hospitals. Costs are expressed in 2012 USD. The total expected costs per patient were: linezolid USD$12,905.1, vancomycin USD$13,039.9, daptomycin USD$16,067.5 and tigecycline USD$181,035.8. Treatment with linezolid was associated with a shorter length of stay at the intensive care unit (7 days on average) which reduced significant treatment costs due the likelihood of switching from intravenous to oral administration (5 days savings on average). Vancomycin and daptomycin QALYs were lower than linezolid (0.060, 0.061 and 0.059). The percentage of patients cured for each alternative was: linezolid 84.9%, vancomycin 74.7%, daptomycin 76.1%, and tigecycline 67.9%. Daptomycin is the most cost-effective compared to vancomycin, daptomycin and tigecycline.

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