

101,908 PLN and 99,710 PLN respectively in group I and 53,646 PLN and 65,466 PLN respectively in group II. PegINF + R in comparison to INF + R was cost-effective in group I, with ICER 2826 PLN/LYG and 4793 PLN/OALY gained, and dominant in group 2. Changing in value of key drivers for sensitivity analysis did not have any significant effect on the ICER. **CONCLUSION:** In HCV genotype1 infected patients PegINF + R appears to be cost-effective when compared with INF + R and within a Polish context offers substantial benefit at reasonable cost. In HCV genotype non1 infected patients PegINF + R is more effective and less costly than INF + R.

PIN 13

COST-EFFECTIVENESS OF VORICONAZOLE COMPARED WITH CONVENTIONAL AMPHOTERICIN B IN FIRST LINE TREATMENT OF INVASIVE ASPERGILLOSIS IN BELGIUM

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Voriconazole is a triazole antifungal recently approved for the first-line treatment of proven or probable invasive aspergillosis, a nosocomial infection with a high mortality rate. Conventional amphotericin B (CAB) has long been the standard therapy for this condition. In a large randomized clinical trial of primary therapy for invasive aspergillosis, voriconazole has been shown to be superior to CAB in terms of global response and survival benefit as well as fewer adverse events. In this trial, initial randomized therapy could be followed by other licensed antifungal therapy (OLAT) for progression of disease or intolerance. Voriconazole is also available both intravenously and orally. CAB is only available as an intravenous formulation. **OBJECTIVES:** The direct costs and effectiveness (defined as life year saved) of starting therapy with voriconazole vs. CAB have been compared from the Belgian public health care system's perspective. **METHODS:** A decision tree, spanning a 12-week time horizon, was populated with efficacy and resources use data, prospectively collected from the large comparative trial mentioned above as well as from international and national expert panels. **RESULTS:** For patients >40 kg (mean = 65 kg), the average treatment cost per patient was €21,298 in the voriconazole arm and €19,492 in the CAB arm. The incremental cost per life year saved of treating with voriconazole was €6085. For patients <40 kg (mean = 35 kg), the average treatment cost per patient was €16,863 in the voriconazole arm and €17,111 in the CAB arm. **CONCLUSION:** For patients >40 kg, the incremental cost per life year saved of treating with voriconazole appears to be reasonable compared to its benefit. For patients <40 kg, voriconazole was a dominant therapeutic alternative. An observational study will be initiated in order to confirm these results.

PIN 14

POST-EXPOSURE INFLUENZA PROPHYLAXIS WITH OSELTAMIVIR: COST-EFFECTIVENESS AND COST-UTILITY IN FAMILIES IN THE UK

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OBJECTIVES: To assess the cost-effectiveness and cost-utility of preventing post-exposure influenza infection with the neuraminidase inhibitor oseltamivir from a health care payer's perspective in the UK. **METHODS:** Based on clinical trial data and data from the literature a simulation model was developed to predict morbidity and mortality due to influenza and its specified complications, comparing oseltamivir post-exposure prophylaxis for 10 days with no prophylaxis within families. The model was run for three different attack rates (8%, 12%, 15%). Robustness of the results was tested by uni- and multi-variate as well as probabilistic sensitivity analyses. **RESULTS:** Post-exposure prophylaxis with oseltamivir results in reduced morbidity, i.e. less influenza cases and hence less hospitalizations and mortality due to influenza. However, comparing oseltamivir with no prophylaxis for the attack rates of 8%, 12%, and 15% the mean costs per QALY gained are £31,656, £19,264 and £14,241; the mean costs per case avoided are £468, £291, and £221 respectively. **CONCLUSIONS:** Post-exposure prophylaxis is a valuable intervention particularly in seasons with higher attack rates such as pandemic situations.

PIN 15

COST-EFFECTIVENESS ANALYSIS OF VORICONAZOLE VERSUS AMPHOTERICIN B IN THE TREATMENT OF INVASIVE ASPERGILLOSIS IN SPAIN

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OBJECTIVES: Invasive aspergillosis is a life-threatening infection with a very high mortality. Voriconazole (VOR) is a broad-spectrum triazole that is active against *Aspergillus* species. Our objective is to carry out an economic evaluation of VOR versus Amphotericin B (AMB) for the treatment of invasive aspergillosis in Spain. **METHODS:** A cost-effectiveness analysis was performed through a decision analytical model. Effectiveness data were obtained from a multicenter-randomized trial showing that VOR was more effective than AMB in treating invasive aspergillosis in immunosuppressed patients (Herbrecht R, et al. *N Engl J Med* 2002;347:408-415). Health care resource utilisation was taken from the aforementioned clinical trial and a local expert panel. Only direct medical costs were included in the model (drug acquisition, length of stay, diagnostic procedures and treatment of therapeutic failures). Drug acquisition costs