recommendation on health care spending per QALY gained, PCV13 NIP in Czech Republic can be considered cost-effective.

PIN69
ECONOMIC EVALUATION OF FIDAXOMICIN FOR THE TREATMENT OF CLOSTRIDIUM DIFFICILE INFECTIONS (CDI) ALSO KNOWN AS C. DIFFICILE-ASSOCIATED DIARRHOEA (CDAD) IN IRELAND
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OBJECTIVES: Fidaxomicin is the first in a new class of macrocyclic antibiotics, indicated in adults for the treatment of Clostridium difficile infections (CDI) also known as C. difficile-associated diarrhoea (CDAD). The study objective was to perform a cost-utility analysis of fidaxomicin for the treatment of CDI compared to oral metronidazole (used to treat initial non-severe CDI and first non-severe recurrence) and oral vancomycin (used to treat severe CDI, non-severe recurrence and the first non-severe recurrence). METHODS: A Markov model was used to determine the cost-utility of fidaxomicin in the treatment of all adult CDI patients (base case), patients with severe CDI, and patients with initial CDI recurrences, respectively. The Markov cycle length was 28 days. Fidaxomicin, oral metronidazole or vancomycin for 10 days. The time horizon was one-year. Deterministic and probabilistic sensitivity analyses were performed. Results: The Markov model was compared to standard current of care, resulting in cost savings of €2,904 and an incremental QALY gain of 0.031. The main drivers of cost-effectiveness were the recurrent episodes in patients treated with fidaxomicin and the cost of hospitalisation. Fidaxomicin was also found to be dominant for all patient subgroups. The ICERs were highly sensitive to recurrence rates. The probability of the cost-effectiveness of fidaxomicin in all CDI patients at a willingness to pay threshold of €45,000 per QALY gained was estimated to be approx. 82%. CONCLUSIONS: Fidaxomicin was dominant compared to current standard of care with an approx. 82% probability of being cost-effective in all CDI patients at a willingness to pay threshold of €45,000 per QALY gained.

PIN70
A UK CASE STUDY OF SOCIETAL AND HERD-EFFECT IMPACT OF UNIVERSAL INFLUENZA MASS VACCINATION IN THE UNITED KINGDOM
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OBJECTIVES: To demonstrate the impact of influenza vaccination in currently non-recommended populations in the UK. To understand critical elements of influenza infection (herd-effect and productivity losses) and management of disease. Methods: A Markov cohort, static, one-year Markov-model was constructed. Universal influenza mass vaccination of healthy individuals ≥6 months to <64 years was applied, using either trivalent (TV) or quadrivalent (QV) influenza vaccines. Current vaccination coverage rates for high risk persons were utilized as a proxy. Vaccine efficacy data were derived from Cochrane Databases (TV) and meta-analyses (QIV). The impact of herd-effect was evaluated by two different estimates from published literature, providing a range of results. A societal perspective was adopted and 2010 was the cost reference year. RESULTS: Using the average influenza-B circulation and vaccine matching data derived from Cochrane Databases (TIV) and meta-analyses (QIV). The impact of herd-effect and productivity losses and management of disease. Management includes both medical and nonmedical resources. RESULTS: A 13-valent pneumococcal-conjugate vaccine (PCV13) has recently been approved for adult protection against S. pneumoniae. This study estimated the clinical and economic consequences of vaccinating COPD patients aged ≥50 years with PCV13 compared to current vaccination recommendations using a 23-valent pneumococcal-polyvalent vaccine, from the Spanish Healthcare System perspective. METHODS: A microsimulation model with a Markov process accounting for risks and costs for invasive pneumococcal disease (IPD) and all-cause nonbacteremic pneumonia (NBP) was developed. Prevalence, mortality rates, vaccination, and antibiotic prescription and management of disease. Management includes both medical and nonmedical resources. RESULTS: Of a 5-year period, the use of PCV13 vs current vaccination strategy in adult COPD subjects would prevent 529 IPD cases, 6,329 inpatient-NBP cases, and 697 outpatient-NBP cases. Additionally, 231 IPD and 148 inpatient-NBP related deaths would be averted. The ICER was €24,552/QALY for PCV13 vs current vaccination strategy. In sensitivity analyses, ICER ranged from €26,986/LYG (when changing discount rate from 3% to 5%) to €7,661/LYG (when changing vaccination coverage from 80% to 66%). Using a lifetime horizon 1,271 IPD cases, 10,294 inpatient-NBP cases, and 2,072 outpatient-NBP cases would be prevented, with an ICER of €5,030/LYG. CONCLUSIONS: At a willingness-to-pay of €30,000/LYG, PCV13 vaccination in COPD patients aged ≥50 years is a cost-effective strategy compared to current vaccination recommendations under both 5-year and lifetime time horizons.

PIN73
LINZOLID FOR THE TREATMENT OF PATIENTS WITH CONFIRMED MRSA NOSOCOMIAL PNEUMONIA IN NANJING, CHINA: A COST EFFECTIVE ALTERNATIVE TO VANCOMYCIN
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OBJECTIVES: To determine the treatment of choice for several years while linezolid is a relatively new alternative in China. Although clinical superiority of linezolid was demonstrated in a recent head-to-head clinical study, economic evaluation comparing the two treatments provides additional useful decision making. This study is needed to compare the cost-effectiveness and clinical outcomes in treating confirmed MRSA NP from a payer’s perspective in Nanjing. METHODS: A cost-effectiveness model primarily driven by the head-to-head clinical data (Wandrinck, CID: 2012), was adapted with local published data and expert opinion on resource use and unit costs. The model structure and assumptions were verified to reflect local clinical practice. Both linezolid and vancomycin arms were assumed to have same life expectancy in full health upon discharge. The base case analysis considered 10-day treatment duration for both treatments. Scenario analyses were conducted by varying treatment duration, per day total costs in ICU and general ward, drug acquisition costs, and including costs for managing key adverse events. All costs were reported in 2012 Chinese RMB. RESULTS: A higher treatment success rate by 2.7% was predicted for linezolid. Both treatment arms were estimated to have very similar average total costs in the region of RMB 78,800 with the key cost drivers being drug acquisition costs and ICU per day total cost. The ICER for linezolid vs RMB 163 for each additional successfully treated patient. Dominance of linezolid attributed to greater treatment success but lower total cost was observed in most of the scenario analyses. The highest ICER (RMB 78,800) was simulated 10 times with 1,6 million COPD patients and allows adaptation to specific local settings.

PING
COST-EFFECTIVENESS OF A 13-VALENT CONJUGATE PNEUMOCOCCAL VACCINATION PROGRAM IN COPD PATIENTS AGED ≥50 YEARS IN SPAIN: PRELIMINARY RESULTS
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OBJECTIVES: Patients with chronic obstructive pulmonary disease (COPD) are at risk of pneumococcal infection. A 13-valent pneumococcal-conjugate vaccine (PCV13) has recently been approved for adult protection against S. pneumoniae. This study estimated the clinical and economic consequences of vaccinating COPD patients aged ≥50 years with PCV13 compared to current vaccination recommendations using a 23-valent pneumococcal-polyvalent vaccine, from the Spanish Healthcare System perspective. METHODS: A microsimulation model with a Markov process accounting for risks and costs for invasive pneumococcal disease (IPD) and all-cause nonbacteremic pneumonia (NBP) was developed. Prevalence, mortality rates, vaccination, and antibiotic prescription and management of disease. Management includes both medical and nonmedical resources. RESULTS: Of a 5-year period, the use of PCV13 vs current vaccination strategy in adult COPD subjects would prevent 529 IPD cases, 6,329 inpatient-NBP cases, and 697 outpatient-NBP cases. Additionally, 231 IPD and 148 inpatient-NBP related deaths would be averted. The ICER was €24,552/QALY for PCV13 vs current vaccination strategy. In sensitivity analyses, ICER ranged from €26,986/LYG (when changing discount rate from 3% to 5%) to €7,661/LYG (when changing vaccination coverage from 80% to 66%). Using a lifetime horizon 1,271 IPD cases, 10,294 inpatient-NBP cases, and 2,072 outpatient-NBP cases would be prevented, with an ICER of €5,030/LYG. CONCLUSIONS: At a willingness-to-pay of €30,000/LYG, PCV13 vaccination in COPD patients aged ≥50 years is a cost-effective strategy compared to current vaccination recommendations under both 5-year and lifetime time horizons.

PINGA
A COST-EFFECTIVENESS ANALYSIS OF LINZOLID VERSUS VANCOMYCIN FOR THE TREATMENT OF CONVECTIONAL MRSA INFECTIONS IN CUBAN PATIENTS COSTA RICA
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OBJECTIVES: Ventilator-associated pneumonia (VAP) is the most common nosocomial infection in the intensive care unit (ICU). It’s associated with significant morbidity, increasing the ICU and hospital length of stay (LOS), and raising small costs. Literature suggests that costs could be reduced using the most efficient empiric

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