public databases information and clinical expert panel. The target population was a birth cohort in São Paulo followed for 5 years (588,474). The vaccination coverage rate was 96.8%, corresponding to a four-dose schedule for 10-valent and three-dose schedules for PCV13 as suggested by international guides. São Paulo costs and disease data were obtained from national official databases. A mandatory discounted price to the government, calculated by the ex-factory price minus 24.38% was considered to PCV13 and 27.70% for PCV10. Both costs and benefits were discounted at 5% annually. Outcomes were expressed as life years gained (LYG), deaths and number of disease cases avoided. Only the direct effect of vaccination and direct medical costs were considered. RESULTS: The analysis showed higher clinical benefits and lower costs for PCV10 prophylaxis, reduction of 7 deaths, 488 LYG and 17 cases of disease (sepsis and meningitis) and savings of BRL 70,097,844 (USD 43,909,950) in costs for PCV13 prophylaxis; reduction of 7 deaths, 488 LYG and 17 cases of disease (sepsis and meningitis) and savings of BRL 70,097,844 (USD 43,909,950) in 5 years. The total costs with events and vaccines were BRL 1,113,902,160 (USD 72,567,883) and BRL 1,137,914,893 (USD 87,877,465), respectively, for PCV13, and BRL 1,131,999,789 (USD 71,410,542) and BRL 1,167,007,296 (USD 73,951,905) for 10-valent. CONCLUSIONS: This study demonstrated that incorporating PCV13 in pediatric immunization routine results in reduction on mortality and morbidity with lower expected cost for São Paulo state healthcare system, showing the dominance of PCV13 regarding 10-valent.

PIN59

A COST-EFFECTIVENESS ANALYSIS OF VORICONAZOL, ANFOTERICINE B AND CASPOFUNGIN FOR INVASIVE ASPERGILOSIS PATIENTS IN PANAMA

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OBJECTIVES: This study was to assess the cost-effectiveness of voriconazol, anfotericine B and caspofungin as first line treatments for IA. Methods: Using a decision analytic approach, a Markov model with 12 states was constructed. All costs and outcomes were expressed in real 2011 US$ and expressed as cost per quality adjusted life year (QALY). Sensitivity analyses were performed. RESULTS: The analysis showed higher clinical benefits and lower costs for voriconazol as the dominant strategy. Acceptability curves showed that voriconazol would be cost-effective within a cost per QALY range of $20,000 to $40,000, with a 90% probability of being cost-effective. CONCLUSIONS: Voriconazol is a good cost-effective alternative for first line treatment of IA. Voriconazol is currently the only drug approved for IA in Panama.

PIN60

COST-EFFECTIVENESS OF TELBIVUDINE IN FIRST LINE TREATMENT OF HBEAG-POSITIVE PATIENTS WITH CHRONIC HEPATITIS B (CHB) IN THE TURKISH HEALTH CARE SETTING

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OBJECTIVES: The aim of this study is to analyze the cost-effectiveness over 6-year duration of first line telbivudine and lamivudine treatment in HBeAg-positive chronic hepatitis B patients with low viral load at baseline in line with the Turkish reimbursement guideline for oral CHB therapies. METHODS: Using a decision analytic approach, the model was constructed with an 18-state Markov model in which the transition probabilities of hepatic, virological and adverse event outcomes were derived from the literature. Two treatment arms were compared: Peg-IFN-alfa-2a/ribavirin (MSP) versus conventional care (control group). All patients were treated with Peg-IFN-alfa-2a/ribavirin. The MSP team not only included hepatologists and nurses, but also, pharmacists, psychologists and assistants. Standard patient education, open and flexible visits scheduling, continued psychiatric evaluation and active medical control were carried out at the time of treatment. Treatment adherence was measured and patients with 2 or more active drugs in the optimized background therapy (OBT) were included in the MSP. Treatment regimens of ETV and RAL were calculated. CONCLUSIONS: In the MSP group resulted more QALYs than controls (16.317 vs. 15.814), being MSP dominate in the Turkish healthcare setting. Telbivudine has been shown to be more effective and also more cost-saving compared to Peg-IFN-alfa-2a/ribavirin in a cost-effective analysis. Furthermore, the drug has been shown to be cost-effective in comparison with Peg-IFN-alfa-2a/ribavirin in a cost-effective analysis.

PIN61

COST-EFFECTIVENESS OF VORICONAZOL WITH TWO ACTIVE DRUGS IN THE OPTIMIZED BACKGROUND TREATMENT WITH ETVARINE, RALTEGRAVIR, AND MARAVIROC IN THE BRAZILIAN NATIONAL AIDS PROGRAM

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OBJECTIVES: To estimate the cost of voriconazole response at week 48 of treatment with etravirine (ETV), raltegravir (RAL) and maraviroc (MAV) for multi-experienced patients with 2 or more active drugs in the optimized background treatment (OBT) in the Brazilian National AIDS Program. METHODS: Treatment regimens of ETV and RAL were defined by the Brazilian national guidelines. Regimens with MAV were based in the same principles, although the drug is not yet reimbursed. Patients not selected for virologic response according to the guidelines. Results were defined by the guidelines. Treatment was not allowed. Treatment costs included cost of medication as published on the government website. The cost of MAV was defined by law. The number of multi-experienced patients receiving treatment was based on the dispensed capsules of RAL in the last 48 weeks. Virologic response was gathered from the phase III clinical trials of ETV, RAL and MAV at week 48 for patients with two active drugs in the OBT defined by phenotype susceptibility. RESULTS: The average cost of treatment at week 48 for multi-experienced patients was at least 2 active drugs in the OBT was R$27,702.91 with ETV, R$31,220.72 with MAV and R$27,702.91 with RAL. Given 5,627 multi-experienced patients receiving treatment, 861 patients failed with MAV, 544 failed with RAL compared to 337 failed patients with ETV. For one third of the cohort (1.87%), the total cost of treatment was R$58,665,276 for MAV, R$51,966,391 for RAL, and R$58,665,276 for ETV. CONCLUSIONS: Despite similar treatment costs, treatment with ETV compared to MAV and RAL is a more economic option for the treatment of multi-experienced patients with at least two active drugs in the OBT. At week 48, treatment with RAL and MAV was on average 2% and 15% more expensive compared to ETV, respectively.

PIN62

A MULTIDISCIPLINARY SUPPORT PROGRAM IN HEPATITIS C TREATMENT: AN ECONOMIC EVALUATION

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OBJECTIVES: To develop a cost-effectiveness analysis of a multidisciplinary support program (MSP) versus the conventional approach in the Hepatitis C (HC) treatment. METHODS: A total of 276 mono-infected naive HC patients were included: 131 in the MSP group and 147 patients were conventionally controlled (control group). All patients were treated with Peg-IFN-alfa-2a/ribavirin. The MSP team not only included hepatologists and nurses, but also, pharmacists, psychologists and assistants. Standard patient education, open and flexible visits scheduling, continued psychiatric evaluation and active medical control were carried out at the time of treatment. Treatment adherence was measured and patients with 2 or more active drugs in the optimized background therapy (OBT) were included in the MSP. Treatment regimens of ETV and RAL were calculated. CONCLUSIONS: In the MSP group resulted more QALYs than controls (16.317 vs. 15.814), being MSP dominate in the Spanish studies and databases (€-2010). 3.5% annual discount for costs and outcomes was applied. RESULTS: In the MSP group treatment compliance was higher than in the control group (64.6% vs. 78.9%, p<0.0001). SVR was higher in the MSP group than in controls for all genotypes (77.1% vs. 61.9%, p<0.0006), G-1/4 (67.7% vs 48.9%, p=0.02) and G-2/3 (87.7% vs. 81.4%, NS). For all genotypes, the cost per patient (including cost of drugs, health professionals and disease long-term complications) was €13,319 in MSP group and €16,184 in control group, furthermore, MSP group treated more QALYs for a lower cost. The MSP group was more dominant (more effective, with lower costs) compared with the conventional approach. The MSP program was also dominant in G-1/4 patients (saving €2476, increasing 0.622 QALYs/patient) and G-2/3 (saving €1417, gaining 0.208 QALYs/patient). RESULTS: Treatment with Peg-IFN-alfa-2a/ribavirin in a MSP improves the compliance and is a cost-effective strategy compared with the conventional approach.

PIN63

COST-EFFECTIVENESS ANALYSIS OF ANTI-PNEUMOCOCCAL VACCINES IN PANAMA

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OBJECTIVES: In 2010, there were more than 1500 illness related to Streptococcus pneumonia infections in pediatric population under 2 years old in Panama. Currently, in Panama, Prevenar 7 is the anti-pneumococcal vaccine (PCV) used. The aim of this study was to estimate the cost-effectiveness and cost-utility of immunization strategies based on pneumococcal conjugate vaccines (PCV) in Panama, from an institutional perspective. METHODS: A decision tree steady state model...