and probabilistic sensitivity analyses were conducted. METHODS: The ARAMI5 microsimulation Markov model, including HIV health states with and without opportunistic infection, evaluates costs and effects of first line options including INIs (raltegravir [RAL], elvitegravir [ETG], pre-exposure inhibitors [PR]) (dolutegravir [DTG], atazanavir [ATA], lopinavir [LPV]/rifampicin), efavirenz (EFV) and ritonavir at a life time horizon with a monthly cycle length. Efficacy and safety data were derived from phase III studies (SPRING 2, FLAMINGO, SOLARO) including comparators RAL, LPV/r. Incremental network meta-analyses for other comparators. Treatment algorithms were based on French guidelines and experts opinion accounting for patient’s treatment history, including INI resistance status. Costs, from a collective perspective included routine HIV and opportunistic infection care, and death. RESULTS: Results are compared to standard therapy as per the current guidelines for the period the study was closed. The study inpatient costs were 121,630.69 euros (24,636,100 KRW; 11,500€/QALY). Bedaquiline plus SR had a 80% probability of being cost-effective at a willingness to pay threshold of 26,000,000KRW when compared with SR alone. CONCLUSIONS: The results of this study indicate that bedaquiline is a cost-effective option for the treatment of MDK (including (MC) patients) in the Korean settings when compared to standard therapy alone. P067

ASSESSMENT OF COMPLIANCE AND AVOIDED COSTS AFTER IMPLEMENTATION OF EQUIVALENT THERAPEUTIC PROGRAM FOR CANDIDA INFECTION TREATMENT Liuzzero M1, Romero L1, Sanchez Chorre J1, 1Service Extremo de Salud, Unidad de Infectología, Hospital Infanta Cristina, Badajoz, Spain, 2Extremadura Health System, Mérida, Spain

OBJECTIVES: The main objective was to evaluate the cost reduction by introduction of equivalent therapeutic program after the accord in the Central Pharmaceutical Commission in Extremadura. METHODS: Retrospective observational study between March 2013 and March 2014. We agree that micafungin was the preferential echinocandin for the same indication. Caspofungin was restricted for penicillin resistant A. fumigatus. Micafungin was used in patients with hepatic dysfunction. To quantify the avoided costs we extracted consumption data and costs of antifungals from the Pharmacy Department Multibase v.3. Program (Dominioni) and compared them with the same period the previous year. RESULTS: Regarding avoided costs for the period of the study, echinocandins costs were reduced by 353,965 euros, 24,35 % less than previous year. In the first period, the echinocandin most used was caspofungin (51,23€/g) because the prescription wasn’t restricted and the physician could use anyone. In the second period, we observed a 31,63% increase in use micafungin, the echinocandin that we evaluated the most efficient in our protocol. The use of caspofungin and micafungin decreased a 11.59% and 19.71% respectively. These use involved a decrease in cost too, 255,836 and 254,896 euros less about anidulafungin and caspofungin use respectively. These results are consistent with the recommendations contained in the current report (2013) (Korea’s Ministry of equinocandins patients infected with Candida infection). CONCLUSIONS: Our therapeutic program compliance was good at our hospitals, resulting in a significant decrease in echinocandins expenses. Maybe, the implementation of these type of programs in the management of high-cost drugs resulted in significant cost reductions and therefore in a more rational use of healthcare budgets.

P068

ASSESSMENT OF RESIDUAL VIREMIA DETECTED BY TWO REAL-TIME PCR ASSAYS FOR RESPONSE-GUIDED (DUAL OR TRIPLE) THERAPY OF HCV GENOTYPE 1 INFECTION

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OBJECTIVES: The duration of current standard dual and triple therapies for HCV-G1 is determined by assessment of early viral kinetics. We conducted a cost analysis to determine the main cost of treatment for a patient with HCV-G1 with dual or triple therapy, where the duration of the therapy (24 or 48 weeks) is guided by HCV-RNA monitoring. METHODS: HCV-RNA monitoring based therapy (ART) vs. HCV-RNA monitoring based therapy (HCRT) with Pegylated interferons therapy for hepatitis C virus (HCV) infected cirrhotic patients, leading to an ICER below the 40,000€/QALY threshold.

CONCLUSIONS: Daclatasvir+Sofosbuvir+Ribavirin therapy is likely to be cost effective compared with Sofosbuvir+Ribavirin in genotype 3 HCV infected cirrhotic patients, leading to an ICER below the 40,000€/QALY threshold identified by the Italian Association of Health Economics.

P069

HIGH-DOSE INACTIVATED INFLUENZA VACCINE CAN REDUCE COSTS AND IMPROVE OUTCOMES COMPARED TO LOW-DOSE INACTIVATED INFLUENZA VACCINE IN CANADIAN SENIORS

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OBJECTIVES: Adults ≥65 years account for most seasonal influenza-related hospitalizations and deaths. A recent head-to-head RCT (FIM12, NCT01427309) demonstrated that patients with the high-dose influenza vaccine (HD) compared to the standard-dose influenza vaccine (SD) in preventing laboratory-confirmed influenza-like illness among 31,989 adults ≥65 years. A cost-utility analysis (CUA) of HD vs. SD in FIM12 participants was performed. METHODS: Health-care resource utilization data collected from the FIM12 study was used to estimate mean direct medical costs (medicare inpatient and outpatient, emergency room visits, and hospitalizations) were summarized across vaccine arms and unit costs were applied, using standard Canadian cost sources (in CAD), to each resource item (including vaccines, HD $11.82; SD $5.62) to estimate the mean total direct medical costs and societal costs associated with each vaccine. Health outcomes data