caspofungin group were 74.9% vs. 80.7%, respectively, total costs were $860.1 vs. $1,046.3, $2144.6, respectively. Thus, the cost-effectiveness ratio was $91.5 vs. $148.6, 138.8, respectively. CONCLUSIONS: Micafungin 100 mg/d group is the most cost-effective option in the treatment of invasive Candida infection in China, followed by caspofungin group.

PIN62
ECONOMIC VALUE OF USING ANTIMICROBIAL COATED SUTURES FOR ABDOMINAL INVOLVEMENT PREVENTS INTRAOPERATIVE SITE INFECTIONS

Sanish A1, Battcha SM2, Muder RR1, Lee BY3
1University of Pittsburgh, Pittsburgh, PA; 2Johns Hopkins Bloomberg School of Public Health, Baltimore, PA; 3Veterans Affairs Medical Center, Pittsburgh, PA, USA

OBJECTIVES: Since surgical site infections (SSI) continue to impose a substantial burden to hospital and society, there is a need to evaluate newer SSI-prevention interventions such as antimicrobial (e.g., triclosan) coated sutures. METHODS: We developed a Markov decision model using published data to determine the cost-effectiveness of antimicrobial sutures in abdominal incisions from the hospital, third party payer, and societal perspectives. Sensitivity analyses systematically varied the risk of developing an SSI (range: 5% - 20%), cost of triclosan-coated sutures (range: $5 - $65 per inch), and efficacy of triclosan-coated sutures to prevent infection (range: 5% - 50%). RESULTS: Depending on their efficacy, triclosan-coated sutures saved $4,109 – 13,975 (from the hospital perspective), $4,133 – 14,297 (third party payer), and $40,127 – 53,244 ( societal) per SSI prevented, when a surgery had a 1.5% SSI risk. However, if the SSI risk after surgery was ≤5%, and the cost of triclosan-coated sutures was $25 per inch, and the efficacy of triclosan-coated sutures to prevent infection was ≤10%, SSI risk after surgery was ≤5%, and $40,127 – 53,244 (societal) per SSI prevented, when a surgery had a 15% SSI risk. However, if the SSI risk after surgery was ≤10%, triclosan-coated sutures resulted in extra expenditure for hospitals and third party payers, resulting in extra costs of $1,626 and $1,071 per SSI prevented for hospitals and third party payers respectively, if SSI risk was ≤5% and efficacy was 10%. CONCLUSIONS: Our results show that switching to triclosan-coated sutures from the uncoated sutures can prevent SSI and save substantial costs to hospitals, third party payers, and society over a wide range of SSI prevention efficacy, cost, and risk values.

PIN63
COST-EFFECTIVENESS OF QUADRIVALENT INFLUENZA VACCINATION PROGRAM FOR THE ELDERLY AGED 65 YEARS OR OLDER IN TAIWAN
Yen MC, Tan CH
National Taiwan University, Taipei, Taiwan

OBJECTIVES: Vaccines have been the main global means to minimize the impact of influenza and are recommended by WHO for individuals aged 65 years or older. The primary goal of influenza vaccine in the elderly is to reduce the risk of complications. Since 1998, a public-funded trivalent influenza vaccine (TIV) vaccination program has been implemented by the Taiwan government targeting people aged over 65 years. Another proposed alternative for preventing seasonal influenza is quadrivalent influenza vaccine (QIV) which can be used based on the CHEERS guideline to assess two influenza B-lineages. The aim of the study is to assess, from the governmental perspective, the cost-effectiveness of adopting QIV versus TIV for the elderly aged 65 years or older. METHODS: A Markov model was used to estimate the costs and effectiveness of QIV and TIV in the elderly. Direct cost data was obtained from the Taiwan National Health Insurance claims data. Vaccine efficacy and coverage rate were based on government statistical reports. Outcomes of lifetime included cases, utilities, and lifetime costs of SSI without SSI and QALYs gained. The corresponding incremental cost-effectiveness ratios (ICERs) were also estimated. The discount rate of cost and effectiveness was set at 3.5%. RESULTS: Compared to TIV, adopting QIV would yield the incremental QALYs and QALYs gained as follows: 0.026, 0.008 cases of outpatient visit avoided, 2,771 cases of influenza complication avoided, and 330 deaths avoided. Using QIV instead of TIV would bring an additional 19,310,320 QALYs at an extra cost of US$32,660.1 per QALY gained. CONCLUSIONS: To use QIV as an alternative of first-line strategy to prevent seasonal influenza for the elderly in Taiwan would be cost-effectiveness from the governmental perspective.

PIN64
COST-EFFECTIVENESS ANALYSIS OF TENOFOVIR/EMTRICITABINE AND ABACKAVIR/LAMIVUDINE IN COMBINATION WITH EVAFIREN/ATAZANAVIR/ RITONAVIR FOR TREATMENT-NAIVE ADULTS WITH HIV-1 INFECTION IN THE UNITED KINGDOM
Williams E1, Fisher MC2, Bregan A3, Talbald SJ4
1North Manchester General Hospital, Manchester, UK; 2Brighton and Sussex University Hospitals, National Health Service Trust, Brighton, UK; 3RTI Health Solutions, Research Triangle Park, NC, USA

OBJECTIVES: To assess the cost-effectiveness of the four comparators examined in the ACTG 5202 clinical trial, tenofovir/emtricitabine (TDF/FTC) or abacavir/lamivudine (ABC/3TC) in combination with efavirenz (EFV) or atazanavir/ritonavir (ATV/RTV), for treatment-naïve adults with HIV-1 infection in the United Kingdom (UK). METHODS: A Markov model with six health states based on CD4+ cell count ranges was developed to estimate costs and health outcomes for individuals on first-line therapy. Head-to-head efficacy and cost data were used to conduct this Markov model. First-line therapy costs were based on current, last published unit values, mortality, and additional medical costs (2012 UK pounds) were stratified by CD4+ cell-count range and obtained from published sources. All outcomes were discounted at 5% per year. Sensitivity and subgroup analyses were conducted, including analysis of low (<1000 copies/ml) and high (>1000 copies/ml) viral loads. RESULTS: In the long-term, lifelong model, the following individuals using TDF/FTC-based regimens were predicted to remain on first-line therapy longer and accrue more QALYs than individuals using ABC/3TC-based regimens (QALYs: 6.30 for TDF/FTC+EFV, 6.45 for TDF/FTC+ATV; 5.02 for ABC/3TC+EFV, and 5.26 for ABC/3TC+ATV). Costs were $111,882 for TDF/FTC+EFV, $124,302 for TDF/FTC+ATV, $85,477 for ABC/3TC+EFV, and $89,609 for ABC/3TC+ATV. A willingness-to-pay threshold of $30,000 per QALY gained, TDF/FTC-based regimens were predicted to be cost-effective compared with ABC/3TC-based regimens, with incremental cost-effectiveness ratios of $20,545 for TDF/FTC+EFV versus ABC/3TC+EFV and $20,652 for TDF/FTC+ATV versus ABC/3TC+ATV. In subgroup analyses, TDF/ FTC-based regimens were predicted to be cost-effective compared with ABC/3TC-based regimens. CONCLUSIONS: In an analysis of the regimens examined in the ACTG 5202 clinical trial for treatment-naïve adults with HIV-1 infection, regimens containing TDF/FTC yielded more favorable health outcomes and were predicted to be cost-effective compared with regimens containing ABC/3TC.

PIN65
COST-EFFECTIVENESS OF PROTEASE INHIBITORS FOR THE TREATMENT OF CHRONIC HEPATITIS C INFECTION: A SYSTEMATIC REVIEW
Silvia S1, Inocencio MA1
1Universidad de Chile, Santiago, Chile; 2Pontificia Universidad Católica de Chile, Santiago, Chile

OBJECTIVES: The current recommendations for hepatitis C infection genotype 1 include one protease inhibitor (IP), boceprevir or telaprevir, in addition to the pre- established interferon (IFN) and ribavirin. However, the cost of these new drugs imposes high financial burden in the health care systems. The aim of this study is to undertake a systematic review of the cost-effectiveness of boceprevir compared to telaprevir and DT. METHODS: A systematic search was conducted in MEDLINE, EMBASE, Econlit and NHS EED. Only full-text published manuscripts were considered and no further restriction were included. Relevant studies were selected by two independent researchers. Disagreements were resolved by discussion. A checklist was used based on the CHEERS guideline to assess the quality of the studies. RESULTS: Nine studies were found. Three compared Boceprevir versus DT whereas 6 compared both IP with DT. Six analyses were presented: two were presented: two were presented: treatment-naïve patients and 5 analyses for patients previously treated. Comparators vary in terms of the schemes used and stopping rules applied. All studies modeled the disease properly. However, important differences in model structure and parameterization were found. Most studies did not conduct a cost-effectiveness from the governmental perspective. Only two studies used information from mixed treatment comparisons to be incorporated into the model. 8 out of 9 studies concluded that the IP is cost-effective for their corresponding jurisdiction. In naïve patients, two studies regarded Telaprevir being more cost-effective than Boceprevir. In patients previously treated one study favors Boceprevir and two studies favors Telaprevir. CONCLUSIONS: The treatment with IP compared with DT is cost-effective in all cases with the exception of the group of patients previously treated. Important variations were found in terms of patient’s subgroups and schemes of treatment. It cannot be concluded that one drug is more cost-effective than the other due to important structural uncertainty.

PIN66
COST-MINIMATION STUDY OF SEQUENTIAL THERAPY OF LINEZOLID IN A BRAZILIAN PUBLIC HOSPITAL: WHICH IS THE PHARMACOECONOMIC IMPACT?
Taguti E, Silva EAA, Steinbach LM, Sanches ACC
State University of West Parana, Cascavel, Brazil

OBJECTIVES: Conduct a pharmacoeconomic analysis, cost-minimization type of therapy with linezolid normalized to the Brazilian public hospital utilized between August 2009 and December 2010 in a public hospital in Brazil. METHODS: We conducted a retrospective study at a Brazilian public hospital from August 1, 2009 through December 31, 2010. A cost-minimization analysis was undertaken for patients with linezolid used linezolid during the internment in this period, from the perspective of the Brazilian public health system. RESULTS: The medical records of 61 patients were evaluated. Of all patients, 30 (49%) were male and 31 (51%) were female. The mean age was 43.2 ± 17.8 years. The therapy with linezolid lasted 10.6 ± 4.7 days. The antibiogram was present in 65.6% of the records. In 50.8% of cases, the bacteria were sensitive to linezolid. The main reason for the use of antibiotics was sepsis and nosocomial pneumonia (54.4% each). Twenty-six (42.3%) patients were the criteria of charge to Linezolid over 6 months. However, we improved by including emerging data from new meta-analyses on the efficacy of IV3. These include new estimates of cross protection against mismatched B influenza offered by IV3, as well as, new estimates of the vaccine efficacy in seniors, conservatively, herd protection was not considered. RESULTS: Over an average influenza season,