using the constant discounting approach. The empirical, hyperbolic and propor-
tional discounting methods provided ICERs three times higher. The time-shifted and stepwise discounting led to favorable ICERs that were much below the NICE thresh-
told. CONCLUSIONS: The use of different discounting approaches had a considerable effect on the cost-effectiveness results. For preventive programs and vaccines con-
stant discounting was not appropriate since the health benefits are revealed decades later. Constant discounting could not justify the social and indi-
vidual time preference. The empirical discounting though discounted the outcomes at a much slower rate in the long term, the approach that is aligned with intuition growing to the heavy discounting in the short term. The time-shifted and stepwise discounting were feasible for the vaccines as they related to the moment of risk reduction and were persistent with the time-preference theory, respectively.

PIN86
COST-EFFECTIVENESS ANALYSIS OF EMPRIC LIPOSOMAL AMPHETERICIN B VERSUS VORICONAZOLE IN FEVER PATIENTS FROM TURKEY
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OBJECTIVES: A pivotal clinical trial failed to demonstrate non-inferiority of voricona-
zole (VORI) vs. liposomal amphotericin B (LAMB) for empiric treatment of febrile neu-
E,
3tropenia (FN). This study investigated the cost-effectiveness of the two options from the Turkish health care system’s perspective. METHODS: A decision-tree analysis was used to capture downstream consequences of each agent. Outcome measures included success, breakthrough fungal infection, persistent base-line fungal infection, persis-
tent fever, premature discontinuation and death. Probability data were extracted from the published clinical trial. Resource consumption and alternative treatment after initial failure with either agent were estimated by an expert panel. Cost was based on 2012 dollars in Turkey. Clinical male calculation methods were applied. RESULTS: LAMB was preferred when considering the cost per successfully treated patient (TL5,362 difference in favor of LAMB, approx USD2,966). LAMB had a higher likelihood of suc-
cess (30.5% vs. 26.02%) and lower probability of death than VORI (5.92% vs. 7.95%). Increasing list cost by $100 and LOS for VORI by $1244 for 0.5 days, respec-
tively, changes the study outcomes. Decreasing list cost or LOS for LAMB by >15.8% or 1.0 days, respectively, resulted in LAMB becoming favorable. Monte Carlo simula-
tion of 10,000 subjects, with variability imputed upon the published outcome probabilities, LOS and hospitalization costs, resulted in a 69.4% chance of favoring VORI. CONCLUSIONS: VORI appears to be cost-effective when compared to LAMB in the empiric treatment of FN from the Turkish perspective. One-way sensitivity analy-
ises of list cost, length of stay for VORI, and VORI by >15.8% or 1.0 days, respectively, changes the study outcomes. A decrease of list cost or LOS for VORI by >52% and with lowest average events (0.98) compared to dorsal-slit technique 0.96 adverse-events cost-
ning $65.9. PrePex device was mostly not sensitive to changes in costs and days to complete healing measured by costs from start of procedure to complete healing. This was the time until end of each procedure when all scores for drainage from incision, epithelialization, granulation of tissue, and edema were zero. We estimated costs and effects from previous studies in developing countries. Direct and indirect costs were included in a cost-effectiveness analysis with limited government perspective. Costs for demand creation (training, patient counseling, and promotion campaigns) were excluded. One-way sensitivity analysis was done by varying costs and days of complete healing as main model parameters. Analyses were done using TreeAge Pro-2011 software. RESULTS: PrePex (none surgical) utilized $52.13 over the days to complete healing (51 days) compared to dorsal-slit (surgical) utilizing $67.8 over the same period. Complete healing was observed in 98% compared to dorsal-slit technique 90.6% with lowest adverse-events (0.98) compared to dorsal-slit technique 13.6 adverse-events cost-
ing $65.9. PrePex device was mostly not sensitive to changes in costs and days to complete healing. CONCLUSIONS: PrePex device was cost-saving and cost effective.

PIN90
COST EFFECTIVENESS OF PINF90 VERSUS VORICONAZOLE IN FEVER PATIENTS FROM TURKEY
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OBJECTIVES: Two major clinical trials examined the efficacy of caspofungin (CAS) and voriconazole (VORI) for empiric therapy of febrile neutropaenia (FN) in patients from the Turkish health care system. The objective of this study was to inves-
tigate the cost-effectiveness of empiric CAS vs. VORI in FN from the Turkish perspec-
tive. METHODS: The downstream consequences of CAS or VORI were captured through decision tree analysis. Outcome measures included success, breakthrough fungal infection, persistent base-line fungal infection, persistent fever, premature discontinuation and death. Probability data were extracted from the major trials. One expert panel estimated health care resource consumption and alternative treatment after initial failure with either agent. Cost was based on 2012 data using Turkish Lira (TL). Deterministic and probabilistic sensitivity analyses were per-
formed. RESULTS: Compared to VORI, CAS was dominant by TL2,533, TL2,756 and TL2,536 per patient treated, successfully treated and patient survival, respectively (approx USD1,414, 1,638 and 1,415). CAS had a higher likelihood of success and lower mortality than VORI (34.17% vs. 26.02% and 7.37% vs. 7.95%, respectively). Increasing the list cost or length of stay (LOS) for CAS by >35% or 1.3 days, respec-
tively, changes the study outcomes. A decrease of list cost or LOS for VORI by >52% or 1.2 days resulted in it being favorable. Removing fever resolution as part of the composite outcome afforded a contracted difference (CAS preferred by TL298 and 299 per patient treated and surviving with VORI preferred by TL488 per patient successfully treated). Monte Carlo simulation of 10,000 subjects, with variability imputed upon the outcome probabilities taken from the literature, LOS and hospitalization costs, resulted in a 78.8% chance of favoring CAS. CONCLUSIONS: There is a high likelihood of CAS being cost-effective compared to the treatment of FN in Turkey. Sensitivity analyses highlighted a robust advantage towards CAS. The model is moderately sensitive to changes in LOS or cost of each agent.

PIN91
ECONOMIC ANALYSIS OF PROTEASE INHIBITORS IN FIRST-LINE HAART IN ADULT PATIENTS WITH HIV
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OBJECTIVES: The aim of this study was to estimate the costs of first-line protease in-
hibitors therapy (INSTI) in critically ill patients, and subsequently determining the best strategy for managing these patients. METHODS: Costs of protease-related infection and the different strategies of administration of protease were computed according to the literature and microcosting method. The additional length of stay in ICU due to major infections related to protease administration was estimated using the disabili-
ty-adjusted life year (DALY) method. RESULTS: The time until end of each procedure when all scores for drainage from incision, epithelialization, granulation of tissue, and edema were zero. We estimated costs and effects from previous studies in developing countries. Direct and indirect costs were included in a cost-effectiveness analysis with limited government perspective. Costs for demand creation (training, patient counseling, and promotion campaigns) were excluded. One-way sensitivity analysis was done by varying costs and days of complete healing as main model parameters. Analyses were done using TreeAge Pro-2011 software. RESULTS: PrePex (none surgical) utilized $52.13 over the days to complete healing (51 days) compared to dorsal-slit (surgical) utilizing $67.8 over the same period. Complete healing was observed in 98% compared to dorsal-slit technique 90.6% with lowest adverse-events (0.98) compared to dorsal-slit technique 13.6 adverse-events cost-
ing $65.9. PrePex device was mostly not sensitive to changes in costs and days to complete healing. CONCLUSIONS: PrePex device was cost-saving and cost effective.