Ankara, Turkey

B/Yamagata) was common in Hong Kong. We examined the difference in costs calculating in humans. Co-circulation of both influenza B lineages (B/Victoria and

results of the model were not sensitive to changing the cost of ertapenem from 75% to 125 %.

To perform comparative pharmacoeconomic analysis of ertapenem in one surviving patient - 17027 USD. One way sensitivity analyses showed that the ertapenem ICER for one additional prevented complication was 4688 USD, and for one additional year of life with ertapenem was 6248 USD.

The base case analysis considered the global French vaccinated population during an average epidemic season between seasons 03/04 and 11/12 with a B circulating virus rate of 23% and a mismatch rate of 58%. The perspective is collective. The number of avoided consultations for influenza was estimated at 6,214 and the number of avoided hospitalizations and deaths at 614 and 372 respectively. The number of life years gained (LYG) was estimated at 5,382. The cost per LYG was estimated at 3,138/LYG. Sensitivity analyses showed clearly the importance of the B circulating virus rate compared to the influenza seasons. PSA showed that 100% of estimates in the acceptability curve were under 20,000€ per LYG in the base case analysis.

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PIN83

Xpert Mtb/RIF assay for rapid diagnosis in patients with suspected tuberculosis in Hong Kong - A cost-effectiveness analysis

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OBJECTIVES: Hong Kong is a developed city with intermediate tuberculosis (TB) burden. The introduction of the Xpert MTB/RIF is a step forward to improve TB control. The Xpert assay is a nucleic acid amplification test that is useful for rapid and accurate diagnosis of TB.

Pin84

Cost effectiveness of quadrivalent influenza vaccine over trivalent vaccine in France

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OBJECTIVES: To estimate the cost effectiveness ratio of a inactivated quadrivalent influenza vaccine compared to the trivalent vaccine in France. METHODS: During some epidemic influenza seasons a mismatch between the circulating B strains and the one included in the trivalent vaccine is observed. The difference of vaccine protection by the quadrivalent vaccine due to the inclusion of both circulating B strains should avoid the occurrence of a number of consultations and complications resulting in hospitalizations and deaths. A decision tree model was built to compare the efficacy and costs of the two vaccines for an average epidemic influenza season in the French setting. The number of hospitalization and deaths associated with influenza were estimated from an analysis of available French data. Estimates of these medical events were calculated using French standard costs in 2012 and observational data. Deterministic and probabilistic sensitivity analyses (PSA) were conducted.

RESULTS: The base case analysis considered the global French vaccinated population during an average epidemic season between seasons 03/04 and 11/12 with a B circulating virus rate of 23% and a mismatch rate of 58%. The perspective is collective. The number of avoided consultations for influenza was estimated at 6,214 and the number of avoided hospitalizations and deaths at 614 and 372 respectively. The number of life years gained (LYG) was estimated at 5,382. The cost per LYG was estimated at 3,138/LYG. Sensitivity analyses showed clearly the importance of the B circulating virus rate compared to the influenza seasons. PSA showed that 100% of estimates in the acceptability curve were under 20,000€ per LYG in the base case analysis.

Conclusions: The cost effectiveness ratio of an inactivated quadrivalent influenza vaccine compared to trivalent ones in the French setting can be considered acceptable.

PIN85

Cost-effectiveness of dolutegravir, a new generation integrase inhibitor, in HIV-1 treatment experienced patients in France

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Optum, Nanterre, France, 2AP-H, Hôpital Pitié-Salpêtrière, Paris, France, 3Glisco Smith Kline, Marly-le-Roi, France, 4VHH Healthcare France, Marly-le-Roi, France, 5APHP, Hôpital Trousseau, Paris, France

OBJECTIVES: Dolutegravir (DTG) is a new integrase inhibitor approved by the EMA in February 2015. Phase III trials have demonstrated the superior efficacy and safety of DTG compared to raltegravir (RTV) in naive or treatment-experienced patients. The object of our study was to compare the cost-effectiveness of DTG versus RTV in treatment-experienced patients. We analyzed the differences in costs and health outcomes for patients on DTG versus RTV.

To estimate the cost effectiveness ratio of a inactivated quadrivalent influenza vaccine compared to the trivalent vaccine in France. METHODS: During some epidemic influenza seasons a mismatch between the circulating B strains and the one included in the trivalent vaccine is observed. The difference of vaccine protection by the quadrivalent vaccine due to the inclusion of both circulating B strains should avoid the occurrence of a number of consultations and complications resulting in hospitalizations and deaths. A decision tree model was built to compare the efficacy and costs of the two vaccines for an average epidemic influenza season in the French setting. The number of hospitalization and deaths associated with influenza were estimated from an analysis of available French data. Estimates of these medical events were calculated using French standard costs in 2012 and observational data. Deterministic and probabilistic sensitivity analyses (PSA) were conducted.

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Conclusions: The cost effectiveness ratio of an inactivated quadrivalent influenza vaccine compared to trivalent ones in the French setting can be considered acceptable.

A678

value in health17 (2014) A323-A686

per patient QALYs was 0.849 and 0.848 respectively. Viremia remained undetectable and CD4 T cell in all patients. Additional laboratory parameters such as Cholesterol, HDL and Triglycerides levels improved when switching from STR containing-ETV to Ripivirine-based STR. VAS analysis of health status perception also increased over all from 82.78 to 83.79 (scale: 0-100) due to the improvement in the STR-containing RPV regimen as measured by outcome.

RESULTS: Switching from STR containing EFV to STR containing Ripivirine is a safe, well tolerated strategy that improves the overall health status of HIV–treated patients. The switch does not expose patients to a risk of virologic failure due to possible PK interactions of the drugs. RPV compared to ETV resulted cost-effective showing lower treatment cost and higher outcome measure values.

PIN80

The cost-effectiveness analysis for HIV treatment alternatives in Turkey

Kwagun G1; Yenimaz FB2; Elbir Zengin T2; Dalgic C1; Malihan S5; Cerçi P3; Dikrer E1; Tuygun K1, Unal S7

1Gıdolo Science, Istanbul, Turkey; 2Hacettepe University, Ankara, Turkey; 3Baselnt University, Ankara, Turkey

OBJECTIVES: HIV is a life-threatening disease in terms of a major global public health problem. This analysis evaluates the cost-effectiveness of HIV-1 treatment alternatives including lamivudine+ezuckovudine+efavirenz (FTC/ATZ+EFV), tenofovir DF+emtricitabine+efavirenz (FTC/DF+EFV), tenofovir DF+emtricitabine+ritonavir+2I.M. Sechenov First Moscow State Medical University, Moscow, Russia

Krysanov I.

PIN82

1Postgraduate Medical Institute, Moscow National University of Food Production, Moscow, Russia, 2Moscow, Russia, 3GSM, Marly Le Roi, France, 4Hospital La Pitié-Salpetrière, Paris, France, 5Cemka-Eval, Bourg la Reine, France

Effects of ertapenem for the treatment of community-acquired complicated intra-abdominal infections

Waele et al., in patients treated with ertapenem, the frequency of clinical effect of severe sepsis, was also lower for ertapenem: 3.1% and 5.4% respectively. Direct medical costs accounted in the group of moxifloxacin with the average duration of therapy is 7 days was 1798 USD, in the group of moxifloxacin the average duration of treatment 6.8 days - 1981 USD. When using moxifloxacin instead of ertapenem ICER for one additional prevented complication was 4688 USD, and for one surviving patient - 17027 USD. One way sensitivity analyses showed that the results of the model were not sensitive to changing the cost of ertapenem from 75% to 125 %.

Conclusions: Pharmacoeconomic analysis showed that the application of efavirenz for the treatment of community-acquired complicated intra-abdominal infections is expensive but more efficient and economically justified strategy.