three years (iPRES trial). The study objective was to estimate the cost-effectiveness of PrEP for HIV prevention for combination n习俗 from the US payer perspective using both short-run and long-run outcomes. METHODS: We designed a decision analytical model using Excel® 2013 that mimicked the iPRES trial environment to compare costs and outcomes of PrEP plus usual care versus usual care alone (i.e., no PrEP). Outcomes included HIV cases averted over the trial period of 3 years and life years gained (LY) over a lifetime time horizon. Since the adherence of PrEP was an important outcome measure in the trial, we factored in the PrEP adherence relationship of HIV acquisition into the model. Condom effectiveness was defined as probability of remaining HIV negative, assuming consistent condom usage. All costs were adjusted to 2014. RESULTS: From our base-case analysis, the treatment arm (PrEP plus usual care) resulted in an incremental cost of $3,169,784 per HIV case averted over a 3-year time frame and an incremental cost of $34,973.50 per LYG over a lifetime time horizon. Our one-way sensitivity analysis showed that condom effectiveness below 92% can make PrEP for HIV prevention unattractive in adult populations. Even with perfect condom use and perfect PrEP adherence, the cost-effectiveness probability of PrEP is at least 50% if the payer is willing to pay a minimum of $45,000-$50,000 per LY. CONCLUSIONS: The short-run value of PrEP from the US payer perspective may be greater than their willingness-to-pay for PrEP. As PrEP adherence and initiation rates improve, the incremental cost per QALY as well as payers’ willingness-to-pay for HIV-specific and generic health outcomes.

PIN53 COST-EFFECTIVENESS ANALYSIS OF A PARTIALLY EFFECTIVE HIV VACCINE IN SAN FRANCISCO

OBJECTIVES: Our study population included over 35 million people living with HIV around the world. In 2012, a toolbox of prevention methods including condoms, risk reduction counseling, voluntary circumcision, pre-exposure prophylaxis, and more, are critical in the global control of HIV/AIDS. A partially effective vaccine for completely eradicating HIV/AIDS. METHODS: A cost-effectiveness analysis of a partially effective HIV vaccine in combination with pre-exposure prophylaxis (PrEP) for high-risk people was performed from the perspective of a United States (US) healthcare payer using a patient’s lifetime horizon. Total direct costs, infections averted, and quality-adjusted life years (QALY) were studied. RESULTS: A decision tree modeled four preventive treatment strategies for high-risk men who have sex with men (MSM) in San Francisco: 1) vaccine and PrEP, 2) vaccine alone, 3) PrEP alone, and 4) no prevention strategy. RESULTS: A vaccine was found to be most cost-effective and dominant prevention strategy in this analysis. The incremental cost-effectiveness ratio (ICER) for a vaccine and PrEP combination was $45,704 per QALY; the ICER for vaccine only was $38,600 per QALY. An HIV vac-

PIN54 ROARING OUT ORAL PRO-EXPOSURE PROPHYLAXIS (PREP) IS A COST-EFFECTIVE HIV PREVENTION STRATEGY AMONG THE LOS ANGELES COUNTY (LAC) MEN WHO HAVE SEX WITH MEN (MSM)

OBJECTIVES: We assess the tradeoffs between the costs and benefits of choosing alternative HIV prevention strategies, including the status-quo (current HIV testing and treatment), test-and-treat and PrEP strategies from a societal perspective. For each strategy, we estimate the number of new HIV infections averted, the cost per infection averted, and quality-adjusted life years (QALYs), opportunity costs, and health benefits. RESULTS: All costs and QALYs were discounted at 5% rate per year. All expenses were adjusted to US dollars at exchange rate on the date of calculation (June 2014). Uncertainty was explored in a series of one- and two-way deterministic and in probabilistic sensitivity analyses. CONCLUSIONS: The short-run value of PrEP from the US payer perspective may be greater than their willingness-to-pay for PrEP. As PrEP adherence and initiation rates improve, the incremental cost per QALY as well as payers’ willingness-to-pay for HIV-specific and generic health outcomes.

PIN55 ECONOMIC ANALYSIS OF EMPIRIC VERSUS DIAGNOSTIC-DRIVEN STRATEGIES FOR IMMUNOCOMPROMISED PATIENTS WITH SUSPECTED ASPERGILLOUS VENOUS INFECTIONS IN CHINA

OBJECTIVES: To examine the clinical and economic impact of diagnostic-driven (DD) versus immune empiric strategies in neutropenic patients with suspected Aspergillosis. METHODS: A decision analytic model was used to estimate total costs and survival associated with a DD and immune empiric strategy for managing suspected neutropenic fungal pneumonia due to hematological malignancy or autologous/allogeneic stem cell transplant. In the DD strategy, IFI was identified via serum galactomannan (GM) enzyme-linked immunosorbent assay (ELISA) so that early initiation of targeted treatment could be administered. IFI identification was followed by a GM titer of at least 1:100 or 20. RESULTS: IFI identification was followed by a GM titer of at least 1:100 or 20. Conclusions: RT-PCR was more cost-effective than ELISA in the DD setting (90% vs 79% of the time). The short-run value of PrEP from the US payer perspective may be greater than their willingness-to-pay for PrEP. Empiric and DD treatment patterns and resource use were based on clinical opinion (3-5 clinicians from top hospitals per city). Medical costs (in 2014 Chinese Yuan [¥]) included antifungal drugs, test-related adverse events, and other medical resource costs. City-specific costing sources were used wherever possible. RESULTS: Medical costs were lower for the DD versus the immune strategy in Beijing (¥4,118 vs ¥5,245), Chengdu (¥5,463 vs ¥6,389), and Guangzhou (¥9,762 vs ¥10,351). Fewer patients received fungal treatment with the DD strategy 6.7% versus 11.4%, and sur-

PIN56 ECONOMIC EFFECTIVENESS OF CETAROLOF SEFAMOL FOR THE TREATMENT OF HOSPITALIZED PATIENTS WITH PNEUMOCOCCAL COMMUNITY-ACQUIRED PNEUMONIA FROM A SOCIOECONOMIC PERSPECTIVE

OBJECTIVES: We aimed to assess cost-effectiveness of cefatolof.sefamol (CF) for treatment of hospitalized patients with pneumococcal community-acquired pne-

PIN57 ECONOMIC EFFECTIVENESS OF SIMULATION-BASED TRAINING (SIBT) FOR CENTRAL VENOUS CATHETER (CVC) INSERTION

OBJECTIVES: CVC insertion is one of the most commonly performed medical pro-

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