and caspofungin group were 74.9%±6.3%, 70.2%, respectively, total costs were $8650 1, $10146.3, $9744.6, respectively. Thus, the cost-effectiveness ratios were 115.5, 148.6, 138.8, respectively. CONCLUSIONS: Micafungin 100 mg/d is the group 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 INJURIES PREVENTING INTRA/PERITONEAL SITE INFECTIONS

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OBJECTIVES: Since abdominal site infections (SIIs) 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 decision analytic model using Markov analysis 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% - 50%), cost of triclosan-coated sutures (range: $5 - $25 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 efficacy in preventing SIIs ≤10%, triclosan-coated sutures resulted in extra expenditure for hospitals and third party payers; results 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 SSIs 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

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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 vaccination 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 contains an A strain against the B India, and A/H1N1 (H1N1) viruses. The aim of this study is to evaluate 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 cost 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 costs. Results: Patients avoid complications 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 cost-effectiveness ratios as follow: $17,144, $20,021 for cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided, 27,712 cases of influenza complication avoided, and 353,890 cases of outpatient visit avoided. CONCLUSIONS: Our results showed that switching to triclosan-coated sutures from the uncoated sutures can prevent SSIs and save substantial costs to hospitals, third party payers, and society over a wide range of SSI prevention efficacy, cost, and risk values.

PIN64 COST-EFFECTIVENESS ANALYSIS OF TENOFOVIR/EMTRICITABINE AND ABCACVIR/LAMIVUDINE IN COMBINATION WITH EFAVIRENZ OR AZATAVINAVIR/RITONAVIR FOR TREATMENT-NAIVE ADULTS WITH HIV-1 INFECTION IN THE UNITED KINGDOM

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OBJECTIVES: To assess the cost-effectiveness of the four comparator exams conducted in the ACTG 5202 clinical trial, tenofovir/emtricitabine (TDF/FTC) or abacavir/ lamivudine (ABC/3TC) in combination with efavirenz (EFV) or azatavirnav/r ritonavir (ATV/RTV), for treatment-naive 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 Markov model was used to simulate CD4+ cell counts changes) up to 192 weeks for TDF/FTC+EFV, TDF/FTC+ATV/RTV, ABC/3TC+EFV, and ABC/3TC+ATV/RTV were obtained from a clinical trial. Antiretroviral drug costs were those of 2004. The discount rate was 3% per year. Costs were obtained from the last published national average drug costs. Direct medical costs (2012 UK pounds) were stratified by CD4+ cell-count range and obtained from published sources. All outcomes were discounted at 3% per year. Sensitivity and subgroup analyses were conducted, including analysis of low (<100 cells/mcL) and high CD4+ (>100 cells/mcL) pateints. Similar results were found in both scenarios. Since October 1, 2008, all patients were assumed to initiate therapy. CONCLUSIONS: The results demonstrated the importance of pharmacoeconomic analysis of elizoloid to the hospital, because in 17 months of cost analysis, these could have been reduced by 20.0% with the switch antibiotic therapy. It is expected that results of studies such as this could make a great contribution toward the rational use of antimicrobials and resources for hospitals.

PIN67 EXPECTED COST-UTILITY OF QUADRIVALENT INFLUENZA VACCINE UNDER A UNIVERSAL IMMUNIZATION PROGRAM IN ONTARIO, CANADA

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OBJECTIVES: Ontario, Canada, immunizes against influenza using a trivalent inactivated influenza vaccine (IIV3) under a Universal Immunization Program (UIP) and a universal program of change to quadrivalent in 2016 of age. A newly approved quadrivalent inactivated influenza vaccine (IIV4) offers wider protection against influenza B disease. In this study, we explore the expected cost-utility of IIV3 compared to IIV4 within the framework of Ontario’s UIP. METHODS: We developed a model based on outcomes data published by Kwong and colleagues. We used Ontario based health care costs and Canadian based labor costs. Efficacy of IIV3 and IIV4 were estimated in a similar manner. All estimates were then applied to the model. Results: We estimated the cost of IIV4 was $61,882 for TDF/FTC+EFV, $124,302 for TDF/FTC+ATV+RTV, $85,477 for ABC/3TC+EFV, and $39,699 for ABC/3TC+ATV/RTV. At a willingness to pay threshold of $50,000 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/RTV versus ABC/3TC+ATV/RTV. In subgroup analyses, TDF/ FTC/ATV/RTV were predicted to be more cost-effective compared with ABC/3TC-based regimens. CONCLUSIONS: In an analysis of the regimens examined in the ACTG 5200 clinical trial for treatment-naive adults on antiretroviral therapy, 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

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OBJECTIVES: The current recommendations for hepatitis C infection genotype 1 include one protease inhibitor (IP), boceprevir or telaprevir, in addition to the pre- vious standard dual therapy (DT) (peginterferon plus 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, Ecolint and NHS-EDL. 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 pre- sented (2 new patients and 5 analyses for patients previ- ously 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 parameters were found. Most studies compared IP with DT from a payer 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 reported Telaprevir being cost-effective and in previously treated patients 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 these jurisdictions and is more cost-effective compared with the non-cost-effective combinations. 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.