other inputs came from published literature. RESULTS: When compared to the average patient population, initiation of ATV/r or LPV/r-based treatments (with CD4+ > 350 cells/m3 as the baseline) in treatment-naive patients demonstrated effective strategies resulting in more life-years and quality-adjusted life-years (QALYs) gained, at lower overall costs. Initiation of ATV/r treatment provided greater effectiveness (additional 1.69 life-years and 1.77 QALYs) and lower costs ($162,460 vs. $177,038, 2010 values) compared with LPV/r (5% discounting for costs and effects).

CONCLUSIONS: The Panel included data from several RCTs and demonstrated that ATV/r can be a cost-effective strategy in treatment-naive patients with HIV-1 infection. Probabilistic sensitivity analyses were performed and confirmed the robustness of the base-case findings.

PIN39 ECONOMIC EVALUATION OF ANIDULAFUNGIN FOR CANDIDIASIS OR INVASIVE CANDIDIASIS THERAPY IN KOREA Kim HJ, Oh JJ, Park HJ, Ko SK Pfizer Pharmaceuticals Korea Limited, Seoul, South Korea OBJECTIVES: Candidiasis or invasive candidiasis is a nosocomial infection associated with considerable mortality and with substantial economic impact due to its long hospital length of stay. The role of appropriate antifungal agent is crucial for improved outcomes and reduced hospital costs. This study evaluated the cost-effectiveness of anidulafungin as a new echinocandin, by comparing anidulafungin with fluconazole in the treatment of candidemia or invasive candidiasis.

METHODS: A decision analytic model was developed, for treatment of candidemia or invasive candidiasis with anidulafungin compared with fluconazole. Futility data on treatment success, renal toxicity, and survival were obtained from the clinical trial study which compared anidulafungin with fluconazole (Reboli, 2007). Drug cost and other medical cost were derived from a cost of illness study of candidemia in Korea. Average cost-effectiveness and incremental cost-effectiveness of each drug per survival patient were calculated.

RESULTS: The overall survival rate was higher for patients treated with anidulafungin than with fluconazole (77.17 vs. 68.64%). The total costs were 6,929,620 KRW for anidulafungin and 6,629,357 KRW for fluconazole. However, because of the better clinical efficacy, the average cost-effectiveness per survival patient was lower for the anidulafungin treatment than fluconazole treatment (8,980,222 KRW vs. 9,657,582 KRW). The incremental cost-effectiveness of anidulafungin compared with fluconazole was calculated to be $64.91 per unit change. Results of one way sensitivity analysis were robust with consideration of the decision tree model. Conclusions: Anidulafungin indicated better clinical efficacy in managing candidemia or invasive candidiasis. Although there is an increase in drug costs, treating candidemia or invasive candidiasis with anidulafungin is a cost-effectiveness strategy. This study shows that anidulafungin as first-line therapy can be a cost-effective alternative to fluconazole in candidemia or invasive candidiasis treatment.

PIN39 COST-EFFECTIVENESS ANALYSIS OF LINEZOLID VERSUS VANCOMYCIN IN PATIENTS WITH SUSPECTED MECHANICAL VENTILATOR-ASSOCIATED PNEUMONIA IN KOREA Cortes J1, Molina P2, Soto R3, Gutiérrez-Ardila MM4, Núñez SM4

1Universidad Nacional de Colombia, Bogotá, Colombia, 2Clínica Universitaria Bolivariana, Medellín, Antioquia, Colombia, 3Centro Médico Ibarra, Cali, Colombia, 4Pfizer Colombia, Bogota, Colombia, 4Cimac, Bogota, Colombia

OBJECTIVES: Ventilator-associated pneumonia (VAP) is an infection acquired in hospitals with important clinical and economic implications, which raise morbidity and costs within the National Health System. The aim of this study was to evaluate the cost-effectiveness of linezolid versus vancomycin for the empiric treatment of mechanical ventilator associated pneumonia caused by Methicillin-Resistant Staphylococcus aureus (VAP-MRSA) from the payer’s perspective in Colombia.

METHODS: A validated decision tree model was developed to assess the cost-effectiveness of linezolid (600mg/12hrs) against vancomycin (1gr/12hrs) for a cohort of adult patients with VAP-MRSA. The model simulated costs and effectiveness within a time horizon of 90 days. Outcome measure was defined as life-years gained (LYG). Clinical efficacy and transition probabilities were collected through a literature review of published clinical trials validated by a Colombian Delphi gained (LYG). Clinical efficacy and transition probabilities were collected through a literature review of published clinical trials validated by a Colombian Delphi.

RESULTS: The expected cost for treatment per unit change was higher for vancomycin ($272) compared to linezolid ($136). ICIER was calculated to be $64.91 per unit change. Results of one way sensitivity analysis were robust with consideration of the decision tree model. Conclusions: This study provides some pre-hospital therapeutic recommendations that vancomycin is not cost-effective. People should be encouraged to go for the vaccination because the disease is endemic in the region.

PIN40 OSELTAMIVIR AND ZANAMIVIR AS A TREATMENT CHOICE FOR H1N1 INFLUENZA: AN ECONOMIC EVALUATION Kakad SN, Samsri SS University of Houston, Houston, TX, USA

OBJECTIVES: In 2009, the H1N1 influenza epidemic in the United States caused over 19,000 deaths. This study aimed to compare and conduct an economic evaluation of the two most commonly recommended treatment choices for the H1N1 flu, oseltamivir and zanamivir. METHODS: A cost effectiveness analysis was performed by evaluating randomized clinical trials (RCTs) and other published literature for oseltamivir and zanamivir to compare direct medical costs, outcomes, effectiveness within a time horizon of 90 days. Outcome measure was defined as life-years and quality-adjusted life years (QALYs) gained, at lower overall costs. Initiation of ATV/r treatment provided greater effectiveness (additional 1.69 life-years and 1.77 QALYs) and lower costs ($162,460 vs. $177,038, 2010 values) compared with LPV/r (5% discounting for costs and effects).

CONCLUSIONS: The Panel included data from several RCTs and demonstrated that ATV/r can be a cost-effective strategy in treatment-naive patients with HIV-1 infection. Probabilistic sensitivity analyses were performed and confirmed the robustness of the base-case findings.

PIN40 COST-EFFECTIVENESS OF VACCINATION AGAINST YELLOW FEVER IN GHANA Ankrah D Korle-Bu Teaching Hospital, Accra, Ghana OBJECTIVES: Yellow fever is a haemorrhagic fever disease caused by arbovirus from the flavivirus genus. It is a disease that has no cure currently and up to 50% of those affected may die. According to the reports around 20% of the population may be affected during a typical outbreak. The only way to prevent the disease is through vaccination. Although vaccine efficacy is over 95%, neurotropic, viscerotropic and hypersensitivity adverse events following immunization are associated with vaccination. The objective was to assess the cost-effectiveness of vaccination against yellow fever. METHODS: A decision analytic model using decision tree was employed in this research. The decision was to whether or not the yellow fever vaccination (among healthy people 10 years and older). The expected adverse events following immunization (AEFIs) and the probability of treatment among vaccinees were calculated. Among non vaccinees, the probability of an infection with the yellow fever was calculated. These were done using estimates predominantly from the literature. Costs were assigned to the various event pathways using the societal perspective and expected costs of the outcomes were then calculated. RESULTS: The expected cost for vaccination was less than $1.00 and the expected cost for non-vaccination was $30.50. Vaccination against yellow fever had a higher efficacy than non-vaccination. CONCLUSIONS: Vaccination against yellow fever among Ghanaian adults, ten years or older was cost-effective. People should be encouraged to go for the vaccination because the disease is endemic in the region.