per patient QALYs was 0.849 and 0.841 respectively. Viremia remained undetectable and CD4 cell levels increased in all patients. Additional adjusting parameters such as Cholesterol, HDL, and Triglycerides levels improved when switching from STR-containing EFV to Rifampirine-based STR. VAS analysis of health status perception also increased overall from 82.7 to 83.79 (scale: 0-100) due to the improvement in the STR-containing RPV compared with RPV as monotherapy (i.e. less fatigue and less local or systemic side effects), as measured by outcomes. CONCLUSIONS: Switching from STR containing efavirenz to STR containing Rifampirine is a safe, well tolerated strategy that improves the health status of HIV-treated patients. The switch does not expose patients to a risk of virologic failure due to possible FK interactions of the drugs. RPV compared to EFV resulted cost-effective showing lower treatment cost and higher outcome measures.

A678

THE COST-EFFECTIVENESS ANALYSIS FOR HIV TREATMENT ALTERNATIVES IN TURKEY

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OBJECTIVES: HIV is a life-threatening disease in terms of a major global public health problem. This analysis evaluates the cost-effectiveness comparison of HIV-1 treatment alternatives including lamivudine+ zidovudine+ efavirenz (3TC/ATZ+ EFV), tenofvir DF+ emtricitabine+ efavirenz (FTC/ TDF+ EFV), tenofvir DF+ emtricitabine+ ritonavir+ lopinavir (FTC/ TDF+ LPV/r), tenofvir DF+ emtricitabine+ darunavir (TDF/ FTC+ DRV+ l) and elvagitravir+ cobicistat+ emtricitabine+ tenofvir DF (STIBILD). METHODS: This analysis compares the HIV treatment alternatives of 3TC/ATZ+ EFV, FTC/ TDF+ EFV, FTC/ TDF+ LPV/r, FTC/ TDF+ DRV+ l and STIBILD 60 weeks on treatment vs.lipid trend rates with the help of several parameters such as the increase in rate in CD4 cell count and the risk of hospitalization as the effectiveness values. The data were taken from patient files from Hacettepe University that consists of 252 patients and 12 year follow-ups with an outpatient clinic, interventions, laboratory and imaging tests, medication usage, side effects, comorbidities’ diseases and their treatments and complications. The costs of treatment of diseases were calculated by cost and decision tree (Average annual cost was calculated for asthma, cardiovascular, chronic kidney care technologies. Health technology effectiveness values are found from the literature review. Virolological response success is used from clinical studies as an end-point for this analysis. The treatment cost comparison is calculated with the incremental cost-effectiveness-ratio (ICER). RESULTS: Results of the clinical effectiveness of the treatment alternatives of 3TC/ATZ+ EFV, FTC/ TDF+ EFV, FTC/ TDF+ LPV/r, FTC/ TDF+ DRV+ l and STIBILD were 58%, 75%, 78%, 84%, and 88%, respectively. In the cost-effectiveness comparison analysis, the annual total treatment costs are calculated as US$151 TL, 1752 TL, 24284 TL, 22987 TL, and 20868 TL, respectively. The total ICER analysis shows only STIBILD, FTC/ TDF+ EFV and 3TC/ ATZ+ EFV treatments are cost-effective, while the other treatment alternatives are not cost-effective. CONCLUSIONS: The HIV-1 treatment study was conducted in Turkey on the cost-effectiveness of this treatment while the other treatment alternatives are not cost-effective.

PIN81

THE COST-EFFECTIVENESS ANALYSIS OF THE APPLICATION OF ERTAPENEM FOR THE TREATMENT OF COMMUNITY-ACQUIRED COMPLICATED INTRA-ABDOMINAL INFECTIONS

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OBJECTIVES: To perform comparative pharmacoeconomic analysis of the treatment of patients with community-acquired complicated intraabdominal infection in comparison with conventional therapy using moxifloxacin. METHODS: Were reviewed research on the clinical effectiveness and safety of use of etravirine to prevent postoperative inflammatory complications and lethal outcomes. Assess of the quality of research and level of evidence obtained in these results was performed. The results of the research PROMISE formed the basis of pharmacoeconomic model. The effectiveness of therapy in studies was assessed by the frequency of clinical and bacteriological success of treatment with the use of different modes of antibacterial therapy. We calculated the difference in direct medical costs for treatment by etravirine and moxifloxacin and cost-effectiveness ratio. RESULTS: According to a study by J. De Reine et al., in patients treated with etravirine, the frequency of clinical effect of treatment was higher than in the group of patients receiving moxifloxacin: 93.4% and 89.5%, respectively. The mortality rate associated with the development of severe sepsis, was also lower for etravirine: 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 etravirine with the average duration of treatment 6.8 days - 1981 USD. When using moxifloxacin instead of etravirine 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 etravirine from 75% to 125%. CONCLUSIONS: Pharmacoeconomic analysis showed that the application of etravirine for the treatment of community-acquired complicated intra-abdominal infections is inexpensive but more efficient and economically justified strategy.

PIN82

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 one 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 calculate 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 observationnal 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 combined with the mismatch rate highly variable according to different epidemic seasons. PSA showed that the cost per LYG and the quality of life year 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

THE COST-EFFECTIVENESS OF DOBUTAMINE, A NEW GENERATION INTEGRASE INHIBITOR, IN HIV-1 TREATMENT EXPERIENCED PATIENTS IN FRANCE

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OBJECTIVES: The cost-effectiveness comparison of the treatment with dobutamine and the commercialized integrase inhibitor, raltegravir, was conducted in France, in patients experiencing with HIV-1 infection. RESULTS: The cost-effectiveness ratio of dobutamine was lower than raltegravir with 99,840 per QALY gained, which means that the use of dobutamine is the most cost-effective therapy for the treatment of HIV-1 infection.