proved to be efficacious in the management of SSTI. An economic evaluation was performed to determine the most cost-effective alternative between daptoinycin and linezolid for the treatment of SSTI with failure to vancomycin therapy.

**OBJECTIVES:**

To the cost-effectiveness analysis of Efavirenz/Emtricitabine/Tenofovir (TDF + FTC + EFV) in naive patients with HIV from the public health system Mexican perspective. **METHODS:** A decision tree model was developed to estimate the efficacy and expected value of direct medical costs. Efficacy was measured by the percentage of individuals with plasma HIV RNA < 50 copies/mL and < 400 copies/mL at 96 weeks, based on a systematic review and meta-analysis of clinical trials of regimens in treatment-naïve populations. Model follows the recommendations of antiretroviral persons handling Guide with HIV in Mexico (2009 SSM). The direct costs and treatment of adverse events in the treatment of HIV were calculated. When the patient failure, the cost of new treatment was added. The unitary costs were obtained from the Mexican public health institutions. All costs were calculated in 2010 Mexican Pesos (MX$). Incremental-cost-effectiveness ratios were expressed as cost per 1% of individuals with plasma HIV RNA < 50 copies/mL and < 400 copies/mL. Probabilistic sensitivity analyses via Monte Carlo simulations were undertaken to incorporate likely distributional properties of key model results.

**RESULTS:**

The results showed a cost/effectiveness ratio of MX$52,135.67 for daptoinycin compared to MX$67,623.14 for linezolid, making daptoinycin a more cost-effective (dominant) for the treatment of SSTI. The sensitivity analysis confirmed the robustness of the model.

**CONCLUSIONS:** From an institutional perspective in Mexico, daptoinycin is a more cost-effective (dominant) alternative for the treatment of SSTI in patients that failed treatment with vancomycin.

**PIN30**

**COST EFFECTIVENESS ANALYSIS OF THE COMBINATION EFAVIRENZ (EFV), TENOFOVIR (TDF) AND EMTRICITABINE (FTC) ONCE A DAY IN TREATMENT-EXPERIENCED HIV PATIENTS WITH HIV INFECTION IN MEXICO

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**OBJECTIVES:** To carry out the cost-effectiveness analysis of Efavirenz/Emtricitabine/Tenofovir (TDF + FTC + EFV) in naive patients with HIV from the public health system Mexican perspective. **METHODS:** A decision tree model was developed to estimate the efficacy and expected value of direct medical costs. Efficacy was measured by the percentage of individuals with plasma HIV RNA < 50 copies/mL and < 400 copies/mL at 96 weeks, based on a systematic review and meta-analysis of clinical trials of regimens in treatment-naïve populations. Model follows the recommendations of antiretroviral persons handling Guide with HIV in Mexico (2009 SSM). The direct costs and treatment of adverse events in the treatment of HIV were calculated. When the patient failure, the cost of new treatment was added. The unitary costs were obtained from the Mexican public health institutions. All costs were calculated in 2010 Mexican Pesos (MX$). Incremental-cost-effectiveness ratios were expressed as cost per 1% of individuals with plasma HIV RNA < 50 copies/mL and < 400 copies/mL. Probabilistic sensitivity analyses via Monte Carlo simulations were undertaken to incorporate likely distributional properties of key model results.

**RESULTS:**

The results showed a cost/effectiveness ratio of MX$52,135.67 for daptoinycin compared to MX$67,623.14 for linezolid, making daptoinycin a more cost-effective (dominant) for the treatment of SSTI. The sensitivity analysis confirmed the robustness of the model.

**CONCLUSIONS:** From an institutional perspective in Mexico, daptoinycin is a more cost-effective (dominant) alternative for the treatment of SSTI in patients that failed treatment with vancomycin.

**PIN31**

**COST-EFFECTIVENESS ANALYSIS OF DIFFERENT APPROACHES TO THE DIAGNOSIS AND TREATMENT OF INFLUENZA-LIKE ILLNESS IN HEALTHY ADULTS

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**OBJECTIVES:** This study predicted and analyzed outcomes among six options (universal antiviral therapy without testing [Universal], empiric therapy without testing [Empiric], empiric therapy with lab testing [Empiric Lab], treatment according to lab results [Standard], treatments responding to point-of-care testing [POCT], and no treatment [NoTx]) in healthy adults with influenza-like symptoms who visit physicians or within 48 hours of the onset of symptoms.

**METHODS:** A decision model was created to predict total and direct medical costs, symptomatic outcomes, and quality-adjusted life years (QALYs) for the treatment of influenza in both naive and treatment-experienced HIV-1 infected patients. Costs were expressed in 2010 Brazilian Currency (1BRL=0.59USD). Univariate and multivariate (Monte Carlo) analyses tested model robustness.

**RESULTS:** An indirect comparison between the interventions showed that the effects of the drugs over placebo were different. Probabilistic sensitivity analysis showed 87% chance of having reduced treatment costs by choosing maraviroc after failure to enfolduvir.

**CONCLUSIONS:** The use of maraviroc in treatment-experienced HIV patients showed to be beneficial for the Brazilian MoH in reducing the economic burden of the disease. The estimated annual budget impact ranged between BRL 80 million to 1.05 billion favorable to cost reduction.

**PIN32**

**COST-UTILITARY ANALYSIS OF RALTEGRAVIR IN HIV-INFECTED TREATMENT-NAIVE PATIENTS IN SWEDEN

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**OBJECTIVES:** Raltegravir, an integrase inhibitor of HIV-1, is approved for use in both treatment-naive and treatment experienced HIV-1 infected patients. In Sweden, raltegravir is reimbursed for use in both naive and experienced HIV patients and is used predominately in heavily treated experienced patients. This study aims to investigate the cost-effectiveness of using raltegravir in treatment-naive patients versus using raltegravir as a salvage treatment. **METHODS:** A three-stage continuous-time Markov model representing sequential HIV therapy strategies was developed to predict the total costs and quality-adjusted life years (QALYs) over a 50-year time horizon. Patients progressed to the next stage in the model as they failed or discontinued the current therapy for toxicity reasons. In each stage patients moved between 18 health states based on CD4 and HIV RNA levels. At anytime patients could die, suffer coronary heart disease or develop acquired immunodeficiency syndrome (AIDS). Initiation on a raltegravir-based regimen was evaluated versus initiation on a protease inhibitor (PI)-based regimen. During the second stage patients received a non-nucleoside reverse transcriptase inhibitor based regimen. Patients initiating on raltegravir for the third stage received optimized salvage therapy (OT) whereas patients initiating on a PI received OT plus raltegravir. Data on effectiveness was gathered from randomized clinical trials and an HIV/AIDS database. Utilities and health care resource use were gathered from the literature and adapted to Swedish situation. **RESULTS:** Raltegravir’s superior outcome compared to PI initiating strategy offered longer undiscounted life expectancy compared to PI initiating strategy (20.51 vs. 18.60 years). The incremental cost-utility ratio for using raltegravir in treatment naive patients versus using raltegravir as a salvage treatment was 65 182 BRL per QALY gained. **CONCLUSIONS:** Given the data and methods used, the model suggests that using raltegravir in treatment naive patients compared to using raltegravir as a salvage therapy is cost-effective.

**PIN34**

**INTRANASAL LIVE ATTENUATED (LAIV) VERSUS INJECTABLE INACTIVATED (IIV) INFLUENZA VACCINE FOR CHILDREN AND ADOLESCENTS: A CANADIAN COST EFFECTIVENESS ANALYSIS

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**OBJECTIVES:** Although influenza affects all age groups, influenza is common in children. Between 15% and 42% of preschool and school-aged children experience influenza each season. Recently, LAIV has been approved in Canada for use in