The once-daily regimen Stribild appears effective at treating the HIV virus while cure rate are estimated at 96,055 RUB (2,401 EUR) in ceftaroline group, 98,030 RUB (2,407 EUR) in linezolid group, and 1 EUR in vancomycin group (therapy duration – 10 days) and 117,892 RUB (2,947 EUR) per patient in linezolid group (therapy duration – 12 days). The costs of clinical care were calculated using a guideline for physician work (0.105 RUB/mL) and for pharmacists (0.451 EUR) in vancomycin group, and 138,860 RUB (3,472 EUR) in linezolid group per patient.

CONCLUSIONS: The results of cost-effectiveness indicate that ceftaroline is dominant in Russian patients with complicated skin and soft tissues infections when compared with linezolid and vancomycin.

PIN81
COST-EFFECTIVENESS OF ANTIMICROBIALS AS TREATMENT FOR PATIENTS WITH COMPLICATED SKIN AND SOFT TISSUE INFECTIONS: A COMPARISON BETWEEN CETAFORINE, LINEZOLID AND VANCOMYCIN IN THE RUSSIAN HEALTH CARE
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OBJECTIVES: To estimate the cost-effectiveness of antimicrobials (ceftazidime, linezolid and vancomycin) as treatment for patients with complicated skin and soft tissues infections. METHODS: A literature-based cost-effectiveness analysis was conducted. The costs of the treatments and of complications were calculated using the data of the Russian conjunctive approach. Quality adjusted life year was calculated. RESULTS: The cost-effectiveness ratio was the lowest in the ceftaroline group compared with linezolid and vancomycin. The cost per QALY was 2,401 EUR (97%) for ceftaroline group, 2,407 EUR (98%) for linezolid group, and 1 EUR in vancomycin group (therapy duration – 10 days) and 2,947 EUR in linezolid group (therapy duration – 12 days). The cost per QALY gained was lower in the ceftaroline group (1,974 EUR) than in the linezolid group (2,407 EUR) and in the vancomycin group (2,947 EUR). The ICER of ceftaroline was 2,234 EUR/QALY and of linezolid 2,256 EUR/QALY and of vancomycin 2,256 EUR/QALY. CONCLUSIONS: Ceftaroline is cost-effective compared with linezolid and vancomycin.
using the constant discounting approach. The empirical, hyperbolic and propor-
tional discounting methods provided ICERs three times higher. The time-shifted and stepwise discounting led to favorable ICERs that were much below the NICE thresh-
old.

CONCLUSIONS: The use of different discounting approaches had a considerable effect on the cost-effectiveness results. For preventive programs and vaccines constant
rate discounting was unfavorable since the health benefits are revealed decades later. Constant discounting could not justify the theory of social and indi-
vidual time preference. The empirical discounting though discounted the outcomes at a much slower rate in the long term, the approach used was dismissive of the heavy discounting in the short term. The time-shifted and stepwise discounting were feasible for the vaccines as they related to the moment of risk reduction and were persistent with the time-preference theory, respectively.

PIN86

COST-EFFECTIVENESS ANALYSIS OF EMPIRIC LISOPAMAL AMPHORICIN B VERSUS VORICONAZOLE IN ICU TURKEY

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OBJECTIVES: A pivotal clinical trial failed to demonstrate non-inferiority of voricona-
zeole (VORI) vs. liposomal amphotericin B (LAMB) for empiric treatment of febrile neu-
tropenia (FN). This study investigated the cost-effectiveness of the two options from the Turkish health care system’s perspective. METHODS: A decision-tree analysis was used to capture downstream consequences of each agent. Outcome measures included success, breakthrough fungal infection, persistent base-line fungal infection, persistently elevated fungal infection and cost. Probability data were derived from the published clinical trial. Resource consumption and alternative treatment after initial failure with either agent were estimated by an expert panel. Cost was based on 2012 data in Turkey. Clinical and economic analyses were performed to determine the model’s robustness. RESULTS: Compared to LAMB, VORI was the cost-effective alternative per patient treated and per patient survival. In a four-week cost effectiveness project during November 2012, we modeled the costs and effects of male circumcision of the 2 commonest strategies (Dorsal-slit technique as standard and PrePex as new agent). A decrease of list cost or LOS for VORI by €0.3–1.2 days resulted in it being favorable. Removing fever resolution as part of the study outcomes. Decreasing list cost or LOS for LAMB by 15.8% or 1.0 days, respectively, resulted in LAMB becoming favorable. Monte Carlo simulat-
ions of 10,000 subjects, with variable imputed upon the published outcome probabilities, LOS and hospitalization costs, resulted in a 69.4% chance of favoring VORI. CONCLUSIONS: VORI appears to be cost-effective when compared to LAMB in the empiric treatment of FN from the Turkish perspective. One-way sensitivity analy-
ses showed that changes in list cost had the highest impact on the model. However, sensitivity analysis is limited by the availability of reliable cost data. We recommend that future analyses for the Turkish healthcare system should consider a cost-effectiveness analysis for VORI and LAMB.

PIN87

NON-HOMOGENEOUS COST-EFFECTIVENESS MODELING OF A NEW CHG-
DRESSING FOR PREVENTING CATHETER-RELATED BLOODSTREAM INFECTIONS FOR PATIENTS IN INTENSIVE CARE UNITS

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OBJECTIVES: Catheter-related bloodstream infection (CRBSI) is a frequent (5-50/1,000 catheter-days) and severe complication of central venous catheters (CVCs) that may be venen-
tated by useable system of a new antimicrobial transparent dressing containing a chlorhexidine gluconate (CHG) hydrogel (60% risk reduction in a recent RCT). Our purpose is to evaluate the advantages of the new CHG-dressing for PrePex device (none surgical) utilized $52.13 over the days 23 days. PrePex was less expensive ($52) and with lowest adverse-events (0.98) compared to dorsal-slit technique 0.96 adverse-events cost-
ing $65.9. PrePex device was mostly not sensitive to changes in costs and days to complete healing. CONCLUSIONS: PrePex device was cost-saving and cost-effective.

PIN89

COST EFFECTIVENESS OF PREPREFIX DEVICE AND DORSAL-SLIT TECHNIQUE FOR SCALING-UP ADULT SAFE MEDICAL MALE CIRCUMCISION IN HINDU PREVENTION IN RURAL CENTRAL UGANDA

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OBJECTIVES: Averting 20% of new HIV infections, the country has to achieve 80% male circumcision coverage. Given the inadequacy of human resource at circ-
risumcision centers in Uganda, we conducted a study to assess the cost-effectiveness of PrePex device (none surgical) and Dorsal-slit technique (surgical) for scaling-up adult male circumcision. METHODS: In a four-week cost-effectiveness project during November 2012, we modeled the costs and effects of male circumcision of the 2 commonest strategies (Dorsal-slit technique as standard and PrePex as new agent). Deterministic and probabilistic sensitivity analyses were performed to determine the study outcomes. Decreasing list cost or LOS for VORI by €0.3–1.2 days resulted in it being favorable. Removing fever resolution as part of the study outcomes. Decreasing list cost or LOS for LAMB by 15.8% or 1.0 days, respectively, resulted in LAMB becoming favorable. Monte Carlo simulat-
sions of 10,000 subjects, with variable imputed upon the published outcome probabilities, LOS and hospitalization costs, resulted in a 69.4% chance of favoring VORI. CONCLUSIONS: VORI appears to be cost-effective when compared to LAMB in the empiric treatment of FN from the Turkish perspective. One-way sensitivity analy-

PIN90

COST-EFFECTIVENESS OF CASPOFUNGIN Versus VORICONAZOLE FOR EMPIRIC THERAPY IN TURKEY

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OBJECTIVES: Two major clinical trials examined the efficacy of caspofungin (CAS) and voriconazole (VORI) for empiric therapeutic treatment of fever neutropenia (FN) in cancer patients. We investig-
ated the cost-effectiveness of emiprcas for CAS vs. VORI in FN from the Turkish perspec-
tive. METHODS: The downstream consequences of CAS or VORI were captured through decision tree analysis. Outcome measures included success, breakthrough fungal infection, persistent base-line fungal infection, persistent fever, premature discontinuation and death. Probability data were derived from the major trial stud-
ies. An expert panel estimated health care resource consumption and alternative treat-
ment after initial failure with either agent. Cost was based on 2012 data using Turkish Lira (TL). Deterministic and probabilistic sensitivity analyses were per-
formed. RESULTS: Compared to VORI, CAS was dominant by TL2,533, TL2,526 and TL2,536 per patient treated, successfully treated and patient survival, respectively (approx: US$1,414, 1,428 and 1,415). CAS had a higher likelihood of success and lower mortality than VORI (34.17% vs. 26.02% and 7.37% vs. 7.95%, respectively). Increasing the list cost or length of stay (LOS) for CAS by >5% or 1 days, respec-
tively, changes the study outcomes. A decrease of list cost or LOS for VORI by >5% or 1.2 days resulted in it being favorable. Removing fever resolution as part of the composite outcome afforded a contracted difference (CAS preferred by TL298 and 299 per patient treated and surviving with VORI preferred by TL488 per patient successfully treated). Monte Carlo simulation of 10,000 subjects, with variable imputed upon the outcome probabilities taken from the literature, LOS and hospitali-
sation costs, resulted in a 78.8% chance of favoring CAS. CONCLUSIONS: There is a high likelihood CAS being a cost-effective treatment of FN in Turkey. Sensitivity analyses highlighted a robust advantage towards CAS. The model is moderately sensitive to changes in LOS or cost of each agent.

PIN91

ECONOMIC ANALYSIS OF PROTEASE INHIBITORS IN FIRST-LINE HAART IN ADULT PATIENTS WITH HIV

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