population would be ca 130,000,000 PLN in 2011 and will steadily increase to ca 263,000,000 in 2031. In case of tenofovir reimbursement estimated decrease in total expenditures will be ca 6,000,000 PLN in 2011 and ca 11,000,000 PLN in 2015.

CONCLUSIONS: The decision for tenofovir reimbursement will cause decrease in public payer expenditures for patients with chronic hepatitis B.

PIN19 PHARMACOECONOMIC ANALYSIS OF pegylated interferon alfa use in CHRONIC HEPATITIS C

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OBJECTIVES: The objective of this study was to analyze the cost-effectiveness of interferon alfa-2a combined with ribavirin for the treatment of chronic hepatitis C for 48 weeks in patients infected with HCV genotype 1.

RESULTS: The direct costs difference in the 1:1 ratio of patients treated with PegIFN alfa-2a and PegIFN alfa-2b amounted to 1,718,880 rubles. As shown by the RDUI calculation, inefficient budget expenditure in the case of using PegIFN alfa-2b represents the major reason for the difference in the total costs of the treatment regimens. The sensitivity analysis according to RDUI revealed a dependence of the results on several variables. The results of the sensitivity analysis demonstrated that the same benefits for the patients can be achieved with a much smaller budget expenditure. The direct costs difference in the 1:1 ratio of patients treated with PegIFN alfa-2a and PegIFN alfa-2b were 43,089.72 and 22,798.64 rubles, respectively.

CONCLUSIONS: The decision for tenofovir reimbursement will lead to cost savings and improved medical outcomes for patients with chronic hepatitis B.

PIN20 CLINICAL AND ECONOMICAL IMPACT OF PNEUMOCOCCAL VACCINATION IN SPANISH ADULT POPULATION MEASURED BY A DYNAMIC MODEL

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OBJECTIVES: To evaluate the clinical and economical impact of pneumococcal vaccination in adult population in Spain.

RESULTS: It is estimated that under the given model conditions the direct costs per patient in PegIFN alfa-2a treatment of hepatitis C for 48 weeks amounted to 419,199.36 rubles, and PegIFN alfa-2b – 422,637.12. The direct costs difference in the 1:1 ratio of patients treated with PegIFN alfa-2a and PegIFN alfa-2b amounted to 1,718,880 rubles. The results of the sensitivity analysis according to RDUI revealed a dependence of the results on several variables. The results of the sensitivity analysis demonstrated that the same benefits for the patients can be achieved with a much smaller budget expenditure. The direct costs difference in the 1:1 ratio of patients treated with PegIFN alfa-2a and PegIFN alfa-2b were 43,089.72 and 22,798.64 rubles, respectively.

CONCLUSIONS: When comparing the budget impact by PegIFN alfa-2a and PegIFN alfa-2b, the overall benefit of using PegIFN alfa-2a is increased by 1216 RUB (€ 0.12) per patient in MOX group and 19,020 (€ 0.19) per patient in CEAZ group.

PIN21 CLINICO-ECONOMICAL EVALUATION OF TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA (CAP) COMPLICATED BY Sepsis WITH MOXIFLOXACIN COMPARED TO CEFTRIAXONE + AZITHROMYCIN

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OBJECTIVES: Evaluation of comparative cost-effectiveness of treatment of CAP complicated by sepsis with moxifloxacin compared to ceftriaxone + azithromycin in adult patients.

RESULTS: The decision for tenofovir reimbursement will lead to cost savings and improved medical outcomes for patients with chronic hepatitis B.

CONCLUSIONS: The results of the analysis suggest that national and regional decision makers have considerable space for maneuver into a more appropriate position for resources management, without changing the efficacy and safety results of patients.

PIN22 COMPARISON OF TWO DYNAMIC MODELS PREDICTING FUTURE BURDEN OF ILLNESS OF HEPATITIS C (HCV) IN THE EU-5 (FRANCE, GERMANY, ITALY, SPAIN, UK)

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OBJECTIVES: The objective was to compare two modeling approaches to estimate the future burden of hepatitis C in selected countries. Due to varying efficacy depending on host factors such as viral load at baseline, disease duration, pre-treatment status, and disease severity, complex models are required.

METHODS: Two models were developed. Model A was based on a classic Markov model with seven disease states modeling the impact of the new drugs based on response-guided therapy and efficacy. Drug acquisition cost, treatment management and annual health care cost were determined and the potential budget impact was assessed. Several "what if" analyses were performed. Model B is a dynamic, individual-based, stochastic model requiring a powerful tool to perform sensitivity analysis on uncertain and disputed parameters. All input variables (incidence, prevalence, genotype distribution, cost, drug efficacy) were derived from a systematic literature review and database review. The results of "what if" scenarios with varying treatment rates and the time cost to potential elimination of hepatitis C were modeled. Assuming all patients currently infected with hepatitis C would be treated from 2012 onwards, with efficacies (SVR) ranging between 70% and 80%, and assuming constant infection rates resulted in elimination of hepatitis C by the year 2030 in model A. In model B, which in individual-based host factors were taken into account, elimination was not achieved in the same time period. Different "what if" scenarios for non-responders, variations in baseline host factors, potential relapses and development of resistance were modeled more reliably with the individual-based model.

CONCLUSIONS: Modeling "what if" scenarios on the basis of expected drug efficacy utilizing a dynamic, individual-based stochastic model results in a more comprehensive tool to estimate the distribution of expected future burden of HCV.

PIN23 TO KNOW OR NOT TO KNOW: THAT IS THE QUESTION! BUDGET, ETHICAL AND DECISIONAL IMPACT ASSESSMENT IN HIV: LOMBARDY REGION’S MOLO PROJECT

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OBJECTIVES: The epidemiological transition for HIV-infection from a fatal condition to a chronic disease, has significant impact on decision-making processes to ensure therapy appropriateness and to monitor the rising costs of antiretroviral therapy (ART). Starting from Lombardy Region’s MOLO Project (MOnoterapia LOpini- navir), this analysis aims to develop a methodological model based on treatment appropriateness, and to carry out an impact assessment of the simplification of monotherapy with lopinavir/ritonavir for HIV+ patients vs. standard therapy (NRTI backbone plus a third agent). METHODS: From the cohort of 23,721 HIV+ patients, according to eligibility criteria of 2010 Italian Guidelines, a static (Fys) or (Fys) decision model was produced to study the evolution of the disease, correlating clinical developments with total costs of population under assessment. The model provides 2 possible scenarios: monotherapy control or failure leading to re-induction. Cost of medicines, DRGs, lab tests and all other costs were imputed. The budget impact analysis was completed with an impact assessment comprehensive of: cost-effectiveness analysis, organizational, ethics and equity impact of treatment options. RESULTS: The analysis showed that the simplification to monotherapy with lopinavir/ritonavir had a significant cost impact of over € 41,377 to € 44,417 and a better result vs. standard therapy (NRTI backbone plus a third agent). CONCLUSIONS: The result of the analysis suggests that national and regional decision makers have considerable space for maneuver into a more appropriate position for resources management, without changing the efficacy and safety results of patients.

PIN24 POTENTIAL COSTS ASSOCIATED WITH NEW DIRECT ACTING ANTIVIRAL (DAAS) THERAPY FOR TREATMENT-RESISTANT HEPATITIS C GENOTYPE 1 INFECTION IN THE VETERANS HEALTH ADMINISTRATION

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OBJECTIVES: The Veterans Health Administration (VHA) is the largest single provider of hepatitis C (HCV) care in the United States. The newly approved direct acting antivirals (DAAs), Soceprevir (BOC) and Telaprevir (TEV) have significantly improved treatment rates for HCV genotype 1 (GT1) patients. This project aimed to identify potential costs of DAAs on GT1 patients in the VHA. METHODS: A decision-analytic Markov model was developed to simulate the lifetime progression of HCV disease and to estimate the costs and clinical impacts of DAAs in the current cohort of 103,351 GT1 treatment-naive patients. Estimated federal pricing for drug costs and published response-guided antiviral efficacy data were used in the model. Treatment costs included drugs, inpatient/outpatient visits, and laboratory tests. We