from SPRING-2, SINGLE and FLAMINGO trials, each one of them went through a Markov model to simulate each patient line for 5 years. Our initial treatment to the model included: liver cirrhosis and/or advanced liver disease (decompensated cirrhosis, hepatocellular carcinoma, and liver transplantation). Cost-effectiveness was assessed using the incremental cost-effectiveness ratio (ICER), expressed as cost per quality adjusted life year (QALY). RESULTS: In GT1 TN patients without cirrhosis (8 weeks LDV/SOF treatment) and GT4 TN patients without cirrhosis (12 weeks LDV/SOF treatment), LDV/SOF was cost-effective for all comparators with ICERS of €8,894 and €2,676 versus the next most effective non-dominated option, respectively. In GT1 or GT4 TN patients with cirrhosis, TE patients without cirrhosis, and TE patients with cirrhosis, 12 week LDV/SOF was associated with ICERS of €4,518, €15,666, and €5,435 versus no treatment, respectively. All active comparators were dominated or extendedly dominated. CONCLUSIONS: LDV/SOF represents a cost-effective option versus established practice for GT1 and GT4 TN and TE patients with and without cirrhosis.

Pin75
TESTING FOR NS5A RESISTANCE IN ORDER TO OPTIMIZE ANTIVIRAL TREATMENT WITH LEDIPASVIR/SOFOSBUVIR 12 WEEKS IN TREATMENT-EXPERIENCED PATIENTS WITH NON-CIRRHOTIC GENOTYPE 1 HEPATITIS C Virus TREATMENT EXPERIENCED PATIENTS
Westra KV1, Buurmeester W1, Duchêne F2, Shargia U2, Pisini M1, Tervo M1
1Pharmerit International, Rotterdam, The Netherlands; 2Janssen EMEA, Beerse, Belgium
OBJECTIVES: Sustained virologic response (SVR) of NS5A inhibitor-containing regimens is reduced in genotype-1 hepatitis C virus (HCV) patients with NS5A resistance. The long-term persistence of NS5A resistance limits re-treatment options (Wyles et al, 2015). Latest EASL treatment guidelines recommend simeprevir+sobuvir with/without ribavirin (SMV+SOF+RB) for re-treating patients failing a NS5A inhibitor-containing regimen. This study investigates the cost-effectiveness of NS5A resistance-testing (before treatment) to optimize treatment choice and avoid the need for re-treatment. METHODS: An existing lifetime Markov model was used to estimate disease progression for HCV genotype 1 patients in the UK. Patient subgroups were identified by cirrhosis stage and prior treatment experience. NS5A resistance-testing pre-treatment and subsequent treatment with SMV+SOF or SOF+ledipasvir (SOF-LDV) in patients with or without NS5A resistance, respectively, was compared to a ‘no testing’ scenario where all patients received SOF+LDV as the only active comparator. RESULTS: SVR rates of SOF+LDV in patients with or without NS5A resistance were 50% and 16% respectively. CONCLUSIONS: Obtained results approves the use of rilpivirine/tenofovir/emtricitabine (multi tablet regimen) in treatment of naïve patients with HCV-1 RNA<100,000 copies/ml in the Russian Federation. METHODS: The developed model was by nature a mathematical one. It was based on published data from international researches (efficacy data), from local researches in Eastern Europe (probability of death and disease progression, sexual behavior), and from researches in the Russian Federation (data on HIV-infected patient population, life expectancy etc.). The model included analysis of viral transmission via sexual contact and/or injection drug use. The influence of character of sexual contact, condom effectiveness and efficacy of three schemes of highly active antiretroviral treatment was taken into account. The time horizon was 5 years. RESULTS: Treatment of naïve HIV-infected patients with rilpivirine/tenofovir/emtricitabine leads to potential savings of a number of new infectious cases in Russia, compared to an equivalent treatment with efavirenz+tenofovir/emtricitabine (multi-pill regimen) and lopinavir+tenofovir/emtricitabine (multi-pill regimen) by a term of order 13% (9580 new HIV-patients in 2015). RESULTS: 2,762 patients with HZ were identified, corresponding to an incidence of 4.12% in the adult population. Average age at HZ diagnosis was 60.4. 137,674 HZ cases occurred in immunocompetent Pin78
PHARMACOECONOMIC MODELING OF TREATMENT-HIV INFECTED PATIENTS WITH RILPIVIRINE/ TENOFOVIR/ EMTRICITABIN (SINGLE TABLET REGIMEN) IN RUSSIA
Yagoda R, Kulikov A, Baby YV
1M. Sechenov First Moscow State Medical University, Moscow, Russia
OBJECTIVE: To determine the cost-effectiveness of patients with HZ and PHN in the UK National Health Service (NHS). METHODS: Adults (18+) diagnosed with HZ between 2006 and 2013 were identified from The Health Improvement Network (THIN) linked to the Hospital Episode Statistics (HES) database. Unit costs were assigned from the British National Formulary, PSSRU Unit Costs of Health and Social Care and NHS Payment Groups. RESULTS: 2,762 new HIV-infected patients were identified with PHN, representing the incidence of PHN in HIV-infected patients in 2014. Of these, 148 were included in patients with infectious diseases. Most (32 articles) were in HIV-infected people, 14 articles were in those with hepatitis C, 13 in tuberculosis, 9 in human papilloma virus infection, 7 in pneumonia, and 6 each in influenza and hepatitis B. Twenty-five articles were in Asia were more diverse, with only 3 each on HIV and tuberculosis. The 30 European articles were also diverse, with 5 on hepatitis C, 4 on HIV and pneumonia, and 3 on hospital-acquired infections. Of the 35 North American analyses, 8 related to hospital-acquired infections, 6 to hepatitis C, 4 to hepatitis B, and only 2 each on HIV or tuberculosis. Cost-utility analyses were reported in 58 articles and cost-effectiveness analyses in 45, and only 11 articles stated that indirect costs had been included. RESULTS: The main driver of cost was ATR-treatment (about 80%) followed by the cost of care (around 14%). CONCLUSIONS: With the premises considered, treatment initiation with DTV/ABC/3TC appears to be the most cost-effective option. ART-naive HIV infected patients from the Spanish Health System perspective.

Pin79
THE EPIDEMIOLOGICAL AND COST BURDEN OF HERPES ZOSTER (HZ) AND POST-HERPETIC NEURALGIA (PHN) IN THE UK
Taube V, Schwarzward J, Butt T, Gama P, Gauthier A, Gallagher E
1Amara, London, UK; 2Sanofi Pasteur MSD, Maidenhead, UK
OBJECTIVES: This retrospective database analysis aimed to update epidemiological and cost estimates related to HZ and PHN in adults from the perspective of the UK National Health Service (NHS). METHODS: Adults (18+) diagnosed with HZ between 2006 and 2013 were identified from The Health Improvement Network (THIN) linked to the Hospital Episode Statistics (HES) database. Unit costs were assigned from the British National Formulary, PSSRU Unit Costs of Health and Social Care and NHS Payment Groups. RESULTS: 2,762 patients with HZ were identified, corresponding to an incidence of 4.12% in the adult population. Average age at HZ diagnosis was 60.4. 137,674 HZ cases occurred in immunocompetent patients aged 50 or more. 21% of HZ patients developed PHN at least 3 months after HZ diagnosis. The mean duration of PHN was 13 months. In the first month of diagnosis, the mean cost of HZ per patient was £65.5 (61 visits, 29 medications, 10 hospitalisations). The mean cost of PHN per patient was £192.6 (63 visits, 37 medications, 13 hospitalisations) and the mean cost per patient per year was £58.7. The total cost associated with incident cases of HZ and PHN over a year was estimated at £52,543,827 in the UK. PHN was the most important driver of cost (72% of total). CONCLUSIONS: This study re-affirms the significant burden of HZ and PHN on the UK health care system and shows that the mean age of HZ onset is significantly lower than current recommended age for HZ vaccination.