groups in high risk. The aim of the study is to evaluate the economic consequences of the vaccination against HAV in population groups at high risk and to compare the results with the vaccination of all 1-year old children in the population. METHODS: Cost-benefit analysis was performed based on epidemiological data for the number of incidents in the high risk groups and the treatment cost of the HI developed. RESULTS: Those costs were compared with the cost of vaccination. Two vaccine scenarios were created: 1. Prophylactic one dose vaccination and 2. One initial and one booster dose application. The validity of the results was tested by a sensitivity analysis using two different scenarios: vaccination of all people in the high risk group (n=32,606) induces savings for the health care system because the cost of vaccination is less than the cost of treatment of the people with HAV infection (n=4,656). The cost of vaccination varies from 514.46€ depending on the vaccination group. The second scenario is referred to as the "second scenario", respectively. The expenditures for infected people's therapy are 547.25€. Thus the net savings account for €1 289.932 and €52,608, respectively. CONCLUSIONS: In the analysis performed, the vaccination against HAV in population groups at high risk and in the periods of epidemic outbreaks.

PIN30 PRELIMINARY ASSESSMENT OF THE COST OF TREATMENT FOR CHRONIC HEPATITIS C VIRUS INFECTIONS WITH SOFOSBUVIR AND FIRST GENERATION ANTIVIRALS ACROSS EIGHT COUNTRIES

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OBJECTIVES: The new wave of HCV drugs reaching the market in 2014 offer higher cure rates and shorter treatment times; however, the new antivirals have been met with concerns regarding the costs associated with the new drugs by payors and the WHO. We have set out to examine the costs of treatment with sofosbuvir, compared to first generation agents (PegInterferon and Ribavirin) in eight countries. We estimated the manufacturer price of sofosbuvir, telaprevir and boceprevir in Norway, Denmark, Germany, Luxembourg, Portugal, Slovenia, Turkey, and the United States. Treatment costs were estimated by using standard of care models, peginterferon/ribavirin (HCV genotype 1, including individual daily dosage strength and recommended length of treatment for each antiviral. Interferon and ribavirin costs, any potential discounts or rebates negotiated with payors and potential follow-up courses of therapy for sofosbuvir were estimated from the study. Prices were extracted from IMS Life Sciences' international pricing database POLI. All foreign currency was converted to USD using XE Currency Converter for comparison. RESULTS: Costs of treatment with sofosbuvir varied significantly across the eight countries, being highest in the US at USD84,000 then Portugal USD66,55 and USD40,120 in the US. On average across the eight countries, treatment with sofosbuvir was 10% higher than telaprevir, and 18% higher than boceprevir based on the list price. CONCLUSIONS: Our preliminary assessment has highlighted the variable treatment costs of HCV antivirals across countries. Comparisons of treatment costs with next generation treatments versus first-generation antivirals will see expenditure for HCV therapeutics increase significantly. However, sofosbuvir has demonstrated cure rates of over 95% in genotype 1 HCV patients with a favourable safety profile, thus reducing costs of re-treatment, medical visits, and treatment of advanced liver disease.

PIN31 COST ANALYSIS FOR MANAGEMENT AND PREVENTION OF HEPATITIS B VIRUS REACTIVATION

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OBJECTIVES: To prevent reactivation of hepatitis B virus (HBV) following chemotherapy or radiotherapy, appropriate medical interventions including HBV screening and antiviral prophylaxis for patients at risk of reactivation should be provided. Cost information of managing HBV reactivation is needed to evaluate cost-effectiveness of HBV prevention strategies in Japan. METHODS: Annual number of patients who have received cancer chemotherapy, biologic therapy for rheumatoid arthritis, or stem-cell/organ transplantation was estimated using information of national statistics and expert opinions. Costs of HBV screening and antiviral prophylaxis were calculated by following the HBV reactivation management guideline and reimbursement rates. A Markov model was created to compare two vaccination strategies of HBV infections (current selective vaccine program vs. universal vaccine program) by considering risk of receiving chemotherapy or immunosuppressive therapy, management costs of HBV reactivation, and disease-specific mortality during 90 years of follow-up. RESULTS: Costs for HBV reactivation management were estimated 688 yen per person in selective vaccination strategy compared with 350 yen per person in universal vaccination strategy, with annual discount rate of 3%. On one-way sensitivity analysis, estimated costs were sensitive to annual discount rates and risks of HBV infections. CONCLUSIONS: Absolute difference in the HBV management costs with next generation treatments versus first-generation antivirals will be based on the list price. The Russian Presidential Academy of National Economy and Public Administration, Moscow, Russia

OBJECTIVES: To compare treatment costs for the fixed dose combination (FDC) tenofovir and emtricitabine (TDF/FTC) versus FDC abacavir and lamivudine (ABC/3TC) each in combination with efavirenz (EFV) in treatment-naive adults with HIV-1 infection in Russia. METHODS: A mathematical model (Excel) to evaluate costs of treatment, including drug (1st and 2nd lines of therapy) and patient management costs. In the model individuals remained on their current regimen or moved to the 2nd line of therapy after the first 48 weeks on therapy. Transition probabilities were based on the proportion of patients with viral response measured as HIV-1 RNA <50 copies per mliriter from the clinical trial with TDF/FTC + EFV vs ABC/3TC + EFV head-to-head comparison. Costs were based on registered drug prices, reimbursement rates in public medical insurance and data on government procurement in Russia in 2014. RESULTS: It was expected that after the 48 weeks of treatment 71.0% of patients in TDF/FTC + EFV group and 59.4% of ABC/3TC + EFV remain on the initial regimen. The total average costs per patient for 96 weeks of therapy, including drug (1st and 2nd lines of therapy) and patient management costs, were lower for TDF/FTC + EFV (€6,528) than for ABC/3TC + EFV group (€7,123). CONCLUSIONS: FDC TDF/FTC in 1st line therapy in treatment-naive adults with HIV-1 infection was more cost-effective than FDC ABC/3TC + EFV for 96 weeks of treatment in Russian Federation.

PIN35 POTENTIAL RISK-SHARING AGREEMENTS FOR VACCINES

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OBJECTIVES: After each negotiation between a health care provider and a payer, financial risks exists that may jeopardize the payer’s budget. Risk-sharing agreements (RSAs) in medical care can be used to reassure payers on budget trajectory. This has grown during the recent years resulting from increased budget restric-