visits, hospitalization days and costs associated with adverse events, which included medical interventions. RESULTS: We assessed the median and maximum costs of antiretrovirals (ART) and, as the first step, we represented cost estimates of antiretrovirals (ART). We then performed sensitivity analysis to test the robustness of the estimated costs. RESULTS: The median and maximum costs of ART were $15,400 and $30,000, respectively. The median and maximum costs of ART per patient were $10,000 and $20,000, respectively. CONCLUSIONS: We estimate that ART costs for patients with chronic hepatitis C range from $10,000 to $30,000 per patient. These estimates are robust and can be used to inform cost-effectiveness analysis in future studies.

PIN53 THE COSTS OF MANAGING GENITAL WARTS IN THE UK BY DEPLOYED NATION: ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND

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OBJECTIVES: To estimate the incremental cost of treating patients with genital warts (GW) in the UK.

Methods: A cost per patient analysis was conducted in each of the four nations (England, Scotland, Wales and Northern Ireland). The full NHS costs for the management of GW included the costs of diagnosis, treatment and follow-up. The economic evaluation was based on a Markov model using data from the literature and the National Health Service (NHS) costing database. A Markov model was used to simulate the management of GW over a 12-month period. The model was discounted at 3.5% per annum and costs were expressed in 2011 prices.

Results: The estimated mean costs of treating GW were £5,113 per patient in England, £4,659 per patient in Scotland, £5,686 per patient in Wales and £6,620 per patient in Northern Ireland.

Conclusion: The costs of managing GW are high, ranging from £4,659 to £6,620 per patient. There are significant differences in costs between the four nations, with Northern Ireland having the highest costs. Further research is needed to improve the precision of these estimates.

PIN54 IMPACT OF TREATMENT FAILURE ON THE TOTAL COST OF TRIPLE THERAPY INCLUDING BOCEPREVIR OR TELAPERVIR BASED ON THE FRENCH EARLY ACCESS PROGRAM: A COST-OUTCOME STUDY

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OBJECTIVES: The ANRS CO20-CUPIC study was designed to evaluate triple therapy (TT) in patients with chronic hepatitis C (CHC) who were intolerant to or who failed treatment with boceprevir (BOC) or telaprevir (TLV). The study included a total of 472 patients. The aims of the study were to evaluate the impact of treatment failure on the total cost of triple therapy (TT) and to identify factors associated with treatment failure.

Methods: A prospective, open-label, multicenter, non-comparative study was conducted in France. The study included patients who had failed treatment with BOC or TLV and who were intolerant to or who had intolerance to protease inhibitor (PI) therapy. The primary endpoint was the proportion of patients with treatment failure. The secondary endpoints included the total cost of triple therapy and the number of health care visits.

Results: Overall, 26% of patients experienced treatment failure. The average number of health care visits was 13.2 per patient. The average number of health care visits was significantly higher in patients who failed treatment compared to those who completed treatment (p < 0.001). The average total cost of triple therapy was €10,834 per patient. The cost of adverse events (AE) was €10,834 per patient. The average number of AE events was 3.6 per patient.

Conclusion: Treatment failure significantly increases the cost of triple therapy. Further research is needed to identify factors that can help reduce treatment failure.

PIN55 PREDICTORS OF COSTS OF ANTIRETROVIRALS FOR HIV INFECTION IN ITALY: A MULTICENTRIC RETROSPECTIVE IN 2012

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OBJECTIVES: To identify the predictors of costs of antiretrovirals (ARV) and to assess the impact of treatment with ARV on the health care system in Italy.

Methods: A multicentric retrospective study was conducted in Italy. The study included 1,081 patients who were receiving ARV therapy. The primary outcome was the cost of ARV therapy. The predictors of costs were identified using a multivariate linear regression model.

Results: The mean cost of ARV therapy was €20,975 per patient per year. The predictors of costs included age, CD4 count, and virological response. The multivariate model explained 35% of the variance in the cost of ARV therapy.

Conclusion: The cost of ARV therapy is influenced by patient characteristics and treatment outcomes. Further research is needed to identify other predictors of costs and to develop strategies to reduce costs.