model. These included the rates of response and remission during the induction period. Adverse events were also important; however, only those for standard care were key drivers in the submission, while adverse event rates for both treatments were important in the reconstructed model. CONCLUSIONS: Rates of response, remission and adverse events are important drivers of cost-effectiveness in Cohoon’s disease.

PG13 MODELLING THE COST-EFFECTIVENESS OF THE ALL ORAL, DIRECT-ACTING ANTIVIRAL REGIMEN DAACLATAVIR PLUS SOFOSBUVIR IN PATIENTS CO-INFECTED WITH HEPATITIS C VIRUS (HCV) AND HIV

McDewan P1, Ward T1, Webster S1, Kalsekar A1, Brenner M2, Yuan Y1
1Health Economics and Outcomes Research Ltd, Monmouth, UK, 2Bristol-Myers Squibb Pharmaceuticals Ltd, Princeton, NJ, USA, 3Bristol-Myers Squibb Pharmaceuticals Ltd, Uxbridge, UK

OBJECTIVES: Compared to infection with hepatitis C virus (HCV) alone, patients co-infected with HIV have faster disease progression, decreased quality of life and increased rates of mortality. The objective of this study was to evaluate the cost-effectiveness of novel, all oral direct-acting antiviral regimens for the treatment of recurrent Clonorchis difficile infection. A Markov model was used to model a cohort of HCV/HIV co-infected patients (mean age 50 years, 50% female, evenly distributed across F0-F4) treated with 12 weeks daclatasvir+sofosbuvir (DCV+SOF) versus 24 weeks sofosbuvir+ribavirin (SOF+RBV). Clinical inputs were obtained from a matching-adjusted indirect comparison (MAIC) of ALLY-2 (DCV+SOF: adjusted SVR= 100.0%) and PHOTON-1 (2 SOF+RBV: adjusted SVR= 84.6%). HIV co-infection- and HCV genotype-specific transition rates were applied and analyses combined and weighted per MAIC values (genotypes 1 & 4=56.5%; 2=16.5%; & 3=27%). UK acquisition costs (DCV=£2,043.15, SOF=£2,915.24 and RBV=£66.95 per week), disease state costs (2014, respectively) for the DCV+SOF regimen are driven by the shorter treatment duration and higher SVR, resulting in lower overall acquisition costs and fewer ESDL complications.

PG13 COST-EFFECTIVENESS AND COST-UTILITY OF HOME-BASED HYPERTHERAPY USING COMPACT DISC VERSION INDIVIDUAL HYPERTHERAPY BY A THERAPIST FOR PEDIATRIC IRRITABLE BOWEL SYNDROME AND FUNCTIONAL ABDOMINAL PAIN (SYNDROME)

van Barreweld M1, Rutton F1, Vliegen A1, Frankenhusis C1, George E1, Groeneweg M1, Nordhus O2, Tjon a Ten V1, Waring M1, Merkus M1, Bennings M1, Djikstra M1
1Academic Medical Centre, Amsterdam, The Netherlands, 2Emma Children’s Hospital Academic Medical Centre, Amsterdam, The Netherlands, 3St. Antonius Hospital, Nieuwegein, The Netherlands, 4Medical Care Allsema, Almelo, Allsema Almelo, 5Medical Centre Alkmaar, Alkmaar, The Netherlands, 6Isala Clinics, Zwolle, The Netherlands, 7Maxima Medical Centre, Veldhoven, The Netherlands, 8Ambus Hospital, Brede, The Netherlands

OBJECTIVES: Cut-directed hypertherapy (HT) is a cost effective for irritable bowel syn-drome (IBS) and functional abdominal pain (syndrome) (FAP) in children. We assessed the cost-utility and cost-effectiveness of HT by self-exercises at home using a compact disc (CD) against individual HT performed by a qualified hypo-therapist (HT). METHODS: Alongside a multicentre non-inferiority randomized controlled trial among children with IBS and FAP(S) data on treatment response, quality of life (Health Utility Index 3) and societal and health care costs were gathered at baseline (T0), end of treatment (T1) and 12 (T2) months thereafter. Incremental cost-effectiveness ratios with the extra costs per responder and per QALY were estimated and the cost-effectiveness acceptability of CD was assessed for various levels of willingness to pay (WTP) following non-parametric bootstrapping. RESULTS: After one year, CD treatment resulted in cost savings of €397 (95% bca CI: €794 to +26; P=0.038) compared to IHT. Treatment response in the CD group (62.1%) was non-inferior to the IHT group (71.1%). Offering CD treatment instead of IHT treatment saves €4,411 per treatment non-responder. After correction for differences in health utility at baseline, the mean difference in QALYs (0.014 (95% bca CI: -0.032 to 0.060) slightly favoured CD treatment. The probability that CD treatment is both, cost saving and gaining QALYs, equals 69.7%; the probability that CD is cost-effective equals 0.825 at a reasonable WTP in children of €50,000. CONCLUSIONS: Home-based treatment with HT exercises on CD for children with IBS or FAP(S) is non-inferior and seems cost-effective compared to individual HT with a qualified therapist and could therefore be offered as first line treatment.

PG14 ECONOMIC EVALUATION OF FECAL MICROBIOTA TRANSPLANTATION FOR THE TREATMENT OF RECURRENT CLONORCHIS DIFFICILE INFECTION IN AUSTRALIA

Meirolo G1, Connnelly L1
1Queensland University of Technology, Brisbane, Australia, 2University of Queensland, Brisbane, Australia

OBJECTIVES: Clonorchis difficile is the most common cause of hospital-acquired diarrhea in Australia. In 2013, a randomized controlled trial demonstrated the effectiveness of fecal microbiota transplantation for the treatment of recurrent Clonorchis difficile infection. The aim of this study is to evaluate the cost-effectiveness of fecal microbiota transplantation compared with vancomycin for the treatment of Clonorchis difficile infection in Australia. METHODS: A Markov model was developed to compare the cost-effectiveness of fecal microbiota transplantation compared with standard antibiotic therapy. A literature review of clinical evidence informed the structure of the model and the choice of parameter values. Cost-effectiveness was measured in terms of quality adjusted life years. Uncertainty in the model was explored using probabilistic sensitivity analysis. RESULTS: Using fecal microbiota transplantation rather than vancomycin saves AUS$7,425 (95% CI: AU$252, AUS$12,598) per Clonorchis difficile infection patient. Fecal microbiota transplantation also leads to an incremental increase of 1.02 (95% CI 0.23, 1.81) life years (QALYs) and 0.48 (95% CI 0.15, 0.77) quality adjusted life years per patient compared with vancomycin. CONCLUSIONS: Based on current evidence, fecal microbiota transplantation is cost saving compared with standard antibiotic therapy for the treatment of recurrent Clonorchis difficile infection. Also, the long-term safety and quality of life outcomes for patients receiving fecal microbiota transplantation is warranted.

PG15 EVALUATION OF THE COST-EFFECTIVENESS OF RIFAXIMIN-A in the REDUCTION of RECURRENCE of OVERT HEPATIC ENCEPHALOPATHY in BELGIUM

Benni E, Connolly M, Conway P, Radwan A, Currie C
1PharmIntelligence, Cardiff, UK, 2University of Groningen, Groningen, The Netherlands, 3Norgine Limited, UK, 4Norgine Ltd, Uxbridge, UK, 5Cardiff University, Cardiff, UK

OBJECTIVES: Hepatic encephalopathy (HE) is associated with morbidity and mortality. Rifaximin-a is effective in reducing the recurrence of episodes of overt HE, and reduces hospital utilisation. The objective was to characterise the cost effectiveness of HE prophylaxis using rifaximin-a for patients with liver cirrhosis in Belgium. METHODS: This economic evaluation used a Markov state transition model. The outcome metric was the incremental cost per quality adjusted life years (QALYs). Sensitivity analysis and bootstrapping were performed to explore the uncertainty in the model. RESULTS: Inpatients with overt HE episodes, the likelihood of hospital admission and LOHS, rifaximin-a 550 mg + SOC in patients with recurrent HE in the context of liver cirrhosis, represented good value and was cost-saving compared with SOC.

PG16 ECONOMIC EVALUATION OF INFlixIMAB FOR TREATMENT OF REFRACTORY ULCERATIVE COLITIS IN BELGIUM: COST-UTILITY EFFECTIVENESS ANALYSIS

Moradi N1, Tofighi S2, Zanganeh M3, akbari Sari A1, Zarei L1
1shahid beheshti university of medical science, tehran, Iran, 2Baghiatallah University of Medical Sciences, tehran, Iran, 3Ministry of Health and Medical Education, tehran, Iran, 4tehran univercity of medical science, tehran, Iran

OBJECTIVES: The aim of this study was assessing cost-utility of infliximab compared with current treatments in patients with moderate to severe ulcerative colitis (UC) in Iran. METHODS: We conducted a decision tree model with 5 year time horizon to follow up 1000 hypothetical patients for estimating treatment costs and outcomes. Patients were individuals with moderate to severe UC that is resistant to current treatments. Remission rate, clinical response and surgery were selected as clinical outcomes. Then for estimating QALY, utility value related to each state draw form published literature. We also estimated associated probabilities using patients medical records and specialists’ opinion. Costs of treatment including physician visits, laboratory tests, hospitalizations, surgery and drugs were estimated based on the public and private sector tariffs and drug price list that set by pricing committee of food and drug administration. Infliximab costs at dosage of 5 mg/kg were calculated for UC patients with average weight of 75 kilogram. RESULTS: Incremental cost-utility ratio of infliximab treatment in UC patients estimated with public and private sector tariffs were 18 260 and 188 366 dollars per QALY gained compared with current treatments, respectively. CONCLUSIONS: According to recommendation of world health organization for choosing cost effective intervention, interventions with relative cost effectiveness value less than 3 time of gross domestic production per capita are cost-effective. So for UC patients, our finding indicates that ICER value with public and private sector tariffs are more than 3 time of local GDP per capita, 3.8 and 39.5 respectively and infliximab treatment is not cost effective. PG17 A COST-UTILITY ANALYSIS OF PROLONGED-RELEASE TACROLIMUS RELATIVE TO IMMEDIATE-RELEASE TACROLIMUS AND CICLOSPORIN IN LIVER TRANSPLANT RECIPIENTS IN THE UK

Muduna G1, Odelyani IA, PMeasure Ltd
1Medicines for Europe, London, UK, 2Astellas Pharma Europe Ltd, Chertsey, UK, 3Otsion Health Economics and Communications GmbH, Basel, Switzerland

OBJECTIVES: Calcineurin inhibitors represent the cornerstone of immunosuppressive therapy following liver transplantation. A recent Bayesian network meta-analysis