The potential cost savings were summarised for a single patient and up-scaled for Switzerland. RESULTS: They are estimated to be approximately $9 Mio CHF for Switzerland for all three scenarios. Scenario 2 contributed most with about 6.5 Mio CHF (70%). For a single patient potential savings of about 10k CHF resulted for scenario 1 and 700k CHF for scenarios 2 and 3. The major share of potential savings accrues from the prevention of both biologic treatment and avoidance of productivity losses. CONCLUSIONS: Even though these results are preliminary and partly based on assumptions, it is expected that the economic advantages are still attractive even when savings might be partly lower. Nevertheless, it is desirable to verify assumptions and potentials by clinical trials and pilot studies.

PIN91

A MACRO ECONOMIC ANALYSIS OF 65 YEAR-OLD “RENDEZ-VOUS VACCINAL” IN FRANCE: WHAT IS THE RETURN ON INVESTMENT?

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OBJECTIVES: Vaccination is the best way to prevent from life-threatening and debilitating infectious diseases that still lead to a huge epidemiological and economic burden in France. The French government’s health authorities recently decided to implement a “rendez-vous” in the vaccination calendar for individuals aged 65 years old, to achieve optimal vaccination coverage rates and improve protection for elderly population against diphtheria, tetanus, seasonal influenza, pneumococcal diseases, pertussis and herpes zoster. The objective of this study was to assess from a governmental perspective the return on investment of the 65 year-old “rendez-vous vaccinal” in France. METHODS: A cohort model was developed to compare the mortality, morbidity, lifetime earnings and transfers of a cohort aged 65 with or without vaccination. The incremental total discounted lifetime direct and indirect tax revenue gained, the reduction in direct medical and social insurance costs resulting from the vaccinations and estimations were employed to calculate the above-mentioned benefits and to decide on which vaccines should be included in the vaccination calendar as an investment rather than a cost. From the French Government’s point of view, promoting actively vaccination for 65 year-old individuals in France will favor healthy age by producing positive returns on investment.

PIN92

WHAT DRIVES UNEMPLOYMENT OF HIV-INFECTED PATIENTS IN GERMANY?

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OBJECTIVES: While the life expectancy of timely antiretroviral treated HIV infected adults converges to that of the general population, there are still imbalances with regard to the labor market (Withington et al. 2011, Dray-Spira et al. (2008); Silver et al. 2006; Frey et al. 2007). German and European studies find that post-intensive care HIV patients of the cohort find that unemployment of HIV patients is significantly related to health related factors such as the number of CD4 cells (Dray-Spira et al. 2007), Dray-Spira et al. (2008) or the average number of ART changes. The present study aims to analyze drivers of unemployment of HIV infected individuals receiving antiretroviral therapy in specialized centers in Germany. METHODS: We prospectively surveyed 656 HIV patients in the age of 18-60 over two years and collected data on potential factors that affect the employment status. We analyzed the associations of unemployment and disease related factors) by means of a logistic regression we identify significant determinants of unemployment. RESULTS: The unemployment rate within our sample is 29.9% which is much higher than the overall German unemployment rate of 6.6%. A poor level of education, concomitant mental diseases, and most of all advanced stage of HIV disease significantly determine the likelihood of being unemployed. Even controlling for other determinants of unemployment, moving from CDC stage A to CDC stage C increases the probability of unemployment by 180%. CONCLUSIONS: We confirm the results of earlier studies that health related factors among HIV patients significantly affects the probability of being unemployed. Specifically, the stage of HIV disease seems to be a good predictor of unemployment. From a health economic point of view, earlier start of antiretroviral treatment and deceleration of disease progression is not only beneficial for the patient but also for the economy as a whole.

PIN93

INDIRECT COSTS AMONG PATIENTS WITH HEPATITIS C VIRUS

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OBJECTIVES: Payers, including employers, are struggling to balance cost of novel therapies for Hepatitis C Virus (HCV) infection. The goal of this study was to examine the potential benefit of treating patients with Hepatitis C virus (HCV) by evaluating indirect costs during the first year following diagnosis. METHODS: Employers and payers who are the main payers for medical care in the US and the number of patients with HCV on the market. Indirect costs of HCV were identified using the Truven Health Analytic’s Health and Productivity Management Database from 2010-2012. Presence and number of days associated with absenteeism (ABS), short-term disability (STD) and long-term disability (LTD) were evaluated among patients with HCV and at least 12 months of enrollment for the year following diagnosis. Costs associated with reduced productivity were monetized using an average hourly wage (ABS) and a proportion of that wage (70% for STD/LTD) and are reported in US$. RESULTS: A total of 5,250 patients met the study inclusion criteria (mean age 51 years, 67% male). Availability of productivity data varied - 586 employees had ABS data, 2,175 had STD data and 1,985 had LTD data during year following diagnosis. Of these data only at least one of ABS, 21% at least one STD claim and 21% at least one LTD claim. Total ABS costs in the year following the HCV diagnosis were $17,439. Among those with claims, STD costs during year following diagnosis were $42,149 and LTD costs were $50,422. A smaller subset of patients had productivity data available during year following diagnosis (n=2,830 [18% ABS, 5% STD, 13% LTD]). Costs during year 2 were similar to first year cost—approximately $21,400 for ABS, $42,700 for STD and $55,500 for LTD. CONCLUSIONS: Novel treatments can be costly but potential reductions in productivity losses may offset these. Payers should consider broad and long-term impact of these medications when making reimbursement decisions.

PIN94

RESOURCE UTILISATION IN A COMPLEX TREATMENT REGIMEN FOR HEPATITIS C GENOTYPE 1 PATIENTS FROM A UK PERSPECTIVE

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OBJECTIVES: Patients treated with triple therapy regimens of a protease inhibitor (PI), pegylated interferon and ribavirin, require monitoring to assess treatment response (HCV-RNA assays) and determine adverse event development (clinical measures and laboratory tests). The aim of this study was to examine resource utilisation associated with treatment of patients with HCV genotype-1 managed in an ambulatory hospital-based setting. METHODS: Data on resource utilisation for patients prospectively enrolled in the Irish Hepatitis C Outcomes and Research network (IHOCR) Treatment Registry, who reached end of treatment (EOT) were gathered. Data on 1) attendances to outpatient clinics for clinical assessment, 2) laboratory tests (FBc, liver profile etc) and 3) HCV-RNA assays were quantified. RESULTS: A total of 500 (92.3%) patients reached EOT to date. Telaprevir accounted for 36 patients, of whom 30% fulfilled criteria for response guided therapy (RGT), while 29% of boceprevir-treated patients fulfilled criteria. A total of 1,371 outpatient clinic visits were documented (range 4-15, modal value 9). Three hundred and fifty-four (10.5%) individual laboratory tests undertaken. A full blood count is the most commonly ordered investigation, n=1,179 (costs incurred 18,864). A total of 382 HCV-RNA PCR assays were completed to EOT (mean of 7.10 range 4-11 (SD = 2)) per patient. This was an excess of expected numbers of HCV-RNA assays from SPC instruction. It was estimated that adherence to mandated HCV-RNA assays would result in cost savings of approximately 9,000 or 180 per patient treated. CONCLUSIONS: There is significant resource utilisation associated with the treatment of HCV patients in a hospital-based setting. Cost savings may be generated by the development of guidance on laboratory monitoring, and careful adherence to decision rule time points. This may have implications for guideline development for monitoring of patients treated with new agents for HCV in the near future.

PIN95

RESOURCE USE AND COSTS FOR MANAGING HCV GENOTYPE 1 PATIENTS IN COLOMBIA FROM THE PAYERS PERSPECTIVE

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OBJECTIVES: To estimate the direct costs of HCV management for genotype 1 patients throughout their lifetime based on the natural history of the disease from payer perspective in Colombia. METHODS: Direct costs were estimated from a payer perspective. An approach of decision analysis (Markov model) was used to manage patients with HCV genotype 1 since the diagnosis for a lifetime perspective. Resources and clinical practice were identified, measured and valued in nine health status (HS) for each disease state and clinical and patterns were validated with a panel of experts in managing HCV patients by payers and the Colombian Ministry of Education. The cost data was valued based on national standard public lists of fees in Colombian pesos (when the fees was released is it up to date or not?). Total costs for each of the health states of the disease were calculated for a one year time horizon. RESULTS: Direct cost were presented in US Dollars using the average year to date exchange rate (USD 1 = COP 1,974). Estimated average direct cost for each health state per year: non diagnostic HCV (USD 512), chronic HCV F0-F3 (USD 1,440), compensated cirrhosis (USD 976), uncompensated cirrhosis (USD 10,780), hepatocellular carcinoma (USD 10,263), liver transplantation (USD 28,883), post transplant (USD 1,933), monitoring drug therapy for HCV and the management of adverse events (USD 1,020), death (USD 15,538). CONCLUSIONS: Chronic HCV infection represents an important economic and humanistic burden for health systems in the world. This micro-costing study provides valuable information for further economic cost of illness analysis from the Colombian payers setting. It also reflects severity and economic impact of HCV related health states.

PIN96

PREDICTING THE EFFECT OF ADVERSE EVENTS AND TREATMENT DURATION ON MEDICAL RESOURCE UTILISATION RELATED COSTS IN HEPATITIS C GENOTYPE 1 TREATMENT-NAÏVE PATIENTS RECEIVING ANTIVIRAL THERAPY

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OBJECTIVES: To model the medical resource utilisation and related costs associated with evaluating the potential patient management and cost-effectiveness implications of antiviral treatments for Hepatitis C Virus (HCV) infection. The objectives of this study were (i) to compare the MRU and related costs for two treatment approaches for the year following the end of treatment, (ii) to assess the effect of various treatment regimen attributes on MRU-related costs in a UK clinical setting. METHODS: The analysis used data collected alongside the simprevir (SIMV) phase II trials for treatment-naïve genotype 1 HCV-infected patients, these data covered outpatient consultations with specialists, emergency