were however not considered to be able to replace CE except for MEA (14% reported that it could replace CE versus 0% for the others). In countries where CE is not formally used, the proportion of experts considering them as relevant was lower except for the BOM: Rol (46%), MCDA (46%), QoC (18%), BOM (60%) and MEA (33%). Most reported barriers for use of the alternative methods were: no political interest, unfamiliarity with these methods, lack of support by governmental funding bodies to conduct the evaluation. The method selection was most influenced by the appropriateness to the decision-making question, the country, and the vaccine or disease type assessed. Creating awareness on national economic evaluation methods may support and facilitate the vaccine reimbursement decision-making process in Europe alongside the current CE analysis.

PIN69
ALLOCATING VACCINE FUNDS FOR PNEUMOCOCCAL VACCINATION OF INFANTS AND OLDER ADULTS: A METHOD FOR STRATEGIC EVALUATION IN THE NETHERLANDS
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OBJECTIVES: Pneumococcal conjugate vaccines are available in the Netherlands against pneumococcal disease in infants and adults. This analysis aimed to identify an optimal vaccination strategy between infants and adults when the budget is constrained. Extensive sensitivity analysis is performed around herd protection on Invasive Pneumococcal Disease (IPD) and Community Acquired Pneumonia (CAP), resulting from infant vaccination. METHODS: We developed an optimization model linked to a prevalence-based disease management sub-model. This program allows finding an optimal solution given an objective function (minimize cases, maximize quality-adjusted life years (QALYs) lost, minimize life-years (LYs) lost) under budget constraints. Vaccine efficacy (VE) is based on clinical trial data. The model is run for different scenarios seeking for minimum indirect effect on IPD and on CAP in the whole population, to keep infant vaccination at the level given by the constrained budget. RESULTS: With the current disease burden and vaccine coverage rate in the Netherlands and considering an overall VE in adults of 37% against CAP and IPD of 37% (estimated from published data), the model shows that vaccinating infants is the optimal strategy that minimizes pneumococcal-related events when compared with adult vaccination. If the objective is to minimize QALY’s lost, vaccinating infants remains the optimal selection as long as the minimum indirect effect is >2% at 10% on IPD. If the objective is to minimize LYs lost, the minimum indirect effect should be >3% on CAP or >2% on IPD. Sensitivity analyses show that even if CAP VE in adults is 3 times higher, the estimated minimum indirect effect needed is still below the one obtained with the first pneumococcal conjugate vaccine. CONCLUSIONS: The optimal strategy within a constrained budget is to maintain infant vaccination instead of initiating elderly vaccination, given the reported evidence of indirect protection.

PIN70
COST-EFFECTIVENESS ANALYSIS OF A SHINGLES VACCINATION PROGRAM TO PREVENT HERPES ZOSTER AND POST-HERPETIC NEURALGIA IN THE SPANISH SETTING
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OBJECTIVES: A live-attenuated vaccine aiming at preventing herpetic zoster (HZ) and post-herpetic neuralgia (PHN) is available in Europe for immunocompetent adults aged ≥50 years. The study objective is to assess the incremental cost-effectiveness ratio (ICER) of a vaccination program for HZ and PHN against standard of care of no-vaccination. METHODS: A state-transition Markov model has been developed to simulate the natural history of HZ and PHN and the lifetime effects of vaccination. Several health states are defined including good health, HZ, PHN and death. HZ and PHN health states are divided to reflect real disease incidence by 50% in children younger than 10 years increased incremental cost-effectiveness ratio (ICER) from €1,237 per quality-adjusted life year (QALY) to €18,917/QALY for PegIFN-α and from €16,049/QALY to €35,040/QALY for PCV-13. At current prices, vaccination with PegIFN-α dominates NVS when at least 17.5% of patients with child sickness would take a paid leave, which – in the Slovenian jurisdiction – constitute direct costs; in comparison, corresponding ICER for vaccination with PCV-13 vs. NVS was €12,306/QALY. CONCLUSIONS: Both base case and SA model findings suggest that Slovenian authorities implement national immunization program of infants with HZ vaccine as a vaccine of choice.

PIN73
THE PAN-GENOTYPIC COSTS-EFFECTIVENESS OF SOLOFUBIR IN HEPATITIS C VIRUS
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OBJECTIVES: This study assesses the PAN-genotypic costs-effectiveness of sofosbuvir compared with standard of care in the Netherlands. METHODS: Untreated hepatitis C virus (HCV) infection results in chronic liver disease. The prevalence in The Netherlands is estimated at 0.1-0.4% with 50% of patients having HCV genotype 1 (GT1), 10% GT2, 30% GT3 and 10% GT4-5-6. Current standard of care (SoC), regardless of genotype consists of weekly subcutaneous pegylated interferon-alpha (PegFlna-α) plus daily oral ribavirin. In GT1, the protease inhibitors telaprevir or boceprevir are added. Sofosbuvir (SOF), a novel Direct Antiviral Agent (DAA), has consistently shown an SVR rate of 28% in GT1 with standard of care in the Netherlands. RESULTS: The incremental QALY gain for SOF was 1.23 in PegIFN-α and from €33,516/QALY to €18,917/QALY for PegIFN-α and from €16,049/QALY to €35,040/QALY for PCV-13. At current prices, vaccination with PegIFN-α dominates NVS when at least 17.5% of patients with sick children would take a paid leave, which – in the Slovenian jurisdiction – constitutes direct costs; in comparison, corresponding ICER for vaccination with PCV-13 vs. NVS was €12,306/QALY. CONCLUSIONS: Both base case and SA model findings suggest that Slovenian authorities implement national immunization program of infants with HZ vaccine as a vaccine of choice.

PIN74
COST-EFFECTIVENESS OF HUMAN PAPILLOMAVIRUS VACCINATION PROGRAMMES PARALLEL TO CURRENT ROUTINE VACCINATION OF YOUNG TEENAGE GIRLS
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