(NMA) has evaluated the relative efficacy of ciclosporin, prolonged-release (PR) and immediate-release (IR) tacrolimus in adult liver transplant recipients based on a randomized controlled trials and large observational studies published since 2000. Based on the NMA findings, the present study evaluated the cost-effectiveness of FR tacrolimus relative to ciclosporin or IR tacrolimus in liver transplant recipients. The model captured costs associated with immunosuppression, rejections, deaths, and costs of treatment of side effects. Incremental cost-effectiveness ratios (ICERs) were used to estimate the clinical and economic outcomes. The results were presented in terms of Incremental cost-effectiveness ratios (ICERs) of GBP 15,443 per QALY gained. Relative to IR tacrolimus, QALE increased by 0.17 quality-adjusted life years (QALYs) with PR tacrolimus relative to IR tacrolimus. Costs increased by 0.56 QALYs over five years. This translated into a cost-effectiveness ratio of GBP 29,317 per QALY gained. Sensitivity analysis showed the analysis to be robust to the various assumptions. CONCLUSIONS: Based on a UK-specific analysis of the projected cost and effectiveness of FR tacrolimus relative to IR tacrolimus and ciclosporin, FR tacrolimus improved life expectancy and quality-adjusted life expectancy relative to both IR tacrolimus and ciclosporin. While costs of FR tacrolimus were higher, the incremental cost-effectiveness ratios fell below GBP 20,000.

PG138 EVALUATION OF THE EFFECTIVENESS AND SOCIO- ECONOMIC IMPACT OF RIFAXIMIN–A 550MG IN THE REDUCTION OF RECURRENCE OF OVERT HEPATIC ENCEPHALOPATHY IN THE NETHERLANDS.

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OBJECTIVES: Hepatic encephalopathy (HE) is associated with high morbidity and mortality. Rifaximin–a 550mg is effective in reducing the recurrence of overt HE episodes, and hospital utilisation. We characterised the cost effectiveness including: social care impact of HE, hospital cost of HE in a standard of care (SOC) versus Rifaximin alone (lactucole) in patients with liver cirrhosis in The Netherlands. METHODS: A Markov state transition model was used. Outcome metrics were incremental cost effectiveness ratios (ICERs), derived from cost/quality adjusted life years (QALYs) estimates and estimates of impact of work productivity loss among patients/care users using a friction cost method reflecting patient and societal considerations in the model. Outcomes data were from two trials of rifaximin–550mg. Dutch costs data (2010 prices) were used. Standard cost estimates were from the Dutch costing manual (2010) inflated to 2015 prices. Health-related utility was estimated indirectly from disease-specific quality of life RCT data. The time horizon was five years but both social and costs were discounted at 4% and 1.5%, respectively. Real world data were applied into the model for length of hospital stay and number of admissions. RESULTS: 5 year average costs of included care/societal elements was €83,386 in the rifaximin–a 550mg + SOC arm and €82,968 in the SOC arm, a difference of €418 per year. Corresponding values for benefits were 2.45 and 1.89 QALY/person respectively, a difference of 0.56 QALYs over five years. This translated into a cost-effective base-case ICER of €9,576 at a 5% time horizon. CONCLUSIONS: Use of rifaximin–550mg + SOC in patients with recurrent in the context of liver cirrhosis represented good value and was cost-effective compared with SOC alone, by reducing overt HE episodes, the likelihood of hospital admission and hospital length of stay.

PG139 A COST-UTILITY ANALYSIS OF DIFFERENT ORAL ANTIVIRAL MEDICATIONS IN PATIENTS WITH CHRONIC HEPATITIS B IN IREN: AN ECONOMIC MICRO-SIMULATION DEcision MODEL

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OBJECTIVES: Hepatitis B infection is the major cause of chronic liver disease in Iran. This study has been designed to evaluate the cost-effectiveness of different antiviral medications for CHB in Iran. METHODS: An economic evaluation of cost-effectiveness was conducted to assess five oral medication strategies including: Adefovir, Lamivudine, Adefovir + Lamivudine, Entecavir, and Tenovifvir. A Markov micro-simulation model was used to estimate the clinical and economic outcomes in a life time horizon and based on a societal perspective. Medical and non-medical direct costs and indirect costs were included in the study and Life-Time Gained (LYG) and Quality-Adjusted Life-Years (QALYs) were determined as the measures of effectiveness. The results were presented in terms of Incremental Cost Effectiveness Ratio (ICER) per QALY or LYG. The model was consisted of nine states of the disease, the transition probabilities for the movement between the states were obtained from clinical evidence gathered from all over the world. Probabilistic sensitivity analyses (PSA) was used to measure the effects of uncertainty in model parameters. RESULTS: Results showed that the Tenovifvir was the most cost-effective treatment with the lowest ICER of €193 per QALY gained. All other antiviral medications were less cost-effective than Tenovifvir, with ICERs ranging from €3,125 to €25,298 per QALY gained. CONCLUSIONS: In this study, Tenovifvir was the most cost-effective therapy for the treatment of CHB in Iran.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PG40 PATIENTS’ PERCEPTION OF ADHERENCE TO THERAPY IN ULCerATIVE COLITIS: RESULTS OF A SURVEY TO CONCENTRATED CENTERS.

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OBJECTIVES: Patients with ulcerative colitis reported that the complexity of the treatment regimen, the amount and frequency of administration of the therapy are key elements in influencing non-adherence to therapy. METHODS: The objective of the work was to evaluate the perception of patients with ulcerative colitis compared to adherence to treatment, through a questionnaire distributed by clinicians of some Italian hospitals to patients with ulcerative colitis. RESULTS: The study showed that 37.1% of patients did not adhere to therapy in the last 3 months, and the average age of patients is between 5 and 90 years; 46% of the sample is female, 54% are males. More than 50% of patients surveyed has a disease duration of less than 10 years and about 35% less than 5 years (median 8 years). There is a prevalence of cases of ulcerative left (51%) and 34% reported pancolitis, 14% proctitis and 0.5% chronic. The 73% denied having adherence issues; the perception of adequate intake of therapy is almost complete: only 16% admit to not be adherent. The main reason for non-adherence to treatment, regardless of the formulation prescribed, remains forgetfulness (48%), followed by the fact of feeling good (20%). In this respect there is a significant difference depending on whether the disease is in the active phase (47%) or in remission (67%). CONCLUSIONS: There is a strong adherence by patients, discordant from the literature as regards the reasons for non-adherence in the low percentage in our study, this result appears instead in line with what reported in literature. The direct consequence of a failure or suboptimal adherence to treatment involves more than the increase in the risk of recurrence of the disease, since patients often interrupt chronic medication because they feel good, even a simultaneous increase in costs borne by patients and health care system.

PG41 HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN POLAND (APPLICATION OF THE EQ-5D AND SELF-ASSESSMENT QUESTIONNAIRE).

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OBJECTIVES: The EQ-5D is a standardized, non-disease-specific instrument for describing and valuing patients’ health-related quality of life (HRQol). The aim of this study was to measure HRQol with the use of the EQ-5D and to compare it with self-assessment of health status in IBD patients. METHODS: An online survey was performed. After having given informed consent and in order to gain experience with time-trade-off (TTO) method, patients randomly chose between EQ-5D and TTO methods. Equivalence of both methods was assessed. Results: A total of 169 patients (64, 93% completed EQ-5D, and 65% - TTO. Mean age of respondents was 29.8±9.9 years (range: 18–70); 63 patients were ulcerative colitis (UC) and 84 from Cohn’s disease (CD). In 40 patients the diagnosis was made within one year, 91 patients were 1-9 years and 38 at least 10 years since diagnosis. 45 patients had an one-year disease duration, 20, 15, 11, 7 and 117 patients had at least moderate deterioration in domains: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Mean EQ-5D value (using Polish TTO norms) was 0.78 ± 0.22 and mean VAS was 48.3 ± 15.5. There was a significant correlation between EQ-5D and self-evaluation of health state (mean value 0.83, r=0.279, p<0.001). There was no statistically significant difference in any of the subgroup analyses in any of the subgroup analyses (CD vs. UC: 0.821 vs. 0.839, p<0.05; CD vs. UC: 0.835 vs. 0.866, operation vs. only conservative treatment: 0.823 vs. 0.831, p<0.05). CONCLUSIONS: EQ-5D appeared valid and informative in Polish IBD patients. However, it seems not to be sensitive enough to distinguish between different subgroups in this heterogeneous population.

PG42 COMPOUND ATTRIBUTES FOR SIDE EFFECT IN DISCRETE CHOICE EXPERIMENTS: RISK OR SEVERITY – WHAT IS MORE IMPORTANT TO HEPATITIS C PATIENTS?

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OBJECTIVES: In order to make decisions experts and patients have to face trade-offs between benefit and harms. Harms can be expressed as the risk of occurrences and also the severity. Ideally a combination of both should be taken into account when making decisions. In the context of approval, allocation decisions and benefit assessment, the question arises as risk and severity of side-effects are included in the decision making process. METHODS: The discrete choice experiment was used to elicit patients’ preferences for side effects of antiviral therapy for chronic hepatitis C and their importance and risk. Thus, patients’ preferences regarding the probability of occurrence and severity of side-effects could be measured. The decision model included sustained virological response (SVR) and side effects. The following compound side-effect attributes was considered: rash, anaemia, nausea/diarrhea, tiredness/fatigue and headache. The compound attribute were combined out of risk and severity, resulting in 6 levels per attribute. The experimental design (3X5X6) (Gehna) consisted of 543 choices. RESULTS: N=84 hepatitis C patients (58.1% male) participated in computer-assisted personal interviews. Within the random parameter logit model (95%) the preference analysis could show that patients valued severity of side effects differently. The analysis of the six levels e.g. for the side effect ‘anaemia’ was weighted the following: coef.”mild...