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 savings in indirect costs from 2 year period onwards and from 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. France has 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 diptheria, 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 savings resulting from the vaccinations were estimated and compared to vaccination budget etc. Uncertainty was handled using univariate sensitivity analyses on vaccination coverage, epidemiological data, economic parameters and discount rates.

RESULTS: From a governmental perspective the return on investment of the 65 year-old ‘rendez-vous vaccinal’ in France is 87% had at least one day of ABS, 21% at least one STD claim and 2% at least one LTD claim. Total ABS costs in the year following diagnosis were USD 2,470 for STD and USD 55,500 for LTD. CONCLUSIONS: Novel treatments can be cost-effective if the potential reduction 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
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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 assessments 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 (FOHR) Treatment Registry, who reached end of treatment (EOT) were gathered.

RESULTS: Data on 1) attendances to outpatient clinics for clinical assessment, 2) laboratory tests (FBC, liver profile etc.) and 3) HCV-RNA assays were quantified. A total of 514 patients, who had complete data, was included. Overall, 4,581 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 one of the highest numbers of HCV-RNA assays from SPC investigation. It was estimated that adherence to mandated HCV-RNA assay 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. For each treatment arm of the German population health care system, the average costs per patient treated with HCV genotype 1 from the Colombian payer’s perspective were calculated.

RESULTS: The analysis used data collected alongside different treatment approaches for HCV genotype 1 patients treated with new agents for HCV in the near future.

PIN96
PREDICTING THE EFFECT OF ADVERSE EVENTS AND TREATMENT DURATION ON MEDICAL RESOURCE UTILISATION RELATED COSTS IN HEPATITIS C GENOTYPE 1 TREATMENT-NAIVE PATIENTS RECEIVING ANTI-VIRAL THERAPY
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OBJECTIVES: To examine the relationship between drug-related costs and the occurrence of adverse events and treatment duration on medical resource utilisation related costs is important for 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 treatment start, (ii) to identify determinants of resource use and costs, and (iii) to assess the effect of various treatment regimes attributes on MRU-related costs in a UK clinical setting.

METHODS: The analysis used data collected alongside the simprevir (SMPV) phase II trials for treatment-naive genotype 1 infected patients. These data covered outpatient consultations with specialists, emergency

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