10 years also resulted in a dominant ICER, although the lifetime ICER was SEK5,918 (€639) per QALY. The payer perspective was that of the Swedish healthcare system. Outcome data were derived from a comprehensive study of patients with liver cirrhosis treated in Sweden. Swedish Costs data (2012) were derived from published sources. Health-related utility was estimated indirectly from disease-specific quality of life (QoL) data. The time horizon was 10 years. Costs were discounted at 3.5%. Economic analyses were carried out. Real world data were also applied into the model for length of stay in hospital and the number of admissions to hospital. The number of patient-years at risk for recurrent HE was reviewed to maximize value for money. With tacrolimus representing the current cornerstone of post-transplant immunosuppressive therapy, the present study objective was to evaluate the cost-effectiveness of prolonged-release (PR) tacrolimus (eRAC) versus intermediate-release (IR) tacrolimus. METHODS: A model was developed in Microsoft Excel to evaluate the cost and effectiveness of immunosuppressive regimens in liver transplant recipients. The model captured costs associated with immunosuppressive treatment, hospital stays, complications, and drug discontinuations. The model included the time horizon of 10 years for recurrent HE. The model was used to estimate the incremental cost-effectiveness ratio (ICER) of PR tacrolimus compared to IR tacrolimus. RESULTS: There were significant differences in QALYs in favor of PR tacrolimus. Modeling these results in a UK population showed that, over a three-year time horizon one graft would be saved for approximately every 13 patients treated with PR tacrolimus with minimal impact on costs.

PG123 STUDY ON COST-EFFECTIVENESS ANALYSIS FOR ULCERATIVE COLITIS TREATMENT: A SYSTEMATIC REVIEW OF LITERATURE FROM 2004-2014

Review articles for cost-effectiveness studies of ulcerative colitis (UC) and to evaluate economic approaches that can be applied to Japanese environment. METHODS: The literature search was conducted in MEDLINE and EMBASE. Inclusion criteria were studies of 1) treatment for UC, 2) cost-effectiveness analysis (CEA), 3) published in the past 10 years. Studies were assessed for the following: country, model structure, simulation methods, and key parameters, results, and key drivers determined from sensitivity analysis. RESULTS: Nine studies were reviewed in details. Markov (6 articles) and decision tree (2 articles) models were adopted, and time horizon varied from 10 years to lifetime. In most studies, sensitivity analysis was conducted. CONCLUSIONS: CEA for UC in Japan can increase survival costs of colorectal cancer referred to other studies or official medical fees. Utility scores were referred to other studies (9 articles). Disutility of surgery was estimated based on a previous study. Parameters for the model were set at 1 low cost compared with other PPIs currently reimbursed in Poland in the treatment of GERD.

PG124 EVALUATING THE COST-EFFECTIVENESS OF PROLONGED-RELEASE TACROLIMUS RELATIVE TO IMMEDIATE-RELEASE TACROLIMUS IN LIVER TRANSPLANT PATIENTS BASED ON DATA FROM ROUTINE CLINICAL PRACTICE

Methods: The economic evaluation used a Markov state transition model to compare eRAC to IR tacrolimus. Three-year patient and graft survival data were taken from a recent retrospective European registry analysis and initial dose data were taken from the prescribing information. Costs were taken from the British National Formulary and the National Health Service National Tariff and expressed in 2014 pounds sterling. RESULTS: Over a 3-year time horizon, the number needed to treat (NNT) for PR tacrolimus relative to IR tacrolimus was ~13 to avoid one graft loss and 17 to avoid one death. The model was sensitive to dosing assumptions and enteral nutrition costs varying between GBP 23,725 per treated patient, assuming the same dosing of IR and (per kilogram bodyweight) and an increase of GBP 78 per KGT dose data. CONCLUSIONS: Data from a recent analysis of routine clinical practice data in liver transplant patients on IR and PR tacrolimus showed significant differences in long-term graft survival in favor of PR tacrolimus. Modeling these results in a UK population showed that, over a three-year time horizon one graft would be saved for approximately every 13 patients treated with PR tacrolimus with minimal impact on costs.

PG125 COST-EFFECTIVENESS OF RIFAXIMIN-A 550MG IN THE REDUCTION OF RECURRENCE OF OVERT HEPATIC ENCEPHALOPATHY IN UNITED KINGDOM

This study aimed to estimate the cost-effectiveness ratio of eltomoxo-bapag in the treatment of thrombocytopenia in Italy. Romano F1, Ruggeri M1, Greco C1, Giannini EI, Sacchi D1, Annicchiarico BE4, Marchetti M1, Roldigerio P1, Lizzioo C1

OBJECTIVES: The purpose of this study was to analyze the cost-effectiveness of the association of everolimus (SVE) with reduced tacrolimus doses (rTAC) in liver transplantation patients with renal dysfunction. METHODS: A cost-effectiveness analysis

VALUE IN HEALTH 18 (2015) A335-A766