PG124
cost-effectiveness of interferon-free therapy for hepatitis C in Germany - an application of the efficiency frontier approach
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OBJECTIVES: This study of direct-acting antivirals for interferon-free treatment revolutionized the therapy of chronic hepatitis C infection. As of August 2014, two treatment regimens for genotype 1 infection received approval in the European Union. Sofosbuvir and Ribavirin for 24 weeks and Sofosbuvir and Simeprevir with or without Ribavirin for 12 weeks. We aim to analyze the cost-effectiveness of both regimens in Germany. METHODS: We set up a Markov model with a lifetime horizon to simulate immediate treatment success and long-term disease progression for treat-
ment-naïve patients. The model analyzes both short-term and long-term costs and benefits from the perspective of the German Statutory Health Insurance. We apply the efficiency frontier method, which was suggested by German Institute for Quality and Efficiency in Health Care for cost-effectiveness analysis in Germany. RESULTS: The efficiency frontier is defined by dual therapy and first generation direct-acting antiviral Boceprevir, yielding a maximum of 1,447.69 per additional percentage point of sustained virologic response gained. Even without rebates, Sofosbuvir/Simeprevir is more effective and less expensive than Sofosbuvir/Ribavirin. CONCLUSIONS: In addition to higher sustained virologic response rates, new direct-acting antivirals save long-term costs by preventing complications such as liver cirrhosis, hepato-
cellular carcinoma and ultimately liver transplants, thereby offsetting part of the drug expenditures of patients with HE from a Medicare perspective.

GASTROINTESTINAL DISORDERS - Patient-Reported Outcomes & Patient Preference Studies
PG125
Long-term cost per sustained virologic response in patients with genotype 1 chronic hepatitis C virus treated with vekira pak +/- ribavirin and standard of care in the US
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OBJECTIVES: This study reports the long-term cost per sustained virologic response (SVR) of vekira pak (VKA) plus or minus ribavirin, partaking in interferon-free, direct-acting antiviral regimens in patients with or without ribavirin and standard of care in the US, including sofosbuvir plus sim-
previr (SOF+SMV) and sofosbuvir plus peg-interferon and ribavirin (SOF+P+R), among patients with genotype 1 (GT1) chronic hepatitis C virus (HCV) infection in the US. METHODS: A Markov cost-effectiveness model was used to estimate the long-term cost of HCV. The analysis modeled independent cohorts of GT1 HCV patients over a lifetime horizon with annual cycles from a US payer perspective. Long-term disease progression was assessed based on previous natural history model. Direct medical costs (in 2014 dollars and prices and discounted at 3% per year) were obtained from the published literature. Efficacy and safety data were obtained from published clinical trials. SVR rates were stratified by patient treatment history, cirrhosis status, and sub-genotype, where available. Long-term cost per SVR for a patient segment was calculated by dividing total cost of HCV over patient’s lifetime by the mean SVR rate in that patient segment. RESULTS: The long-term cost per SVR with VKA ranged from $188,250 (with SOF+SMV) to $251,000 (with SOF+P+R) for the non-cirrhotic population and $125,748 (12-week) to $216,520 (24-week) in GT1 cirrhotic patients, $94,433 to $414,413 in GT1a and $88,322 to $125,748 in GT1b treatment-naïve patients on the 12-week regimen. Long-term costs were highest with SOF+SMV at $165,246 (cirrhotic patients), and $341,569 (24-week) in GT1 cirrhotic patients, all treatment histories combined. Long-term cost per SVR with SOF+P+R was $116,713 in GT1a and $134,561 in GT1b naïve patients at 12-week regimen, both non-cirrhotic and cirrhotic. CONCLUSIONS: The model was able to accurately model the cost per SVR in lower than non-cirrhotic than in cirrhotic patients across all regimens. The results of this study suggest that the use of Vekira Pak is a clinically and economically viable strategy for GT1 HCV treatment.

PG126
Using the Medicare claims database to understand the economic burden of liver disease: a case study of hepatic encephalopathy
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OBJECTIVES: Hepatic encephalopathy (HE) is a major complication of liver disease and is becoming more problematic in an aging population with cirrhosis. Medicare is a United States government-sponsored health insurance program that guar-antees access to healthcare for all individuals 65 or older, or who are younger with disability. The objective of this study was to estimate the national healthcare expendi-
tures of patients with HE from a Medicare perspective. METHODS: Inpatient, Outpatient, and Master Beneficiary Research Identifiable Files (RIFs) from the Medicare 5% Sample were utilized for this study. Medicare 5% Sample is a nation-
ally representative sample of healthcare claims data for the Medicare population. RIFs include procedure codes, diagnosis codes, reimbursement, and demographic information. To analyze the economic burden of HE, patients had to have an ICD-9 primary diagnosis code of HE during an inpatient hospitalization. Healthcare utilization/ expenditures for inpatient (IP) and outpatient (OP) procedures for the calendar year 2012 were estimated overall and by age cohorts: ≤52, 62-67, 68-72, 73-77, 78-82, 83+. RESULTS: A total of 1,112 patients were identified with HE in 2012 (47% were male). 27% of the patients were ≤62 years of age while 11% were 83 or older. The most common chronic comorbid condition was hypertension (75%) and 41% had renal failure. The total mean number of visits for HE was 6 (median number of visits 3 (range 1.10 to 11.36)) and varied across age cohorts 14.6 in the ≤62 cohort to 10.7 in the 83+ cohort p<0.001. For patients who had an IP visit the mean length of stay was 5.9 days. Mean inpatient expenditures ranged from $25,364 to $58,625 with the highest expenditures in the ≤62 cohort. CONCLUSIONS: HE is a growing problem in the US and becoming increasingly costly condition for the Medicare population.

PG128
Psychometric validation of the Dysphagia Symptom questionnaire in eosiNophilic esophagiSis patients treated with oral BuDanesonD SUSPension
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OBJECTIVES: Eosinophilic Esophagitis (EoE) is an inflammatory disorder that can have an impact on quality of life in individuals. The psychometric properties of the Dysphagia Symptom Questionnaire (DSQ) were assessed in a Phase 2, ran-
donized, double-blind, placebo controlled study of oral budesonide suspension with an open-label extension program. METHODS: The evaluation focused on three items of the DSQ. Psychometric data were analyzed against the FDA guidance and included item level analysis as well as score validation including floor/ceiling, item discrimination, construct validity and known group’s method, test-retest reliability, responsiveness, and calculation of minimally important differ-
ences (MID). RESULTS: Patients were 69% male, 62% age ≥18, 95% white. Test-retest reliability was strong (r=0.82). Floor/ceiling levels were below the criteria (<0.104; p=0.001). The significant predictors of utility weights in a multivariable regression analysis were the HBI (p=0.001), 7 years of education (p=0.106; p=0.034), and time since diagnosis (p=0.150; p=0.007). (β=0.246). CONCLUSIONS: CD patients suffer from a deprived quality of life even in the remission and mild stages of the disease. Utility weights for these patients were generally lower as compared to values used in published cost-effectiveness analyses. These values should be considered when assessing the value of money for future interventions for CD.

PG129
Self-reported health status of patients with chronic hepatitis B in China
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OBJECTIVES: To study the variations in self-reported health status of mainland Chinese patients with chronic hepatitis B (CHB) prior to initiating nucleos(t)ide analogue (NUC) treatment. METHODS: This study utilized the results of the EVOLVE study, an ongoing observational clinical study of NUCs for treating CHB patients with or without compensated cirrhosis in China. All patients undergoing treatment for CHB were included in this analysis. Among those, less than 2% reported problems in mobility.
CONCLUSIONS: The DSQ is a reliable and valid measure able to clinically discriminate patients along the continuum of dysphagia severity.