for PILLAR, QUEST-1 and QUEST-2, respectively. Having VR only had a minor positive impact, and was not statistically significant for most endpoints/trials. Female patients had significantly lower values for EQ-5D-VI, and numerically lower values for all other QoL measures. CONCLUSIONS: These findings suggest that short-term QoL impairment due to HCV-therapy is driven more by the longer duration of FR-therapy than by not obtaining VR.

PIN89 EVALUATION OF PATIENT REPORTED OUTCOMES (PRO) IN OBESE PATIENTS IN AN ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS (ABSSSIT) PHASE 3 TRIAL

CONCLUSIONS: Hyperactive physicians may incentivize patients to take for the day across the EUS for sofosbuvir, with payers forced to reexamine their traditional P&R schemes and reevaluate how they define cost-effectiveness. However, such aggressive cost-containment measures have consequences, as demonstrated when thousands of streets in Spain in January, 2015, protesting for fairer allocation of HCV treatment. Manufacturers of such premium-priced agents may learn from Janssen’s negotiations on simprevir, which offered trade-offs using teleprevir, as careful balancing of long-range price expectations and reimbursement and uptake potential will be required going forward.

PIN92 PREDICTORS OF VACCINATION AMONG MOTHERS OF INFANTS IN AN APPALACHIAN COMMUNITY

CONCLUSIONS: Despite having higher socio-economic status, many study participants in West Virginia had limited low immunization coverage, and in which they were not able to follow recommended vaccinations (AOR = 0.27). CONCLUSIONS: The EU5 healthcare authorities have adapted to include sofosbuvir within their budgets. As indicated by our primary research, more confirmed physician familiarity via early-access schemes. However, intervention studies that support this argument, as such treatment costs are not viable due to cost, stressing that sofosbuvir be reserved for patients with more advanced liver fibrosis or cirrhosis. These payers add that measures such as those in France involving treatment costs and a proposal to tax manufacturers when caps are exceeded exemplify that multiple cost-containment strategies necessary to manage the burden of sofosbuvir. CONCLUSIONS: The EUS healthcare authorities have adapted to include sofosbuvir within their budgets. As indicated by our primary research, more confirmed physician familiarity via early-access schemes. However, intervention studies that support this argument, as such treatment costs are not viable due to cost, stressing that sofosbuvir be reserved for patients with more advanced liver fibrosis or cirrhosis. These payers add that measures such as those in France involving treatment costs and a proposal to tax manufacturers when caps are exceeded exemplify that multiple cost-containment strategies necessary to manage the burden of sofosbuvir. CONCLUSIONS: The EUS healthcare authorities have adapted to include sofosbuvir within their budgets. As indicated by our primary research, more confirmed physician familiarity via early-access schemes. However, intervention studies that support this argument, as such treatment costs are not viable due to cost, stressing that sofosbuvir be reserved for patients with more advanced liver fibrosis or cirrhosis. These payers add that measures such as those in France involving treatment costs and a proposal to tax manufacturers when caps are exceeded exemplify that multiple cost-containment strategies necessary to manage the burden of sofosbuvir. CONCLUSIONS: The EUS healthcare authorities have adapted to include sofosbuvir within their budgets. As indicated by our primary research, more confirmed physician familiarity via early-access schemes. However, intervention studies that support this argument, as such treatment costs are not viable due to cost, stressing that sofosbuvir be reserved for patients with more advanced liver fibrosis or cirrhosis. These payers add that measures such as those in France involving treatment costs and a proposal to tax manufacturers when caps are exceeded exemplify that multiple cost-containment strategies necessary to manage the burden of sofosbuvir.