to compare two large commercial databases focusing on CHC patient characteristics and treatment. METHODS: We analyzed the Medical Information Mart for Research (MIMDR) database containing employer-based health insurance claims and the Medical Data Vision (MDV) database containing administrative data from acute care hospitals. Patients aged 20 years or above and diagnosed with CHC were included in the study. Patients were started with hepatitis C virus (HCV) infection, but those with other chronic HCV infections were excluded. Patient characteristics and treatment patterns for CHC were compared. RESULTS: 3,590 (MIMDR) and 29,702 (MDV) confirmed CHC patients were included in the study. Patients in MDV were younger than those in MIMDR (age 51.6±11.9 and 63.2±13.4) and had fewer comorbidities (Charlson Comorbidity Index 1.3±1.7 and 1.9±2.1). More patients in MIMDR were found to have prior CHC treatment (37.2%) than in MDV (24.6%). With an index date of September 2011, about a third of the patients were ≥l=127.1, 35.4% (MIMDR) and n=9,791, 33.0% (MDV) received treatments for CHC, comprised of 10.2% (n=365; MIMDR) and 5.5% (n=1,620; MDV) on antiviral treatments (interferon or direct acting antiviral combinations) and 25.2% (n=906; MIMDR) and 35.4% (n=3,590; MIMDR) on liver protection medications. The mean total treatment duration was 19.3 weeks (MIMDR) versus 21.9 weeks (MDV). The mean duration of telaprevir therapy was 10.8 weeks (MIMDR) and 10.1 months (MDV), followed by 11.7 weeks (MIMDR) and 13.1 months (MDV) of peginterferon/ribavirin therapy. CONCLUSIONS: Both databases found low treatment rates for CHC. Although the findings are consistent, there are differences in database populations and treatment patterns that warrant further research. Using these administrative databases for real-world research may be useful depending on research objectives.

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COHORT OF HCV PATIENTS IN ITALY: SIZING AND TREATMENTS IN A SAMPLE OF ITALIAN HEPATOLOGY CENTERS

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OBJECTIVES: The aim of this study is to give an overview of the treatment available for the patients with Hepatitis C Virus (HCV) through the segmentation of HCV patients in Italy. METHODS: The study was carried out in 9 hepatology centers, treating HCV patients in 9 Italian Regions. The structures selected constitute a representative sample of the Italian scene, being Centers of Excellence in HCV care in the Italian scenario, being Centers of Excellence in HCV research may be useful depending on research objectives. The study demonstrate that, concerning the treatment of HCV, there are significant differences among the hepatology centers, both in terms of patient selection (56% TT and 44% DT) and treatment status (49% naive and 51% experienced), warrant further research. Using these administrative databases for real-world research may be useful depending on research objectives.

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THE COSTS-EFFECTIVENESS OF SOFOSBUVIR VS SOFOSBUVIR PLUS RBV IN MONOTHERAPY NOVEL CASES IN HCV GT1 IN ITALY

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OBJECTIVES: Hepatitis C Virus (HCV) infection resulting in chronic liver disease has an estimated prevalence in Belgium of 0.87% (Beutels, 1997) with 59% of patients having genotype 1 HCV (GT1), 6% GT2, 19% GT3 and 16% GT4-5. Sofosbuvir (SOF), a novel HCV treatment, has demonstrated high rates of sustained virological response (SVR) when given with ribavirin to subjects with chronic HCV infections (all GTs). The objective of this analysis was to assess the cost-effectiveness of sofosbuvir vs SoC in the treatment of chronic hepatitis C (CHC) in the following particular indications: GT 1 Treatment Naive (TN), (IN)-eligible and IN ineligible patients), GT 2 & 3 (TN & Treatment Experienced (TE), both IN-eligible and IN ineligible patients) and GT 4/5/6, treatment-naive patients (IN-eligible). Patients ineligible to IN have no treatment options today. METHODS: Based on a Markov model, this cost-utility analysis models the cost-effectiveness of SOF versus SoC in Belgium from the perspective of the RIZIV/INAMI and taking into account the proposed reimbursement criteria in Belgium in line with the Knowledge Center (KCE) (KCE report 78C, 2008). RESULTS: Weighted ICERs were calculated taking into account patient eligibility for treatment with IN treatment and treatment duration with SoC and SOF. We analyzed are IN-eligible. HCV patients being treated SOF (subcutaneous pegylated interferon-α (IN-α) plus daily oral ribavirin (RBV)) for 12 weeks (β 19.954/QALY); GT 1. 3, 4, 5 6% who are IN-eligible due to intolerance and/or contra-indications and are being treated with RBV; GT 2, 3, 4, 5, 6% who are being treated with SOF (β RBV) for 12 weeks (β 28.121/QALY). Overall, the weighted Pangenotypic ICER was β 21.651. CONCLUSIONS: Pangenotypic cost-effectiveness has been demonstrated for sofosbuvir in comparison to the current standard of care in Belgium in HCV GT1 patients.