practice patterns. CONCLUSIONS: The interviews allowed to extrapolate European findings to the Asia-Pacific region and therefore improved the validity of the cost-effectiveness models for these indications. This methodology represents an acceptable alternative when more time-consuming and costly chart reviews cannot be repeated in multiple countries. The significant economic burden of OAG was confirmed.

PSS4
THE COST-EFFECTIVENESS OF TAVAFLOXIN PRESERVED WITH POLYQUAD IN NEWLY TREATED OPEN-ANGLE GLAUCOMA PATIENTS IN 7 ASIAN COUNTRIES
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OBJECTIVES: Topical prostaglandin analogues are safe and effective to treat open-angle hypertension (OHT) and open-angle glaucoma (OAG). The preservatives used in prostaglandin, however, drop the short- to long-term risk of developing ocular surface disorders (OSD). We aimed to compare the 10-year costs and clinical outcomes with Polyquad®-preserved travoprost to costs and outcomes with benzalkonium chloride (BAC)-preserved prostaglandins in 7 Asian countries.

METHODS: A semi-Markov health economic model was developed. Treatment-naive OHT/OAG patients were initiated on treatment with Polyquad®-travoprost, latanoprost or bimatoprost (A-line) with possible timolol adjunct (A-line), fixed combination. The literature provided information on the increased risks of treatment change and OSD development due to exposure to BAC, and disease evolution. Further treatment lines, including eye laser/surgery, and other medical resource use were derived from data from a German observational clinical study (COGIS) that were validated and adapted in each country by clinical experts. Local unit costs were collected and applied to each resource (All-Payer perspective, 2011 costs). Country-specific discounting was used. RESULTS: Compared to BAC-preserved prostaglan-
dins, the A-line treatment strategy (15% less OSD; total costs reduced by 8% vs. latanoprost in Singapore – 14%, India and Malaysia – 13%, South Korea – 9% and vs. bimatoprost from –2% in Thailand to –19% in South Korea), or else cost-effective (incremental cost-effectiveness ratios (ICER) vs. OSD-free year gained). In each country, the estimated reductions in glaucoma medical (non-drug) management costs (range from –18% to –22%), and total OSD costs (from –25% to –27%), were significant as per second-order sensitivity analysis. As a long-term consequence of the modeled lower persistence and impaired compliance the presence of OSD was associated with higher total costs. CONCLUSIONS: This multi-country model estimated that treating Asian OHT/OAG patients with Polyquad®-preserved travoprost would generate significantly less OSD compared to BAC-preserved prostaglandins together with savings on glaucoma and OSD management costs.

PSS5
NEW FORMULATION OF TAVAFLOXIN REDUCES DRY EYE OCCURRENCE AND COSTS IN GLAUCOMA PATIENTS: MODEL-BASED RESULTS FOR HONG KONG
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OBJECTIVES: Prostaglandin analogues are approved as a first-line treatment of ocular hypertension (OHT) and open-angle glaucoma (OAG). Existing molecules are often preserved with benzalkonium chloride (BAC), which is known to cause dry eye. We aimed to evaluate the long-term impact of preservative-free tafluprost in prostaglandins on OHT/OAG treatment outcomes and costs in Hong Kong.

METHODS: A semi-Markov model was developed to evaluate the 10-year dry-eye rate and management costs of OHT/OAG patients initiating a treatment with either Polyquad®-preserved tafluprost or latanoprost and bimatoprost (both BAC-preserved). The probability of experiencing dry eye was obtained from literature. Switch rates to surgical or medical treatment were taken from UK/US health care databases. Local unit costs (‘All-payer’ perspective, 2011 public and private tariffs) were applied to the medical resource collected in a German retrospective chart review, re-assessed and adapted to the local practice by 3 clinical experts. Discount rate was 3% for costs and outcomes. A second-order sensitivity analysis provided 95% confidence intervals. RESULTS: The 10-year clinical and economic outcomes were significantly improved with travoprost compared to BAC-preserved latanoprost: dry-eye rate decreased from 53% [45.59% to 35% [31.58%], the proportion of patients reaching a 3rd line treatment from 85% [80.88%] to 57% [44.68%], the sur-
gery rate dropped from 3.0% [2.43% to 1.3% [0.61%], while the total costs were significantly reduced by 25% [private setting] and 29% (public setting) vs. latanoprost, mostly due to a 33% reduction in glaucoma non-medication management costs. The benefits vs. bimatoprost were similar. The impact of the presence of OSD on costs was sizeable, and the treatment switch rate was an important cost driver.

CONCLUSIONS: This model showed a favorable impact of using travoprost rather than BAK-preserved bimatoprost on 10-year outcomes with savings on total costs (20-30%) due to reduced medical management costs.

PSS6
HEALTH ECONOMIC EVALUATION OF PRESERVATIVE-FREE TAVAFLOXIN VERSUS PRESERVED LATANOPROST IN THE TREATMENT OF OPEN-ANGLE GLAUCOMA OR OCULAR HYPERTENSION (OH)
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OBJECTIVES: Safety and efficacy of travoprost for open-angle glaucoma or ocular hypertension (OH) have been proven in clinical trials. While travoprost and latano-
prost have similar efficacy, the absence of the preservative benzalkonium chloride (BAC) in tafluprost may make it a preferred alternative for patients who are intoler-
sant to preservatives. The purpose of this study was to evaluate the effectiveness of travoprost vs. latanoprost (preserved and preservative-free) for the treatment of primary open-angle glaucoma and angle closure disease.

RESULTS: Resource usage and associated costs are quantified to determine cost savings offered by travoprost over latanoprost. Due to adverse ocular symp-
toms caused by preservatives, it is also determined that the preservatives in travoprost may transform the preservative-free formulation into a more cost-effective therapy. The cost-savings are quantified and cost-effectiveness ratios are calculated in the current study.

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