the cost assumptions. When failed IUS were assumed to be completed as EUA, the mean cost of IUS increased to $586 (95% CI $438, $735), but remained significantly less than EIA. CONCLUSIONS: Hospitals pressured to rationalize care create opportunities for early HTA. Cross-over designs are promising for assessments of costs and effectiveness of emerging technologies because patients serve as their own controls. This study demonstrated significant savings when ophthalmology exams were carried out in a hospital outpatient clinic, albeit with slightly fewer procedures completed.

PSS2
OCULAR PAIN FOR THE TREATMENT OF VITREOMACULAR TRACTION AND MACULAR HOLE: LONG-TERM MODELLING OF CLINICAL AND ECONOMIC VALUE – A MASSIVE RESOLUTION OF TRACTION IN FRANCE
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OBJECTIVES: To examine the treatment between the vitreous and the macula causes vitreomacular traction (VMT) and subsequent formation of a macular hole (MH) leading to symptomatic loss of visual function. This analysis estimated long-term benefits and costs associated with the resolution of traction following treatment. Caregiver time versus standard-of-care (observation, followed by vitrectomy if needed), in the French health care system, from a collective perspective. METHODS: The model included (1) a short-term decision-tree, simulating 6-month anatomical and visual outcomes observed in the two Phase III MIIV-TRUST vitrectomy randomized controlled trials (RCTs), and (2) a long-term Markov state-transition model, tracking patients over a lifetime period. Both models were linked through common health states based on VMT resolution or MH closure, number of vitrec- tomies and visual acuity status. Effectiveness and safety outcomes were based on the MIVI-TRUST RCTs. Patient populations included (1) total licensed VMT popula- tion, independent of the presence/absence of a MH, and two subgroups according to procedures (a) VMT without epiretinal membrane (ERM), and (b) VMT with ERM, without MH. Benefit was measured in quality-adjusted life years (QALYs), based on (1) time spent in health states defined by the visual acuity of the best and worse seeing eye at baseline, (2) the effect associated with optical surgical interventions (vitrectomy and cataract), adverse events and metamorphopsia. Resources used with ocular pain and standard-of-care were based on expert opinions. Unit costs were mainly drawn from the French national hospital database. RESULTS: Over a life-time, oc- currences of costs of standard-of-care generated incremental benefits in terms of QALYs and overall treatment costs in group (1) 0.071; +2.107 (2) 0.034; +2.689, and (3) 0.093; +1.757. Lifetime per-patient cost/QALY was $29,767, $78,393, and $18,917, respecti- vely. CONCLUSIONS: Applying commonly accepted cost-effectiveness thresholds (<35,000/$50,000/QALY), this first French cost-utility analysis shows that ocular pain represents a cost-effective strategy in total licensed VMT population, and particu- larly in patients without ERM.

PSS23
COST UTILITY ANALYSIS OF ABLIFERCEPT, RANIBIZUMAB, AND BEVACIZUMAB FOR THE TREATMENT OF NEOVASCULAR AGE-RELATED MACULAR DEGENERATION
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OBJECTIVES: To evaluate the cost-effectiveness of intravitreal afluerccept compared with ranibizumab and bevacizumab for wet age-related macular degeneration (AMD) patients. METHODS: A Markov model was applied in cost-utility analysis to evaluate the cost-effectiveness of the different regimens (2-treatment arms: (1) VMT with epiretinal membrane (ERM), and (2) VMT without ERM). Caregivers reported taking time away from work (4 hours), waiting time (37 minutes), treatment time (43 minutes), and recovery (9 hours). Patients reported an average time commitment per visit of almost 6 months. Furthermore, telephone interviews were conducted with 13 caregivers of patients with NVAMD. RESULTS: 56 physicians provided data for 221 patients with NVAMD during glaucoma patient office visits. Future research is needed to investigate the impact of physician-patient communication concerning medication cost on adherence. CONCLUSIONS: NVAMD management imposes a substantial time burden on physicians and other staff members, as well as patients and caregivers. There may be a need for additional support and/ or reimbursement for services required by patients and caregivers, as well as those provided by physicians.

SENSORY SYSTEMS DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PSS25
PATIENT ADHERENCE AND NON-PERSISTENCE BEHAVIOUR IN REAL LIFE ACTINIC KERATOSIS (AK) TOPICAL TREATMENT IN THE UK, GERMANY AND FRANCE
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OBJECTIVES: To gain an understanding of the use of self-administered topical therapies for actinic keratosis exploring patients’ persistence and adherence behaviour. METHODS: The study was conducted as an online longitudinal ques- tionnaire. Patients were recruited through a survey of dermatology practices in the UK, Germany and France in May and May, 2013, among AK patients diagnosed and recruited by a physician +/- one week from any topical therapy initiation. The study design consisted of a base- line questionnaire followed by up to 6 follow-up questionnaires, completed at fortnightly intervals over a period of 6 months. Attendance was calculated as persistence = % (Actual days of use/Advised days of use) x 100 and Adherence as Adherence % = (Actual times of use/Advised times of use) x 100, both were calculated using thresholds of 100% and 80%. Logistic regression modelling (mul- tinomial analysis) was also performed to investigate causes of non-adherence/ persistence among the patients. RESULTS: Overall, 224 patients completed the baseline questionnaire. Over 50% of the sample were prescribed diclofenac sodium at baseline, the remaining patients had been prescribed any of imiquimode 5 % or 3.75%, fluorouracil, or fluorouracil + salicylic acid. Over the course of the study approximately 2/3 of the patients remained on the same therapy from baseline to the end of the study and 1/3 ceased therapy or switched at least once. The majority of cases occurred on instruction from a health care professional (HCP). Of those who ceased or switched therapy, 79-94% of patients being non-persistent to their prescribed treatment duration, however, over 90% of patients were reported to be satisfied with treatment. Overall, 50% of patients aged <60 years were significantly more adherent compared to patients aged >60 years. CONCLUSIONS: This study reports that 1/3 of topical AK patients switch therapy at some point during treatment, suggesting that patients experience issues preventing completion of treatment course.

PSS26
EXAMINING PATIENT PROVIDER COMMUNICATION REGARDING COST IN THE GLAUCOMA PATIENT POPULATION
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OBJECTIVES: Adherence to medications is a significant problem in glaucoma patients. Costs of medications have frequently been cited as barriers to adherence. This study aims to identify the extent of physician-patient communication concern- ing medication cost during glaucoma medical visits. The study also aims to examine ophthalmologist and patient characteristics that influence whether the ophthalmologist discusses medication costs with the patient during glaucoma medical visits. METHODS: English-speaking adults with glaucoma and their ophthalmolo- gists at six geographically diverse ophthalmology practices were recruited for the study. All visits were videotaped recorded and transcribed verbatim. Patients were interviewed following their office visit. A research assistant reviewed the patient’s medical records noting comorbidities, glaucoma medication use, and glaucoma severity. Ophthalmologists completed a demographic survey. Transcripts were coded to identify whether the ophthalmologist discussed medication cost with the patient during the office visit. Bivariate analyses were performed to examine whether the ophthalmologist discussed medication cost with the patient during any office visit. CONCLUSIONS: The 100% of our ophthalmologist sample reported discussing medication cost with their patients during at least one office visit. Many years of experience practicing were significantly more likely to discuss medication cost (p = 0.03). Also, ophthalmologists were significantly more likely to discuss medication cost with patients who had higher levels of formal education, were new to the patient practice, and who were taking more glaucoma medications (p < 0.05).