sensitivity analyses indicates that for these comparisons, based on a threshold of £20,000, Movantik has a respective probability of 91.83% and 100% of being cost-effective. In a population of LIR patients who are taking step 3 opioids, Movantik is dominant vs. Targin over a 5 year time horizon. CONCLUSIONS: Movantik is a cost-effective treatment option for patients with OIC who have experienced inadequate response to laxatives.

PSY3

COST-EFFECTIVENESS ANALYSIS OF EX-VIVO EXPANDED AUTOLOGOUS CORNEAL EPITHELIAL CELLS CONTAINING STEM CELLS TO REPAIR THE DAMAGED OCULAR SURFACE IN PATIENTS WITH MODERATE TO SEVERE LIMBAL STEM CELL DEFICIENCY DUE TO OCULAR BURNS IN THE UK

Friedberg F., Grimshaw J., Maclaren A., Peiris A., Ardigò D., Pelosi D., White M.

OBJECTIVES: Limbal Stem Cell Deficiency (LSCD) is a rare condition characterized by the shortage of limbal stem cells in the eye resulting in corneal conjunctivization, corneal opacity, visual impairment and even blindness. Recently, the first advanced regenerative medicine, offering long-term, potentially life-long effectiveness after single administration. This CEA shows that GPLSCD01 in moderate-severe LSCD provides a large net monetary benefit.

RESULTS: Patients under conservative treatment had between 10.29 and 17.24 QALYs, depend- ing on the resource use, and use of emergency room, hospital, informal care, and days of lost work. We also found that the cost-effectiveness of treatment alternatives for refractory MG in patients who have a different cost-sharing structure and formulary. We sought to examine the cost differences between therapeutically equivalent doses of opioid analogues across payer and Medicare Part D pharmacy claim data from 12 distinct countries.

Five short- and five long-acting opioid analgesic drugs were selected based on their prevalence of use and effectiveness at treating chronic pain. Therapeutically equivalent doses of each drug were then selected from the Medicare Plan Finder Tool (www.medicare.gov/medicareplanfinder) and the cost per claim for each drug was calculated.

CONCLUSIONS: Considerable cost variability exists among equipotent opioid analgesics across Medicare Part D pharmacy claim data. The cost per claim of a short-acting opioid analgesic was between 75% and 93% of the cost per claim of a long-acting opioid analgesic.

PSY34

COST MINIMIZATION ANALYSIS OF EQUIPMENT OPIOID ANALGESICS: NATIONWIDE ANALYSIS OF MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS

1University of the Pacific, Stockton, CA, USA

OBJECTIVES: Nearly 54 million Medicare beneficiaries, the overwhelming majority of whom are 65 plus years of age, reside in the US. Many beneficiaries suffer from chronic pain and need to use opioid analgesics for treatment. Medicare Part D is the outpatient prescription drug benefit available to beneficiaries through private insurance. It offers coverage across the country and enables patients to have a different cost-sharing structure and formulary. We sought to examine the cost differences between therapeutically equivalent doses of opioid analogues across payer and Medicare Part D pharmacy claim data from 12 distinct countries.

Five short- and five long-acting opioid analgesic drugs were selected based on their prevalence of use and effectiveness at treating chronic pain. Therapeutically equivalent doses of each drug were then selected from the Medicare Plan Finder Tool (www.medicare.gov/medicareplanfinder) and the cost per claim for each drug was calculated.

CONCLUSIONS: Considerable cost variability exists among equipotent opioid analogues across Medicare Part D pharmacy claim data. The cost per claim of a short-acting opioid analgesic was between 75% and 93% of the cost per claim of a long-acting opioid analgesic.