RESULTS: Depending on the time horizon, Lasik saved from 18 to 278 km of distance to care centres against spectacles and from 405 to 1,436 km against CL. Time spent to care for visual acuity was found similar between Lasik and CL but up to 1180 additional hours were spent by CL wearers. Lasik saved from 4.69 to 12.07 spectacles and from 28 to 84 cleaning packs, 18 to 50 visits to the optic centre in comparison to glasses and 41 to 117 visits when compared to CL. Lasik saved 4.7 to 12.2 visits for correcting VA versus glasses or CL. Lasik avoided 95 to 295 per 10,000 cases of CL-related keratitis. CL were always more costly than Lasik which was always more costly than glasses. The difference between glasses and Lasik were from €1,595 to €2,521, and savings were from €2,277 to €7,905 in comparison to CL.

CONCLUSION: Our study found that the Lasik strategy was cost saving in comparison to CL strategy and more expensive than the glasses strategy, without accounting for potential non-monetary benefits of Lasik over glasses.

**PROSTAMIDES VS. COMBINATION PRODUCTS FOR GLAUCOMA TREATMENT: EFFECTIVENESS AND COST CONSIDERATIONS**

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OBJECTIVE: Prostamides have recently been introduced for the treatment of glaucoma patients. We wanted to understand and evaluate the effectiveness and cost of new anti-glaucoma medications and study the potential cost-savings role that newer therapies may play in the prevention of glaucoma progression to blindness. In this study, estimated effectiveness and costs of a prostamide and a representative from another fairly new category of anti-glaucoma medications, the combination products, were compared from a payer perspective.

METHODS: A pharmacoeconomic model was constructed based on a three-month randomized controlled efficacy trial comparing Lumigan (bimatoprost 0.03%, a new synthetic prostamide) and Cosopt (a fixed combination product of timolol 0.5% and dorzolamide 2.0%). The clinical trial evaluated the percent of patients achieving various target intraocular pressures (IOPs) throughout the day, and the cost of treatment to achieve target calculation was based on the estimated effectiveness from the trial. Total expected annual treatment costs included direct costs of both medications and ophthalmologic visits.

RESULTS: With bimatoprost, 30% of patients (N = 27) reached and maintained a target IOP < 17 mm Hg for all measurements throughout the day vs. 17% with the combination product (N = 15; p < .05). Average expected annual treatment costs, incorporating the costs of treatment success and failure (requiring additional medications and office visits) were €485 vs. €471 for bimatoprost vs. the combination product, respectively. Cost-effectiveness, calculated as medication cost/expected effectiveness, based on patients achieving a target IOP at three months of < 17 mm Hg, was €139 vs. €190 for bimatoprost vs. the combination product, respectively.

CONCLUSION: Annual expected treatment costs for prostamides and combination products are similar. However, when cost-effectiveness is considered, due to a greater percentage of glaucoma patients achieving ideal target treatment goals with prostamides, prostamides appear to be more cost-effective than combination products.

**THE BURDEN OF AGE-RELATED MACULAR DEGENERATION—RESULTS OF A COHORT STUDY IN TWO FRENCH REFERRAL CARE CENTERS**

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OBJECTIVE: The objective was to describe the socioeconomic impact of age-related macular degeneration (AMD) and to assess, on a yearly basis, its medical and social costs.

METHODS: A multicenter observational study was carried out in a sample of 105 patients. Two ophthalmic referral care centers participated in the study. All subsequent patients who consulted during a three-week period were included provided they presented the following criteria: > 60 years of age; an exudative form of AMD with a distance visual acuity in the best eye < 0.5. Data collected included clinical items, treatment, medical follow-up and transportation costs. The impact of AMD on the living conditions and welfare payments related to visual impairment were also recorded. A payer perspective was used. Age and severity of disease were examined as cost factors.

RESULTS: Mean age was 79.3 years and ranged from 62.8 to 95. Median distance visual acuity in the best eye was 0.16 and average length of evolution was 3.5 years. Over a three-month period, patients had an average of 2.6 visits to the ophthalmologist. Thirty percent of the patients received vascular medications and 72.4% had received previous photocoagulation treatment. Only 10% had benefited from visual rehabilitation. Hospitalizations were rare (3%). AMD annual cost per patient was €3,872.99 [3,163.19; 4,582.80]. Fifty percent of this was attributed to medical costs. Other major cost components were home help at €904.94 [485.40; 1,324.33] and transportation costs for care at €542.72 [154.28; 931.16]. Total cost increased with age and with the loss of visual acuity.

CONCLUSION: This study assesses the cost of resources consumed, and probably underestimates the burden of AMD. Indeed, the need for assistance in every day life is important. Related costs being supported by the patient, the recourse to expensive aids is very limited.