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OBJECTIVES: To evaluate the cost-effectiveness of intratibial aforlizumab (IVT-AFL) versus intravitreal ranibizumab for the management of neovascular age-related macular degeneration (nAMD) in Greece. METHODS: A Markov* better-economy-controlled model consisting of 6 health states (5 states related to vision impairment, and death) was adapted in the Greek healthcare setting to compare monthly (2q4) and bimonthly (2q8) IVT-AFL with ranibizumab (0.5q4, 1q4, and 2q4). Additionally, a monthly loading treatment regimen with IVT-AFL on 0.5 mg ranibizumab either on a monthly basis (0.5q4) or as needed (PRN). The time horizon of analysis was 20 years. All patients were assumed to discontinue treatment at the end of the second year. Clinical inputs and utility values were estimated from recent Greek studies. Cost inputs were cost-effective and, as such, only costs reimbursed by the payer were considered (in 2014 euros). Costs and outcomes were discounted by 3% per year. The primary outcomes were costs, quality-adjusted life years (QALYs), and the incremental cost-effectiveness ratio per QALY gained. Probabilistic sensitivity analysis (PSA) was conducted. RESULTS: IVT-AFL 2q8 was the least expensive regimen (€21,930) while ranibizumab 0.5q4 was the most expensive (€26,203). For all regimens, the total cost was driven mainly by the direct medical costs, followed by direct administrative costs. In terms of QALYs, IVT-AFL 2q4 was the most efficacious (0.407), while IVT-AFL 2q8 was more efficacious (0.409) than ranibizumab PRN (0.405) but less efficacious than ranibizumab 0.5q4 (0.406). Although IVT-AFL 2q4 was more efficacious than IVT-AFL 2q8, the former cost approximately €350,000 per QALY gained compared with the latter. Both ranibizumab regimens were deemed inferior. PSA revealed that sensitivity analyses to pay-through the model. The 2q8 regimen had the highest probability of being cost-effective compared with the other treatment strategies.

CONCLUSIONS: Bi-monthly treatment with IVT-AFL may be the most cost-effective option for the treatment of nAMD in Greece.

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COST-EFFECTIVENESS ANALYSIS OF CONBERCEPT VERSUS RANIBIZUMAB FOR THE TREATMENT OF AGE-RELATED MACULAR DEGENERATION IN CHINA Zhao M1, Feng W1, Zhang L2, Ke X2, Zhang W2, Xuan J1
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OBJECTIVES: The objective of this analysis is to evaluate the cost-effectiveness of Conbercept versus Ranibizumab in treating neovascular age-related macular degeneration (AMD), the third leading cause of irreversible blindness worldwide, from a Chinese perspective. METHODS: A Markov model, based on best corrected visual acuity (BCVA) letters, was developed to simulate the progression of neovascular AMD patients. Both Conbercept and Ranibizumab were compared for treatment over 1 year. The initial distribution of visual acuity (BCVA) letters, was developed to simulate the progression of neovascular AMD patients. The Markov model is a probabilistic and state-dependent model that can be used to assess the financial impact of the introduction of apremilast to the market for the third leading cause of irreversible blindness worldwide, from a Chinese perspective. RESULTS: The ICER of Conbercept vs. Ranibizumab was €141,291.23 RMB for Conbercept and €159,107.94 RMB for Ranibizumab. CONCLUSIONS: Conbercept provides better efficacy with overall lower cost.

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BUDGET IMPACT ANALYSIS OF APREMILAST ON MODERATE TO SEVERE PSORIASIS IN SPAIN Vanachola F1, Carrascosa JM1, Caloto T2, Elias I, Echave M, Tencer T3
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OBJECTIVES: It was designed to estimate the budget impact following the introduction of apremilast in the treatment of adult patients with moderate to severe psoriasis who have failed to respond to, have a contraindication to, or are intolerant of other systemic therapy in Spain. METHODS: A budget impact model was used to compare costs with and without apremilast in Spain. The cost of psoriasis patients who have failed to respond to, have a contraindication to, or are intolerant of other systemic therapy in Spain. RESULTS: The incremental drug costs/patient comparing the scenario with apremilast vs. without apremilast were €143.44 (–€1.33), €295.78 (–€2.55), and €574.80 (–€4.11) in the first, second, and third years. CONCLUSIONS: Apremilast treatment for psoriasis patients who have failed to respond to, have a contraindication to, or are intolerant of other systemic therapy in Spain was assumed to be treated with apremilast for the first, second, and third years. A local expert panel provided detailed resource consumption information. Total cost included drug acquisition based on drug doses from summaries of product characteristics (ex-factory price with mandatory deduction), administration, monitoring costs, and utility gains (ICER of –6210,129 RMB/QALY, which indicates that Conbercept, when compared with placebo, is a cost-effective option for the treatment of adult patients with moderate to severe psoriasis in Spain. The ICERS of placebo vs. without placebo were €335,000, €141,291.23 RMB for Conbercept and €159,107.94 RMB for Ranibizumab. QALY of Conbercept and Ranibizumab from literatures and direct physician survey. One-way sensitivity analysis was conducted.

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