Preschool children with dental caries is associated with high treatment costs and the number of cavities play an important role in determination of costs. Therefore, preschool children should pay attention to oral hygiene and form good habits to prevent dental caries.

**PPS4**

**BURDEN OF WET AGE-RELATED MACULAR DEGENERATION IN CHINA**

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**OBJECTIVES:** To explore the burden of wet age-related macular degeneration (wAMD) in China. **METHODS:** Multi-center, retrospective and cross-sectional investigatios was adopted. Beijing, Chengdu, Guangzhou and Shenzhen were selected as sample cities, and several hospitals were involved in each city. Patients were selected according to inclusive and exclusive criteria, and they were divided into 5 groups. Prophylactic treatments effectiveness (PTEP), photodynamic therapy (PDT), posterior sub-foveal surgery (PSS) and no treat were compared. **RESULTS:** The highest indirect cost and burden of disease was found in one-month cycle with a time horizon of one year. **CONCLUSIONS:** The burden of wAMD is relatively high in China, it should be paid more attention by stakeholder.

**PPS5**

**COST-EFFECTIVENESS ANALYSIS OF LATANOPROST COMPARED WITH DORZOLAMIDE/TIMOLOL FIXED COMBINATION FOR THE TREATMENT OF OPEN-ANGLE GLAUCOMA AND OCULAR HYPERTENSION PATIENTS IN KOREA**

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**OBJECTIVES:** Glaucoma is a major cause of visual impairment and a chronic disease that needs to be treated for lifetime. Management of intraocular pressure (IOP) is the main focus of treatment, and many pharmaceutical treatment agents are recommended and available in Korea. This study was conducted to facilitate effcient allocation of limited resources amongst various pharmaceutical agents. The objective of this study was to evaluate costs and effectiveness of two most commonly used drugs in Korea which are latanoprost and dorzolamide/timolol fixed combination. **METHODS:** A decision analytic model was developed from a payer perspective of the health state utility values for each drug. Average retail price was determined by surveys and then averaged for each drug. Average retail price was determined by surveys and then averaged for each drug. Costs of medication, diagnosis fees, physician and pharmacy visitation fees, and surgery fees were included in the study. Utility values according to the severity of glaucoma were also incorporated in the model. Treatment success and failure rates as well as utility for each health state were obtained from previously published literature and local market analysis data. Cost information was obtained from Korea-specific data sources. The result of this study was expressed in an incremental cost-effectiveness ratio (ICER). Incremental sensitivity analysis was conducted to evaluate different clinical parameters. **RESULTS:** The final effectiveness values for latanoprost and dorzolamide/timolol fixed combination were 0.9908 and 0.9908 per quality-adjusted life year (QALY) respectively. The final costs were 550,737 KRW and 534,789 KRW respectively. Latanoprost displayed an ICER of 17,500,246 KRW/QALY compared to dorzolamide/timolol fixed combination. **CONCLUSIONS:** Under the current implied ICER threshold in Korea, latanoprost can be interpreted as a cost-effective treatment compared to dorzolamide/timolol fixed combination on the treatment of glaucoma.

**PPS6**

**A PROSPECTIVE PHARMACOECONOMIC STUDY OF BILATERAL PROSTAGLANDIN/PROMASTIGOTE THERAPY FOR LOWERING INTRAOCULAR PRESSURE (IOP) IN THE PATIENTS IN SOUTH INDIA**

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**OBJECTIVES:** To determine monthly cost and cost effectiveness of bilateral prostaglandin/promastigote therapy for lowering intraocular pressure (IOP) in patients taking bimatoprost (0.03%), latanoprost (0.005%), or travoprost (0.004%). **METHODS:** This prospective pharmacoeconomic study evaluated the direct cost and cost effectiveness of prostaglandin/promastigote therapy for reduction of IOP in patients with glaucoma or ocular hypertension. Drops in five new 2.5-ml bottles were counted and then averaged for each drug. Average retail price was determined by surveys of pharmacies. Drop count, average retail price, average wholesale price, and IOP reduction were used to calculate net monthly cost, and cost effectiveness (annual cost-per-mm Hg of IOP reduction) of the three drugs. **RESULTS:** Drops per 2.5-ml bottle averaged 113 for bimatoprost 0.03% (w/v), 84 for latanoprost 0.005% (w/v), and 83 for travoprost 0.004% (w/v). Average retail price per drug was 0.05, 0.17, and 0.19 respectively. Average retail price per drug was 0.05, 0.17, and 0.19 respectively. **CONCLUSIONS:** Bimatoprost 0.03% (w/v) had the lowest monthly and annual costs and the greatest cost-effectiveness for lowering IOP compared with latanoprost 0.005% (w/v) and travoprost 0.004% (w/v).

**PPS7**

**A LITERATURE REVIEW ON COST-EFFECTIVENESS OF TREATMENTS FOR WET AGE-RELATED MACULAR DEGENERATION**

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**OBJECTIVES:** To compare the cost-effectiveness for different therapies to Wet Age-Related Macular Degeneration (wAMD). **METHODS:** Literature Review: Several Database, such as PubMed, Web of Science, Elsevier, Medline were searched using 16 codes. We applied inclusion criteria to screen the literature. Randomized controlled trials (RCTs), Controlled Clinical Trials (CCTs), and Controlled Before and After studies were selected. This study focus on three commonly interventions to wAMD: Best Supportive Care (BSC), PhotoDynamic Therapy (PDT), and Ranibizumab therapy. Cost-effectiveness ranges were cost-utility analysis and Incremental cost-effectiveness ratio (ICER). **RESULTS:** Comparing with BSC and PDT, Ranibizumab therapy was more effective in wAMD treatment in different countries. From social perspective, Ranibizumab therapy was also more cost-effectiveness than BAC and PDT either in 5 years or in 10 years. However, from third-party perspective, incremental cost-effectiveness ratio (ICER) between Ranibizumab and BSC, Ranibizumab and PDT, varied in different countries. Frequency and duration of Ranibizumab usage may be key determinants of ICER. **CONCLUSIONS:** Ranibizumab therapy have better clinical effect than BSC and PDT in wAMD treatment. Ranibizumab is also more cost-effectiveness than BSC and PDT from social perspective in long term. It may be related to the highly indirect cost of wAMD. However, from third-party perspective, cost-effectiveness of Ranibizumab therapy influenced its cost-effectiveness. More research based on various price and different drug usage in Ranibizumab therapy should be conducted before it was paid.

**PPS8**

**ECONOMIC EVALUATION OF BEVACIZUMAB VERSUS Ranibizumab in NEOVASCULAR AGE-RELATED MACULAR DEGENERATION IN CHINA**

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**OBJECTIVES:** To evaluate the cost-effectiveness of the off-label used bevacizumab versus ranibizumab for patients with neovascular age-related macular degeneration (AMD) in China. **METHODS:** Two different Markov models were separately used to compare cost by quality-adjusted life-year (QALY) of four strategies defined by drug (bevacizumab or ranibizumab) and dosing regimen (monthly or as needed) in patients with neovascular AMD in China’s health care system. The VA Range model of the social cost-effectiveness (VA) approach defines the health states according to the degree of VA changes from the time when entering the model. Both models used a life time horizon with a cycle length of 3 months. Clinical data used in the models primarily come from the Comparator AMD Treatment Trial (CATT), while the costs came from the financial department of a tertiary hospital in Beijing. **RESULTS:** In the base-case analyses, the bevacizumab as needed strategy had slightly lower QALYs (17.479 QALYs and 15.917 QALYs in the VA Range model and the VA Change model, respectively) but at much lower costs (CN¥88,341 and CN¥79,967 in the VA Range model and the VA Change model, respectively) compared with the other three strategies. In probabilistic sensitivity analysis in both models, the probabilities of bevacizumab strategies being more cost-effective than ranibizumab strategies exceeded 99% if the willingness-to-pay (WTP) threshold for a QALY was less than CN¥120,000. When the threshold was less than CN¥80,000 per QALY, bevacizumab as needed was the most cost-effective alternative. **CONCLUSIONS:** The bevacizumab as needed strategy was the most cost-effective strategy compared with the ranibizumab strategies in treating patients with neovascular AMD, if the WTP threshold is below CN¥90,000 per QALY in China. Thus, the gap of more expensive treatment compared to ranibizumab fixed combination on the treatment of neovascular AMD.

**PPS9**

**COST UTILITY ANALYSIS OF USTEKINUMAB FOR THE TREATMENT OF MODERATE TO SEVERE CHRONIC PLAQUE PSORIASIS IN THAILAND**

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**OBJECTIVES:** To evaluate the cost-utility of ustekinumab versus infliximab and etanercept, the only biologic agents available for psoriasis in Thailand, among adults with moderate-to-severe plaque psoriasis who fail to respond to systemic therapies and meet criteria based on the biologic guideline for psoriasis in Thailand. **METHODS:** The published ‘York psoriasis model’ was modified based on the current treatment algorithm and criteria of biologics use in Thai psoriasis guideline. Short-term trial efficacy data (PASI response) from a published network meta-analysis of RCT was used to model the response of patients to initial treatment. Beyond the initial period, the model extrapolated results up to 10 years with annual step-wise patient withdrawals. The DUQ scores from ustekinumab trials were transposed into utility gain (QoL) and applied to PASI response level regardless of the treatment received. Both direct medical cost and non-medical cost including burden associated with illness, non-medical cost associated with illness, and productivity of work were calculated. The amount of resource consumption was estimated by experts’ opinions and literatures. Cost and outcomes were discounted at 3%. One-way and probabilistic sensitivity analysis was conducted to assess the model robustness. **RESULTS:** In the long-term horizon, ustekinumab has the lowest mean annual cost of CN¥5,502 baht followed by etanercept (CN¥8,881 baht) and infliximab (CN¥5,462 baht) respectively. The mean QALY gain of ustekinumab was higher than etanercept (0.1448 vs. 0.1392) but lower than infliximab (0.1448 vs. 0.1564). Considering the cost-utility ratio, ustekinumab was dominant compared to etaner-