Resource utilization included surgical procedures, implants, spectacles, visits to ophthalmologists and eye centers, transportation, and time lost by patients. Discount rates and sensitivity analyses were performed. Two perspectives were considered: Sickness Fund (SF) and Societal. RESULTS: Spectacle-free rates were >80% for ReSTOR® and 40% for MFIOLs. Mean lifetime numbers of spectacles purchased were 4.2 with ReSTOR®, 12.7 with MFIOLs, and 21.3 without PS. Early PS avoided 0.80 late cataract surgeries per subject. Surgical procedure costs were €3292 for ReSTOR® and €2292 for other MFIOLs, respectively. From the societal perspective, total undiscounted costs for ReSTOR® were €5268, €7170 for other MFIOLs, and €8492 without PS. With a 3% discount rate, these costs were €4369, €5071 and €4244, respectively. From the SF perspective, total undiscounted costs were €146 with ReSTOR®, €437 with MFIOLs, and €1.688 without PS. With a 3% discount rate, these costs were €76, €227 and €747, respectively.

CONCLUSION: PS should decrease the undiscounted costs of vision care from both perspectives. For SF it is highly beneficial while PS remains unlisted for reimbursement. For Society, the discounted incremental cost of avoiding spectacles at age 45 was less than €9/year. ReSTOR® improves patients’ lifestyle and is a cost-effective alternative versus spectacles in presbyopic patients.

PEY12

MODELING THE COSTS AND CONSEQUENCES OF RESTOR®, A MULTIFOCAL INTRAOCULAR LENS (IOL), AFTER CATARACT SURGERY IN FRANCE
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OBJECTIVE: To compare the lifetime costs and consequences of liberating patients from spectacles, after cataract surgery, by implanting the multifocal IOL “ReSTOR®” versus monofocal IOLs. METHODS: A Markov model was created to follow patient cohorts from cataract surgery until death. Prevalence rates of patients not needing spectacles after cataract surgery were obtained from a clinical trial. Resource utilization included implant surgery, IOLs, spectacles, visits to ophthalmologists and eye centers, transportation, and time lost by patients. Economic perspectives were those of Society and Sick Funds (SF). Mortality rates were introduced into the model. Discount rates were applied. Sensitivity analyses were performed. Patients were followed from age 70 to 100 years. RESULTS: More than 80% of patients implanted with ReSTOR® were spectacle-free compared to about 10% with monofocal IOLs. The mean number of spectacles purchased was 1.7 after ReSTOR® and 7.6 after monofocal IOLs. Surgical costs were €3292 for ReSTOR® and €2292 for monofocal IOLs. From the societal perspective, total undiscounted cost estimates were €4384 with ReSTOR® compared to €5359 with monofocal IOLs. With a 3% discount rate these costs became €4226 and €4654, respectively. From the SF perspective, total undiscounted cost estimates were €2350 with ReSTOR® and €2553 with monofocal IOLs. With a 3% discount these costs became €2334 and €2481, respectively. Costs and intervals between spectacle replacements were the most sensitive parameters.

CONCLUSION: From both the societal and SF perspectives, undiscounted savings achieved by liberating patients from spectacles counterbalanced the initially higher cost of ReSTOR®. For Society, the discounted incremental cost of avoiding spectacles after ReSTOR® implants was less than €13/year, and SF saved money. ReSTOR® improves patients’ lifestyle and is a cost-effective alternative versus spectacles in patients requiring cataract surgery.