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OBJECTIVES: To evaluate the cost-effectiveness of intravitreal aflibercept (IVT-AFL) versus intravitreal ranibizumab for the management of neovascular age-related macular degeneration (nAMD) in Greece. METHODS: A Markov model based on a 5-year system of diffuse successive transitions between 5 health states referred to as 90, 75, 60, 45, 30 BCVA letters. A patient’s visual acuity was assumed to either increase by 15 letters, remain the same, decrease by 15 letters or decrease by 30 letters each year. The transition probabilities of Conbercept were extracted from AURORA trial. The Transition probabilities of ranibizumab was 0.725 and 0.715 respectively. The result suggests a dominant strategy: IVT-AFL may be the most cost-effective option for the treatment of nAMD in Greece.

PSS36 BUDGET IMPACT ANALYSIS OF APREMLAST IN PATIENTS WITH PSORIASIS IN THE ITALIAN SETTING

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OBJECTIVES: This analysis was designed to estimate the budget impact following the introduction of apremilast in the treatment of moderate to severe plaque psoriasis for adult patients who have failed to respond to, have a contraindication to, or are intolerant to other systemic therapy in Italy. METHODS: A budget impact model was developed using local data on direct medical costs and unitary costs (ICERs) were expressed in € per QALY gained. The budget impact of apremilast was based on manufacturer’s assumptions. Unit costs were taken from Italian standard sources. Frequency of screening and monitoring tests was obtained from real-world data (database analysis). RESULTS: A total of 11,500 patients were considered as the model population at the first year, with an assumed 5%-7% annual growth rate. The introduction of apremilast over the next 3 years, assuming a market share of 1%-5%, 10%-15%, and 15%-20%, for the first, second, and third year, respectively, would lead to cost savings varying from a minimum of 110,479 to a maximum of 1,232,000,000 € for the 3 years. In particular, drug savings accounted for 91% each year, whereas monitoring savings account for 9% and administration savings account for 6%. CONCLUSIONS: This analysis suggests that the use of apremilast for the treatment of moderate to severe psoriasis may represent a cost-saving option for the Italian NHS over the first 3 years of utilisation.

PSS37 COST-EFFECTIVENESS OF IKERVIS® IN SEVERE DRY EYE DISEASE IN THE UK [UPDATE]

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OBJECTIVES: Routine clinical practice in UK patients with severe dry eye disease is predominantly artificial tears therapy (AT). The aim of this study was to assess the cost-effectiveness of the UK NHS of the addition of Ikervis® (Ciclosporin A; CsA) to routine practice for patients who have not adequately responded to therapy. METHODS: Using a Markov framework, future health effects and costs were modeled. Eligible patients receive six months therapy with Ikervis® plus AT or ocular lubricants or AT and ocular lubricants without CsA. Upon completion, those who respond sufficiently remain on CsA treatment for the duration of the response, achieving a higher quality of life (HRQoL) and lower AT use. Incremental cost effectiveness ratios (ICERs) were expressed in GBP (£) per QALY gained with costs and health effects discounted at 3.5% over a lifetime time horizon. Deterministic and probabilistic sensitivity analyses were employed to assess the impact of uncertainty on the incremental cost-effectiveness ratio (ICER).

PSS38 DRUG UTILISATION AND HEALTHCARE RESOURCES USE IN PATIENTS WITH PSORIATIC ARTHRITIS AND PSORIASIS

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OBJECTIVES: This study aimed to assess therapeutic strategies in clinical practice for patients with psoriatic arthritis (PsA) or psoriasis and calculate related healthcare resources consumption. METHODS: An observational retrospective cohort analy-