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.

PS54 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 investigations were adopted. Beijing, Chengdu, Guangzhou and Shanghai 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. The WAMD model effectiveness (WAMD model) and the PTM (post-treatment medical) model were used to determine the joint therapy and support therapy groups. Direct cost, indirect cost and burden of disease (BOD) were studied. RESULTS: 417 eligible patients were acquired, males and females accounted for 51.32% and 48.68% respectively. Burden of wAMD for per eye was 4857 USD. Burden of wAMD of whole disease course for each eye was 33999 USD. The proportion of direct medical cost in BOD was only 26.35%, however, that of indirect cost reached 68.58%. CONCLUSIONS: The burden of wAMD is relatively high in China, it should be paid more attention by stakeholders. Although new diagnostic and therapeutic methods may raise direct medical cost, they may reduce total burden of wAMD more, which shows the advantage for new technologies. WAMD guideline will be beneficial to both patients and direct medical cost management, targeting young patients as a priority of intervention will help to reduce total social burden of WAMD.

PS55 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 requires medical treatment 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 efficient allocation of limited resources among 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 using the health status valuation (HV) model. The model was constructed based on a one-month cycle with a time horizon of one year. The treatment success to measure effectiveness was defined as achieving ≤20% reduction IOP from baseline. Costs of medication, diagnostic 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). Cost-effectiveness analysis was conducted to evaluate different clinical parameters. RESULTS: The final effectiveness values for latanoprost and dorzolamide/timolol fixed combination were 0.9098 and 0.9089 quality adjusted life year (QALY) in China. METHODs: Two different Markov models were used separately to compare cost per 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 Response model as an incremental cost-effectiveness ratio (ICER) model 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 came from the Comparison of Age-related Macular Degeneration 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¥111,200 and CN¥102,587 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 strategy 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¥90,000, bevacizumab 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. This may help to achieve better treatment compared to dorzolamide/timolol fixed combination on the treatment of glaucoma.

PS56 A PROSPECTIVE PHARMACOECONOMIC STUDY OF BILATERAL PROSTAGLANDIN/PROSTAMIDE 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/ prostamide 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/prostamide 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 of each drug was calculated to compute annual 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 ml was INR.9085, 7731, and 2920 respectively. Average retail price per 12 monthly vials was INR.10,892, 9767, and 3763 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).

PS7 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 using searched with 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. RESULTS: Comparing the cost-effectiveness of different treatments for wAMD, the most cost-effective treatment is the best supportive care (BSC), followed by Photodynamic Therapy (PDT), and Ranibizumab therapy. CONCLUSIONS: BSC is the most cost-effective treatment for wAMD. Photodynamic Therapy (PDT) is cost-effective compared to Ranibizumab therapy. Ranibizumab therapy is the most cost-effective treatment for wAMD. Clinical data used in the models primarily came from the Comparison of Age-related Macular Degeneration 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¥111,200 and CN¥102,587 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 strategy 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¥90,000, bevacizumab 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. This may help to achieve better treatment compared to dorzolamide/timolol fixed combination on the treatment of glaucoma.