examing aminosalicylates (n=29), corticosteroids (n=10), immunosuppressants (n=19), biologic agents (n=1) and inhibitors (n=1). Baseline patient characteristics, study design and outcomes were extracted, including: adverse events (AE) (reported in n=24 studies), serious AE (n=25), deaths (n=23), clinical remission (n=49), clinical response (n=33) and mucosal healing (n=11). Eleven different disease activity scales were identified for IBD and Crohn’s disease. Crohn’s disease scale was reported inconsistently. The results per outcome are presented in a narrative way per treatment class.

CONCLUSIONS: A comprehensive SLR performed which identified 65 RCT reporting on the efficacy and safety of pharmacological treatments in moderate to severe UC patients. Differences in patient population, disease severity, disease activity scales and trial duration are explored and presented.

PG147 HOW THE PRICING STRATEGY OF 2ND GENERATION HCV DIRECT ANTIVIRAL AGENTS CAN AFFECT THE NUMBER OF TREATED PATIENTS IN ITALY AND THE NATIONAL DRUG BUDGET

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OBJECTIVES: To assess the impact of new HCV drugs pricing strategy on the number of potential treated/cured patients and on the Italian Healthcare Service budget, using a simplistic model to design different scenarios for second generation direct antiviral agents (DAAs). METHODS: We calculated the HCV drugs budget and the number of patients for setting a base case by summing up AIFA values for HCV dual or triple therapy drugs. We then calculated the number of treated patients and the budget for each antiviral regimen. We calculated the number of treated and responder patients, considering only genotype 1 HCV to maintain a comparability between base case and future scenarios with new DAAs. RESULTS: The number of patients treated for genotype 1 with 307 responsive patients would be cure with parity price vs. triple therapy, 2) 7.500 (30% vs. base case) in case of a 20% premium price that would allow 8.300 patients to be treated. Assuming to double the allocated budget from payers (€20,000.000) and to reduce the new DAAs price by 20% (€16,000.000), it would be treated and 2,500 (22% vs. base case) will be cured. CONCLUSIONS: This simplified analysis shows that more effective drugs can significantly increase the number of patients who could be treated and cured. In order to support these results, efforts from both payers (higher budget) and pharmaceutical companies (lower prices) are needed.

PG148 EXPLAINING THE INCREASED HEALTH CARE EXPENDITURES AMONG INDIVIDUALS WITH CO-OCCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND GASTROESOPHAGEAL REFLUX DISEASE: A COST-DECOMPOSITION ANALYSIS

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OBJECTIVES: The objective of this study was to examine the health care expenditure associated with gastro-esophageal reflux disease (GERD) among elderly with chronic obstructive pulmonary disease (COPD) and understand the explanatory factors associated with health care utilization expenditures associated with GERD. METHODS: A comprehensive SLR performed which identified 65 RCT reporting on the efficacy and safety of pharmacological treatments in moderate to severe UC patients. Differences in patient population, disease severity, disease activity scales and trial duration are explored and presented.

PG149 DISPENSATION CHANNELS OF ANT-TNF IN INFliximab BOWEL DISEASE TREATMENT

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OBJECTIVES: In the Netherlands, the funding for some high cost drugs and particularly biologics was transferred in 2012 to hospital pharmacy dispensation channel. A European study forecast (2012-2016) showed hospital dispensation as a very effective policy to reduce budget impact of branded biologics and increase savings related to biologics. Two biologic agents (anti-TNFs) are indicated for Infliximab Bowel Disease (IBD) in EU with different mode of administration: infliximab (intravenous) and adalimumab (Subcutaneous). The objective of this study was to compare the infusion channel of anti-TNFs used in IBD across European (EU) top 5 countries. METHODS: We analyzed dispensation conditions using IMS data from 2011 and official local official websites, France (Haute Autorité de Santé and Health insurance drugs database), Italy (Agenzia Italiana del Farmaco), Spain (Ministerio de Sanidad, Consumer Affairs and Social Economy), Germany (Gesundheit), United Kingdom (Department of Health). RESULTS: In UK, Spain, Italy, both infliximab and adalimumab dispensation were restricted to hospital channel. In Germany, both infliximab and adalimumab can either be dispensed through hospital and retail channels. In France, adalimumab was available either in hospital and retail channels under exceptional status, and infliximab was dispensed through hospital channels only. The differences across countries could not be related to products labels as all approved under European Medicines Agency (EMA) centralized procedure. CONCLUSIONS: It is unlikely that the gaps observed are only related to differences in health care services organization but rather budget constraint like in UK, France, and Spain. In Germany, France, the two leading EU pharmaceuticals markets this is not yet the case. Hospital dispensation channel of biologics and biosimilars is a new way to generate savings mainly through tenders.
OBJECTIVES: The main aims of this systematic review were to identify all relevant literature on the clinical efficacy for biological medications in patients with psoriasis and to conduct an up-to-date meta-analysis. METHODS: The following comparators were considered for this analysis: adalimumab, etanercept, infliximab, and ustekinumab. A MEDLINE search was conducted until March 2013. The Cochrane High Quality Criteria was applied to identify randomized controlled publications and was combined with ‘psoriasis’ Mesh terms and drug names. Randomized, controlled, clinical trials with adults with moderate-to-severe psoriasis whose full efficacy can be obtained were included. Evidence was combined in a mixed treatment comparisons in a Bayesian framework. Efficacy was measured by the 75% and 90% improvement of Psoriasis Area Severity Index (PASI) at three months were analysed. RESULTS: Nineteen trials were included in this indication comparison: treatment arms with off-label dosages were excluded. Biologic showed significantly more favourable effect than placebo with respect to any level of PASI response. Significantly more patients on infliximab treatment met PASI50 endpoint than on etanercept, adalimumab or ustekinumab; combined odds ratios (95% confidence intervals) were 5.34 (2.92-95.50), 7.49 (3.13-16.92) and 3.64 (1.62-8.20) respectively. Similarly, significantly more patients on infliximab treatment met PASI90 endpoint than on adalimumab or etanercept, odds ratios were 6.15 (3.39-11.11), 3.78 (2.78-55.95). No significant differences in terms of PASI75 and PASI90 improvements were observed between adalimumab, etanercept or ustekinumab. CONCLUSIONS: All biologics demonstrated statistically significant improvements compared to placebo. This review also showed that infliximab was significantly more efficacious than other biologics.

PS22 COMPARATIVE EFFECTIVENESS OF PEAK AND TROUGH EFFECTS OF BIMAPOTROST 0.03%/TIMOLOL 0.5% PRESERVATIVE-FREE FIXED COMBINATION FOR THE TREATMENT OF OPEN-ANGLE GLAUCOMA AND OCULAR HYPERTENSION
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OBJECTIVE: To evaluate the comparative effectiveness of bimataprost 0.03%/timolol (BTFC) 0.5% preservative-free (PF) fixed combination solution in single dose vials (BTFC PF) for the treatment of glaucoma/ocular hypertension (OHT) compared to alternative combination therapies accounting for fluctuations in intraocular pressure (IOP). METHODS: A systematic review was conducted to identify randomised controlled trials investigating efficacy of combination therapies for the treatment of glaucoma/OHT; where efficacy is defined as IOP change from baseline. Maximum and minimum changes in IOP were used as a representation of peak and trough effects of medication. Prostaglandin/prostamide analog and timolol monotherapy trials were also included as key connectors. A Bayesian mixed treatment comparison (MTC) analysis was used to synthesise the resulting evidence on efficacy up to December 31, 2010. RESULTS: 12 studies comparing PTFC PF specifically had a 57% chance in the peak analysis and a 62% chance in the trough analysis. BTFC PF showed the greatest clinical improvements compared to placebo, this review also showed that placebo was more efficacious than other biologics.

PS23 BASELINE CHARACTERISTICS AND VITREORETINAL INTERFACE FEATURES IN PATIENTS WITH VITREOMACULAR TRACTION AND MACULAR HOLE FROM THE MIVI-TRUST CLINICAL TRIAL
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OBJECTIVES: There is limited published evidence on demographic and vitreoretinal interface (VRI) characteristics of patients with vitreomacular traction (VMT), including when associated with macular hole (VMT+MH). Establishing insights into the characteristics of untreated VMT patients may contribute to a better understanding of the burden of VMT disease. The objective of our analysis is to describe baseline patient characteristics and VRI features in patients with persistent VMT included in the phase 3 clinical trial study of ranibizumab on VMT patients without MH (VMT) and VMT patients with MH (VMT+MH). METHODS: Two randomized, double-masked, placebo-controlled trials designed to determine efficacy and safety of ranibizumab for the treatment of VMT comprising of 652 patients (VMT n=499; VMT+MH n=153). RESULTS: Nineteen studies included in the analysis. Only infliximab included as a Comparator. No significant differences in characteristics included. Baseline characteristics for VMT vs VMT+MH patients were respectively: 72.6 vs 68.7 years, 62.7% versus 75.8% female. Time since diagnosis: 268 days versus 62 days, VA: SE 66.8 versus 55.9, NSE 73.5 versus 77.8. Basophiles: 38.7% versus 28% 20% vs 20% concordant with the former. The mean IOP was 15.4 mmHg. 46.3% of eyes had significantly more concomitant disorders, particularly, respiratory disorders (85% vs. 76%), and asthma (8.9% vs 4.6%) or other types of dermatitis (46.9% vs. 28%) among others. During the nine-years of monitoring, the children of the AD cohort demonstrated changes in the pattern of dermatitis in favor of higher utilization of emollients, and analogs in terms of emollient or topical corticosteroids. As well, the AD group consumed more antihistamine products as the control group did in the first year (27.6% vs 14%). Children with AD were observed to consume ‘more anti asthma drugs, with a peak occurring at age 4.

CONCLUSIONS: From an epidemiological perspective, this study