OBJECTIVES: Equine recurrent uveitis (ERU) is the most common cause of blindness in horses. Our approach has been to incorporate ERU with uveitis, being the most commonly reported agent. Irrespective of substantial treatment costs, the value of affected horses is progressively reduced as ocular involvements (unilateral or bilateral visual impairment or blindness) increase. This study aimed to estimate the number of horses affected by ERU in the U.S. and approximate the potential depreciation due to vision impairment. METHODS: The U.S. horse population size was estimated by market research. Published sources allowed the estimation of (i) the risk of ERU, (ii) the associated visual involvements, accounting for breed differences, and (iii) the loss of value in function of different ocular involvements and variable uses of a horse. Considering U.S. horse breeds and use distributions, the number of horses affected at different times was estimated as the complement of horses remaining unaffected. RESULTS: It was estimated that 576,000 horses are currently affected by ERU in the U.S. Based on retrospective survey data for 1,049,269 of the U.S. population of horses, 151,046 horses are unilaterally and 122,172 bilaterally affected. Depreciation in horses currently affected by ERU was conservatively estimated at $107 (95% CI: $102, $112) and follow-up depreciation was $64 (95% CI: $59, $69) per year. CONCLUSIONS: Approximately 70% of the losses are caused by leptoconus. Objectives: To estimate the cost of illness associated with diabetic macular edema (DME) and evaluate the impact of DME treatment and control of advanced disease. METHODS: A structured literature review to assess prevalence and cost of DME was conducted including Embase, Medline, government and professional association websites. Structured face-to-face or online interviews were conducted with 378 patients to elicit health care resource use expected in managing patients with DME, use of drug and laser treatments and frequency of follow-up and monitoring visits. Results: Across the 13 countries an estimated 5.3 million people have DME, physicians estimated 32-68% (range between countries) of DME related blindness, a total of 9,340 and 0,571 patients were treated, a total of 3,316 and 1,714 medical costs of DME and was estimated to be €1.2bn, median medical cost per patient was €198, range from €46 (China) to €4,858 (Switzerland). Productivity loss due to poor vision in DME patients costs €4.7bn, 71% of the total cost of illness. Other cost components were laser and drug treatments (mean across countries 17.9%, range 1.4-38.8%), follow-up visits (5.8%, 2.6-33.9%) and monitoring visits (2.9%, 0.3-15.9%). Diagnosis accounted for 0.3% of the total cost (range 0.1-0.9%). Some cost components could not be reliably estimated for all countries. CONCLUSIONS: Considerable variation was identified in screening, diagnosis and treatment between countries. Despite the availability of effective therapies, physicians reported that current practice fails to identify a substantial proportion of patients with DME and manage this disease. Mortality rates in DME have increased in recent years, although much is still required in cost-effectiveness analysis and identification of patients with diabetic retinopathy. OBJECTIVES: To evaluate the cost-effectiveness of aflibercept in the treatment of central retinal vein occlusion (CRVO) from the perspective of the Turkish Payer Social Security Institution. METHODS: A Markov model was developed to model the natural history of CRVO, incorporating data from the Phase III COPERNICUS and GALILEO trials. Economic inputs were based on the expert opinion addressing local treatment, monitoring and adverse event management. The primary endpoint was QALYs. Analyses were conducted from the Turkish Payer Social Security Institution perspective. All costs were calculated in Turkish Liras (TL) and converted to USD using TL/USD currency rate as 2.10 (mid-2016). RESULTS: The total number of QALYs associated with aflibercept, ranibizumab, and dexamethasone were 17.926, 17.194 and 16.928 QALYs respectively, resulting in total of 0.101 and 0.968 more QALYs for the treatment with aflibercept.
relative to ranibizumab and dexamethasone. Total costs associated with aflibercept, ranibizumab, and dexamethasone were 4,260 USD, 5,191 USD, and 1,631 USD respectively, resulting for the cost of aflibercept treatment being 959 USD lower compared to ranibizumab and 2,629 USD higher compared to dexamethasone. Aflibercept was dominant over ranibizumab. The ICER for aflibercept as compared to dexamethasone and ranibizumab was $7,444/QALY gained. Incremental cost effectiveness analysis (CEA) showed that from an NHS perspective, health gains can be achieved at a low cost. In 70.8% of simulations. Tornado analysis showed the model is most sensitive to discount rate of 20%.

PSS19 COST-EFFECTIVENESS OF SECUKINUMAB COMPARED TO CURRENT THERAPIES FOR THE TREATMENT OF MODERATE TO SEVERE PLAQUE PSORIASIS IN CANADA
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OBJECTIVES: To assess the cost-effectiveness of secukinumab versus current therapies for plaque psoriasis in adults from the Canadian healthcare perspective. METHODS: A Markov model was designed to determine the cost-effectiveness of secukinumab 300mg for moderate to severe plaque psoriasis over a 10-year horizon versus secukinumab 150mg, adalimumab, etanercept, infliximab, ustekinumab (45mg or 90mg), and standard of care (oral systemics, topicals, and phototherapy, SoC). Year 1 of the model consisted of 4-week cycles with 4 Psoors Assessment and Severity Index (PASI) levels (PASI 90, 75, 50, and <50). Years 2-10 used annual cycles, with 3 health states (PASI >75, PASI <75, and death). Decisions to switch to SoC were made at week 12 and 52, then annually. Efficacy data from a network meta-analysis informed first-year model transitions. Resource use, costs, and utilities were collected from clinical trials, published literature, expert opinion, and standard Canadian sources. RESULTS: The model showed that secukinumab 300mg was the least costly strategy, followed by secukinumab 150mg, adalimumab, ustekinumab 45mg, secukinumab 150mg, ustekinumab 90mg, secukinumab 300mg, and infliximab. The cost-effectiveness frontier showed etanercept was effective with an ICER of 7.144 USD, well below the willingness-to-pay threshold (GBP per capita £10,782 USD) for Turkey.

PSS20 COST-EFFECTIVENESS ANALYSIS OF THE PHILADELPHIA GLAUCOMA COMMUNITY DETECTION AND TREATMENT PROJECT
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OBJECTIVES: To assess the cost per outcome of community-based glaucoma examinations to older Philadelphians at community centers. METHODS: Clinical and resource data were collected from site visits. Costs of community health workers and equipment (fundus camera, laptops, medical and office supplies), travel (van rental, fuel, main- tenance, personnel mileage reimbursements), and personnel time was captured during site visits. Examinations were performed at older Philadelphians at community centers. RESULTS: The cost-effectiveness analysis was performed taking a health system perspective, with outcome analysis being performed for each case of glaucoma detected and cases of any ocular disease detected. Costs included supplies (slit lamp, visual field machine, handheld fundus camera, laptops, medical and office supplies), travel (van rental, fuel, maintenance, personnel mileage reimbursements), and personnel time (for examination, travel to sites, training, and supervision). Personnle time was captured by time and motion data collected during site visits. Costs of community health workers and medical assistants were based on regional 2013 US Bureau of Labor and Statistics (BLS) wage rates, and ophthalmologist wages were based on 2013 NHS salary cap. Wage rates for project supervisors were assumed to be 25% more than a medical assistant. Fringe benefits were added to all wage costs at 31% (BLS). RESULTS: 1649 participants were examined from 2012-2013, of whom 68% were females, 70% were African-Americans, and the mean age was 69 (SD 11). The mean total examination time was 56 minutes (SD 4). Visual field and physician consult were the most time-consuming steps (11-13 minutes each). Glaucoma and angle closure represented 17% of the 2197 diagnoses made. Other diagnoses made included glaucoma suspect (16%), cataracts (52%), glaucoma and diabetic retinopathy (2%), and macular degeneration (1%). Examination and staff travel were the largest components of total costs at $67,018 and $24,340, respectively. The total program cost was $229,083 ($139/participant). The cost/case of glaucoma diagnosis (confirmed, suspected or angle closure) was $50. The cost/case to detect any ocular disease was $104.
CONCLUSIONS: The cost to deliver glaucoma examinations through this program is relatively low in relation to its diagnostic yield, however opportunities exist to improve efficiency of examination and travel.

PSS21 COST-EFFECTIVENESS OF AFlIBERCEPT IN THE TREATMENT OF WET AGE-RELATED MACULAR DEGENERATION IN TURKEY
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OBJECTIVES: The objective of this study is to evaluate the cost-effectiveness of aflibercept compared to ranibizumab for the treatment of age-related macular degeneration (wAMD) in Turkey. METHODS: A Markov model consisting of six health states on vision impairment as “no vision impairment; mild vision impairment; moderate vision impairment; severe vision impairment; total blindness; death” with a 12-month time frame was built. A model expert panel. Clinical transition inputs between visual acuity states and safety data were mainly derived from the results of Phase III VIEW-1 and VIEW-2 trials. Economic inputs were obtained on the eye injection administration local treatment, monitoring and adverse event management algorithms. The primary and secondary endpoints for the study were blind years and QALYs, respectively. Analyses were conducted from the Turkish Payer Social Security Institution perspective. All costs were calculated in Turkish Liras and then converted to USD using FL/TL currency rate of 1.19 (mid-2014). RESULTS: Aflibercept was associated with 6,614 blind years and 4,805 QALYs, while ranibizumab was associated with 6,599 blind years and 4,810 QALYs, resulting in total cost savings of 5 more blinded years and 0.005 less QALYs per patient with aflibercept in the treatment of wAMD. Total costs associated with aflibercept and ranibizumab were 25,954 USD and 30,311 USD respectively, resulting with a total of 4,357 USD less costs for aflibercept compared with ranibizumab, driven by the lower cost of aflibercept.

PSS22 COST-EFFECTIVENESS OF Ikervis® IN SEVERE DRY EYE DISEASE IN THE UK
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OBJECTIVES: Routine clinical practice in UK patients with severe dry eye disease is a combination of artificial tears (AT) and ocular lubricant ointments. This study simulates what was seen in the phase II trial that investigated the effectiveness 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 either AT or ocular lubricant ointments. Transition probability was calculated from Ikervis® trial data, and with response stratified utility values and a shorter initial trial period were performed. RESULTS: Compared to AT alone, Ikervis® results in a lifetime cost to the UK NHS of £713 per patient, but offers an additional 0.04 QALYs. The ICER is £355/QALY gained. At a commonly accepted cost-effectiveness threshold of £30,000 per QALY, Ikervis® is cost-effective in 70.8% of simulations. Tornado analysis showed the model is most sensitive to the incremental benefit on patient’s long-term HRQoL associated with responding to Ikervis® compared with continuing AT. CONCLUSIONS: The combined health and cost effect of Ikervis® in severe dry eye disease was well below the willingness-to-pay threshold of £30,000/QALY gained, indicating that Ikervis® in the target patient population would represent a cost-effective intervention in the UK.

PSS23 COST-EFFECTIVENESS OF ANTIGLACOMA MEDICATIONS
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OBJECTIVES: To check prescribing pattern for glaucoma and to design a treatment guideline for POAG that is more cost effective from the perspective of a third party payer than the current practice based on real world evidence. METHODS: A retrospective descriptive study of glaucoma patients was carried out with the aid of data collection form. The prices (95% CI) of antiglaucoma drugs were estimated from hospital price list and the 5 nearby community pharmacies. Eighty randomly selected case notes of glaucoma patients on therapy for at least 3 months were studied. Data collected were the demographics, IOP, period per month and the drugs prescribed. A Stochastic Monte model based on the outcome and cost was constructed with the aid of vanguard studio 5.0 (Cary, North Carolina, USA). The outcome of the therapy which was entered as the proportion of patients whose IOPs were normal, reduced or either increased or unchanged per month of treatment. Sensitivity analysis was conducted by varying the input data by ±50%. RESULTS: The proportion of patients that IOP was checked regularly was low 26.76%. The commonly prescribed drugs were the beta blockers and carbonic anhydrase inhibitors. The current practice will cost USD403.86 (NGN77,783.86) per patient per annum whereas the proposed guideline that result in improved outcome will cost USD 64.10 (NGN9,573.12). Treatment guideline consistent with Standard Protocol on Glaucoma of the American Academy of Ophthalmology. The patients that IOP was checked regularly were low and multi therapy was prescribed at onset with the beta blockers plus Carbonic anhydrase inhibitors. A cost savings of NGN 350,654 will be obtained by the proposed guideline for POAG per patient per annum thus it could be adopted after evaluation at several sites.

PSS24 ECONOMICS IN CLINICAL GUIDELINES: A COST-EFFECTIVENESS ANALYSIS OF REPOSITIONING STRATEGIES FOR THE PREVENTION OF PRESSURE ULCERS
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OBJECTIVES: To check prescribing pattern for glaucoma and to design a treatment guideline for POAG that is more cost effective from the perspective of a third party payer than the current practice based on real world evidence.