OBJECTIVES: Clinical trials have shown that ranibizumab is efficacious in improving vision among patients with AMD. The objectives of this study are to: 1) evaluate differences in efficacy between PRN and monthly treatment. The ranibizumab to control (placebo injection/surgery) comparison (4 effect sizes, 4 odds ratios, N= 800) revealed no significant differences. Weighing analyses were used to compare the monthly versus PRN treatment. RESULTS: Regression results showed no significant differences in efficacy between PRN and monthly treatment. The ranibizumab to control (placebo injection/surgery) comparison (4 effect sizes, 4 odds ratios, N= 800) showed that ranibizumab had significantly higher improvement in visual acuity (g=1.20, z=7.83, p<0.05) and a higher proportion of patients who gained ≥15 letters (OR: 6.37, 95% CI 3.96-9.98; p<0.05). When comparing ranibizumab to control (placebo injection/surgery) 3 effect sizes, 3 odds ratios, N= 800) showed significantly higher improvement in letters gained (g=0.08, z=2.34, p<0.05) than ranibizumab 0.3mg. However, the proportion of patients who gained ≥15 letters was not significantly different. The ranibizumab to bevacizumab comparison (3 effect sizes, 3 odds ratios, N= 800) revealed no significant differences.

CONCLUSIONS: Ranibizumab 0.5mg was found to be more effective than control and ranibizumab 0.3mg. Monthly treatment was not significantly different from control. Results from clinical trials are needed to compare the efficacy of ranibizumab and bevacizumab.

PSSS BUDGETARY IMPACT OF INTRAVITREAL ALFIZECTECT OPHTHALMIC EFFECTS OF INTRAVITREAL INJECTION OF AIA IN PATIENTS WITH NEOVASCULAR AGE-RELATED MACULAR DEGENERATION IN A U.S. HEALTH PLAN

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OBJECTIVES: Intravitreal injection of aflibercept (Vitravae) is a new treatment for neovascular age-related macular degeneration (AMD). We performed a cost-effective analysis of aflibercept vs. bevacizumab (AV) in a US health plan.

METHODS: We fitted a Markov model with states: un-treated, treated. The model compared monthly aflibercept (2mg) with monthly AV (1.25mg). The cost analysis was population based. Model outcomes include total costs over years in current and future scenarios, net costs, and per capita per month (PMCS). RESULTS: In one million member plan, 2,800 were newly treated for wAMD. Total budget was $79.2 million in Year 1, $167.9 million in Year 2 and $152.4 million in Year 3 in the current scenario, and $71.9 million, $126.5 million, and $121.2 million in Years 1, 2 and 3 in the future scenario. Net budget impact ranged from -7.3 million in Year 1 to -$31.2 million in Year 3, $0.61, $1.78, and $2.60 PMCS savings in Years 1, 2, and 3. CONCLUSIONS: Adding AIA to the US formulary saves money in the first three years, primarily due to reduced injection frequency compared to AQ.

PSS6 COST ANALYSIS OF PARS PLANA VITRECTOMY FOR THE TREATMENT OF SYMPTOMATIC VITREOMACULAR ADHESION: A BOTTOM-UP COSTING APPROACH FROM THE PERSPECTIVE OF THE HEALTH PLAN

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The direct cost to the NHS of pars plana vitrectomy (PPV) is unknown since bottom-up costing exercise has not been undertaken. Health care resource group (HRG) costing relies on a top-down approach.

OBJECTIVES: To compare the direct cost of PPV for vitreomacular traction (VMT, epiretinal membrane (ERM) and macular hole (MH)). METHODS: Each of five NHS vitreoretinal units recorded the intervention for surgery and all procedure elements for a minimum of 30 consecutive PPVs, to include at least 10 cases of VMT, ERM, or MH. In-surgery and out-of-surgery data was collected and prospective cost estimates of equipment, staff salaries associated with surgery, and material costs were determined, between March and September 2012. Out-of-surgery costs, namely before and after surgery between admission and discharge, were based on accounting costs recorded on costs for one site. RESULTS: Of 151 PPVs, 57 were for MH (16.6%), ERM (5.2%), or VMT (4%). The average surgical time was 1.22 hours (range 0.96-1.38), corresponding to an average cost of £280.40 (€349.00) and €281.24 per patient. CONCLUSIONS: These figures indicate that the real cost incurred is likely to be higher than the reimbursed tariff, but it may be cost-effective for NHS hospitals to undertake additional PPVs on a cost-recovery basis.

PSS7 THE COST AND THE EDUCATIONAL IMPACT OF COCHLEAR IMPLANTATION IN CHILDREN UNDER 4 YEARS OF AGE IN FRANCE

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OBJECTIVES: The aim of this study is to assess the cost and the educational impact on children under 4 years of age who underwent cochlear implantation.

METHODS: 268 profoundly deaf children were recruited and implanted between September 2002 and December 2004 in 16 specialized French hospitals.

The educational impact was assessed in children aged less than 2 years and aged 2 years and aged 2 years and over 2 years using the educational rate evolution and the type of integrated satisfactory.