inflammatory bowel diseases, eye diseases, metabolic diseases and psychological disorders. **OBJECTIVES:** The main objective of the study is to design an optimized Patient Diagnostic Therapeutic Pathway for the Tuscany Region (Italy) characterized by higher quality of care and higher levels of organizational and economic efficiency. **METHODS:** Research and analysis of the scientific literature and of the clinical guidelines on the main dimensions of psoriasis and patient care. Design of ad hoc questionnaire useful to collect data and information regarding both the organizational structure of the 13 Centers and the different phases of patients pathways. Conduction of semi-structured interviews to the clinicians. Realization of 13 flow charts representing the patients pathways, from the pre-diagnosis phase to the follow-up phase. **RESULTS:** The analysis shows similarities between the Centers in the phases of treatment and follow-up, principally due to their clinical nature. Major organizational differences have been recorded in the pre- diagnosis and the diagnosis phases due to dissimilar modalities of enrolment of patients. The analysis of the thirteen patients pathways has allowed the identification of an unique optimized pathway with improved characteristics for the patient. The diffusion of the optimized pathway will favour the adoption of a virtuous cycle of dialogue between the professionals and the progressive "homogenization" of some phases of the hospital management of the patient with psoriasis. **CONCLUSIONS:** The study identifies an optimized pathway - able to engage all the clinicians involved in the care of the patient and his/her comorbidities - to be adopted at the regional level for a more effective, more integrated and efficient management of psoriasis.

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REAL-WORLD TREATMENT PATTERNS OF RANIBIZUMAB AMONG PATIENTS WITH RETINAL DISEASES IN CANADA: 5 YEARS OF DATA

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OBJECTIVES: To assess the annual frequency of injections of ranibizumab over time for the treatment of retinal diseases in Canada. **METHODS:** The Rx Dynamics database (IMS Health Canada Inc.) for the Ontario Public Drug Program (OPDP), the Régie de l'assurance-maladie du Québec (RAMQ) and the national Private Drug Plan (PDP) was used for the period ranging from January 2008 to January 2015 to track the mean number of claims per year per patient. Longitudinal and cross-sectional analyses were performed. Analyses were also performed by indication (wAMD, DME and RVO) when the information was available. The index date was defined as the date of the first ranibizumab claim. Patients with no active claim of ranibizumab during a specific year were not included in the mean of that year. One claim equals one injection. **RESULTS:** For the longitudinal analyses, where the three cohorts of patients were followed for 5 consecutive years, the mean number of injections are 5.9, 5.5, 5.6, 5.7 and 5.9 for the OPDP cohort (n=12,944), 5.2, 4.7, 5.5, 5.9 and 5.8 for the RAMQ cohort (n=1,835) and 4.2, 5.1, 5.0, 5.4 and 5.1 for PDP (n=449) cohort. For the cross-sectional analyses, the mean number of injections for the first year of treatment are 5.9 for the OPDP (n=60,105), 5.9 for RAMQ (n=11,557) and 5.1 for PDP (n=5,292). In addition, similar Resultsare obtained when the mean number of injections is assessed by retinal conditions. **CONCLUSIONS:** These Resultssuggest that Canadian patients treated with ranibizumab receive a mean number of injections of 5-6 per year over time. These Resultsalso confirm the uptake of individualized treatment regimen, such as treat and extend, by the Canadian physicians. All findings and Conclusionsare those of the author, and are based in part on data licensed from IMS Health Canada Inc. (all rights reserved).

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NATIONWIDE TREND ANALYSIS OF TARGETED THERAPIES FOR TREATMENT OF MALIGNANT NEOPLASMS OF THE EYE IN TAIWAN (2009-2016)

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OBJECTIVES: Targeted therapies have been used and reimbursed for treatment of eye malignancies by Taiwan National Health Insurance in the past few years. This study examined the recent trend in use and costs of antineoplastic agents for treatment of eye malignancies in Taiwan from 2009 to 2012. We also forecasted use and costs of targeted therapies up to and including year 2016 based on the current patterns. **METHODS:** The monthly claims data for eye malignancy-related antineoplastic agents were retrieved from Taiwan's National Health Insurance Research Database (2009-2012). We calculated the number of prescriptions and costs for each class of medications, and analyzed their time trends. In addition, using a time series design with ARIMA models, we estimated the market share by prescription volume and the proportion of costs for targeted therapies for years 2015 and 2016. **RESULTS:** The market share of targeted therapies grew from 1.56% in 2009 to 9.98% in 2012 among all antineoplastic agents, and the proportion of costs for targeted therapies rose from 15.12% in 2009 to 58.88% in 2012. Especially, the proportion of costs for protein kinase inhibitors grew from 25.62% to 45.28% among all antineoplastic agents between 2010 and 2012. The market share and the proportion of costs for targeted therapies were predicted to reach 27.33% and 91.39% by the fourth quarter in 2016 respectively. **CONCLUSIONS:** This is the first study that examined and forecasted the use of targeted therapies for treatment of eye malignancies in Taiwan. Our findings indicate that, compared with other classes of drugs, targeted therapies are becoming the main treatments for eye malignancy in Taiwan, and due to their high costs they are likely to cause great economic burden.

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PRICE FLUCTUATIONS ACROSS LIFECYCLE: INSIGHTS FROM THE ANTI-VEGF MARKET

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OBJECTIVES: To analyze the impact of indication expansion and market competition on anti-VEGF drug prices in the United Kingdom, France and Germany, with a view to understanding implications for lifecycle management. **METHODS:** Secondary research was conducted to identify approved indications and official list prices from the British National Formulary, the French Assurance Maladie database and the German Rote List for ranibizumab (Lucentis, Roche) and aflibercept (Eylea, Bayer) from launch to 2015. Indications were reviewed based on the EMA and individual countries' official journals. Annualized treatment costs were calculated based on the official list prices and compared across countries and over time. **RESULTS:** Ranibizumab was approved in 2007 for wet age-related macular degeneration (AMD). In 2010, 2011 and 2013, the list of indications expanded to include diabetic macular edema (DME), retinal vein occlusion and pathologic myopia, respectively. Aflibercept, another anti-VEGF treatment, gained EMA license in 2012 for wet AMD and for DME in 2014. Among countries, France has seen the biggest ranibizumab list price discount, with about 44% reduction between 2007 and 2015. In Germany, price of ranibizumab dropped by 15% in 2009 before aflibercept and dexamethasone (Ozurdex, Allergan) entered the market, and has since remained stable. Price of ranibizumab in the UK has remained stable since launch. Aflibercept launched at a 36% to 42% lower annual cost compared to ranibizumab across countries. So far prices remain stable. **CONCLUSIONS:** Due to different market characteristics, the impact of indication expansion on price varies across the markets in scope. Maintaining a high list price is complicated in price regulated countries. List prices are not affected by subsequent indications in free pricing markets, where contracting and confidential discounts are usually key for access. To maintain high list prices and avoid impact of international price referencing, patient access schemes may be potential options, but acceptability varies across countries.

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GLAUCOMA: HIGHLIGHT MOLECULES USED IN PATIENTS FROM SUPPLEMENTARY HEALTH IN BRAZIL

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OBJECTIVES: Glaucoma is associated with elevated pressure in the eye (intraocular pressure) that may cause injury to the eye if not treated, and as a result, lead to blindness. The aim of this study was to identify the types of drug treatments that were used between 2013 and 2014 in Brazil. **METHODS:** Patients were identified through the health insurance database of Brazil, from January 2013 to December 2014. The patients were selected with ICD-H40 and its subcategories and bought antiglaucoma drugs in the analyzed period. From the date of the purchase, it's possible to obtain a methodology capable of identifying if a patient has used more than a drug for the treatment. It was then possible to find the main associations of glaucoma ophthalmic solutions. **RESULTS:** From a total of 169,741 patients who bought some kind of antiglaucoma medication, 53,228 used more than one type of eye drop. The molecules analyzed were: Timolol, Dorzolamide, Brimonidine, Brinzolamide, Travoprost, Bimatoprost and Latanoprost. Since Timolol was the most representative drug of this period on purchases and was present in 36.7 % of the total purchases, with or without association with another molecule, it has been selected the three most representative associations in the sample under study. It has been found that Timolol associated with Dorzolamide corresponded to 22.8 % of the procurement, followed by associations between Timolol and Brimonidine (21.2 %) and Brinzolamide and Timolol (11.2%). **CONCLUSIONS:** Approximately 40% of the patients in supplementary health sample from Brazil make use of more than one drug for Glaucoma treatment, this fact confirms the protocol realized by Brazil's Health Ministry, where it is described that the therapeutic class, block beta-receptor, is the main class for treat Glaucoma and it is usually combined with another antiglaucoma class to reduce the intraocular pressure.

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TREATMENT OF MACULAR EDEMA: WHAT'S NEW? EVIDENCE FROM AN HTA STUDY COMPARING RANIBIZUMAB AND DEXAMETHASONE IMPLANT

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OBJECTIVES: Diabetic Macular Edema (DME) is a leading cause of vision loss and blindness. The aim of the study is the evaluation of the benefits concerning the introduction of an additional alternative technology, Dexamethasone intravitreal implant (DEX), in comparison with the present scenario consisting of the repeated administration of intravitreal injections of Ranibizumab. They differ for the number of injections and adverse events (AEs) occurring after each therapeutic cycle. **METHODS:** An HTA was conducted within 3 Italian Departments of Ophthalmology, in Lombardy Region. Qualitative and quantitative data were collected using specific validated questionnaires and self-reported interviews, applying a MCDA approach and considering 7 dimensions resulting from the EUnetHTA Core Model. **RESULTS:** At the 36 month time point of the base-case scenario for market penetration, the introduction of DEX could lead to i) significant economic savings to the Regional Health Service (-15%), even considering the AEs impacts (14.82% severe AEs for Ranibizumab vs 27.46% mild and moderate AEs for DEX); ii) an optimization of the operating theatre's time, with fewer minutes spent delivering an entire treatment cycle (-27%); iii) a perception of improved staff workflow organization (+209%); iv) a decrease of social expenditure, in terms of productivity loss, with both transportation and waiting time's reduced (-69%); v)an improvement on equity aspects, considering in particular advantages in caregivers' quality of life (233%), since new treatment requires fewer injections. **CONCLUSIONS:** The Resultssuggest that DEX could be considered an advantageous technological alternative to adopt within the DME target population. It acquired a higher score than the comparator (0.579 vs 0.472, considering the final normalized weight derived from the MCDA approach). Economic, organizational and equity savings could be reinvested within the same therapeutic area, i) improving patient access and adherence to therapy, ii) treating a wider population, iii) reducing waiting lists.