5-dimension National Eye Institute Refractive Error Quality of Life (NEI-RQL)-42 scale; expenditure on spectacles was also measured. **RESULTS:** The proportion of patients with a postoperative improvement in visual acuity of 0.1 logMAR or better was significantly higher with the multifocal IOL than with monofocal lenses (45.7% vs. 2.1%, respectively; P<0.0001), as was the proportion of patients achieving spectacle independence (73.3% vs. 25.3%, P<0.0001). At 6 months, the group difference in NEI-RQL-42 scores for dependence on correction significantly favoured the multifocal IOL (mean difference 37.3, 95% confidence interval 28.7–46.0, P<0.0001), but there were no significant differences between the groups in scores for the other four dimensions (near vision, appearance, limitation in activity, and satisfaction with correction). The mean costs of spectacles in patients with multifocal or monofocal IOLs were €154.42 and €267.21, respectively, for lenses and €66.59 and €74.35, respectively, for frames. **CONCLUSIONS:** Compared with monofocal IOLs, the multifocal IOL resulted in greater spectacle independence and lower expenditure on glasses. These findings are consistent with those of a previous economic modelling study, which showed that the use of this lens resulted in significant cost savings due to a reduced need for spectacles.

PSS13

COSTS COMPARISON OF CUTANEOUS DRUG REACTIONS TREATMENT DIVIDED BY DIAGNOSIS GROUPS

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OBJECTIVES: The aim was to analyze the total direct costs of treatment of cutaneous drug reactions (CDR) from health care provider and public payer perspective divided by diagnosis groups. **METHODS:** We analyzed retrospectively data from 164 patients (57 men, 107 women) hospitalized in the Department of Dermatology, Military Medical Institute in Warsaw (from 2002 to 2012) due to CDR. Total direct costs from the public payer and health care provider were calculated for different diagnoses (based on ICD 10 codes). The analysis was based on data derived from the patients' medical charts, daily medication logs, and cost data provided by the hospital organization and accounting department. The services paid by National Health Fund (NHF) were grouped based on ICD-10 and DRG system. For the purpose of the analysis the hospitalization costs were calculated based on the prices for medical services established by the NHF on the basis of a contract with the selected health institution. **RESULTS:** In the study group 3 CDR groups were identified: J38-severe skin disease (generalized rash) J39-large dermatological diseases (erythema multiforme) J49-gentle dermatological diseases (urticaria). From NHF perspective the most expensive procedure is J 38 – 962 € per patient (1€ = 4.24 PLN), the lower cost is for J39 and J 49 (476€ and 331€ respectively). From health care provider's perspective the total direct costs equal: J38 – 630 €, J 39 – 552 €, J49 – 375€. Differences in costs could be due to high costs of the clinically severe diseases treatment incurred by the provider while according to the NHF, these units are classified as large dermatological diseases and thereby direct treatment costs are much lower than real provider's costs. **CONCLUSIONS:** The analysis results suggest taking into consideration reclassification of the services by NHF or better estimation of DRG groups by the public payer.

PSS14

COSTS OF PREVALENCE-BASED CENTRAL RETINAL VEIN OCCLUSION (CRVO) IN THE UNITED KINGDOM

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OBJECTIVES: The societal costs associated with CRVO are little known. Only a few studies report on the burden of retinal vein occlusion, the resource use and cost of CRVO. No specific burden of illness study is available that describes the situation in the UK. The purpose of this study was to create a model that enabled the calculation of the societal costs of CRVO in the UK. **METHODS:** The health care utilisation inputs for the model were derived from a survey conducted among UK ophthalmology experts. The model included parameters that contribute to the costs of illness of CRVO and is based on the prevalence of CRVO in the UK. These were direct and indirect costs including drug treatment, non-drug treatment (e.g. grid laser photocoagulation and pan retinal photocoagulation), monitoring of the disease, adverse events, lost productivity, transportation and the cost of blindness. **RESULTS:** In the UK, the average annual contribution from each patient to the overall cost of CRVO was calculated to £14,692. The annual cost for the UK society was estimated to be almost £700 million. The main part of the cost, 42%, was from monitoring of the disease. Also, 20% was from the cost of blindness, 16% from the drug treatment and 15% from treatment of adverse events. **CONCLUSIONS:** Despite CRVO being an uncommon disease, the annual costs to the UK society are substantial. The total burden of CRVO is most sensitive to changes in the cost associated with interventions, with the number of hospital visits, ophthalmoscopy examinations and the number of optical coherence tomography (OCT) procedures as the dominating factors. By reducing the cost and/or the number of interventions by 25%, the overall burden of CRVO decreases from £14,692 to £13,147 per patient, which corresponds to a societal saving of almost £73 million per year.

PSS15

SYSTEMATIC LITERATURE REVIEW OF ECONOMIC BURDEN OF CHRONIC PLAQUE PSORIASIS

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OBJECTIVES: Psoriasis is a significant economic burden to both patients and payers in terms of direct and indirect costs. Previous systematic reviews have been limited with regards to geographical region of assessment and type of economic outcomes reported. Hence, the objective of this systematic review is to provide a global comprehensive understanding of the direct and indirect economic burden of psoriasis. **METHODS:** A systematic literature search was conducted and studies were identified from PubMed and conference proceedings. Studies published in English language between January 2001 and May 2013, and reporting direct and indirect economic burden of psoriasis were identified using search strategies. A total of 1,181 abstracts were screened by two researchers; any discrepancy was resolved by a third researcher. **RESULTS:** Forty studies (34 primary articles and 6 conference abstracts) from 12 countries including 19 from the US, 4 from Canada, 3 from Germany, 2 each from Italy, The Netherlands and the UK, 1 each from Australia, Brazil, Israel, Spain, Sweden and Switzerland, and 2 multinational studies met the inclusion criteria. Overall, 27 studies assessed direct costs, 3 studies assessed indirect costs, and 10 studies evaluated both. Major contributors of direct costs included medication costs, office visits, hospitalization costs and monitoring costs. Productivity loss, patient and caregiver work days lost, and restricted activity days were key drivers of indirect costs. Among the European countries, the most recent studies reported an annual total cost (direct and indirect cost) per patient of €11,928 in Sweden, €8,372 in Italy, and €2,866 - €6,707 in Germany based on treatment type. In US and Canada, the annual direct and indirect economic burden of psoriasis was $1.4 billion and CDN$1.7 billion respectively. **CONCLUSIONS:** Costs associated with chronic plaque psoriasis are high in many countries indicating a continued need for new treatments.

PSS16

CANADIAN BURDEN OF CHOROIDAL NEOVASCULARIZATION SECONDARY TO PATHOLOGIC MYOPIA: BASELINE CHARACTERISTICS OF PATIENTS

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OBJECTIVES: To identify the real world standard of care, treatment patterns, medical history, resource use and costs of patients with choroidal neovascularization (CNV) secondary to pathologic myopia (PM) in Canada. **METHODS:** With enrollment still ongoing, 85 patients with Myopic CNV were recruited by ophthalmologists and retina specialists from 16 centres across Canada to participate in this retrospective, multicenter study. Medical records covering at least one year of follow up data from the CNV diagnosis, and up to two years, were analyzed to gather all information related to Myopic CNV. **RESULTS:** Data from 67 study participants was analyzed. Patients had a mean age of 55.4 years (range: 27 – 80 years) at the time of their PM diagnosis (CNV affected eye), and 56.0 years (range: 29 - 82 years) at the time of their first lifetime CNV episode. The analysis showed that 71.6% of participants were female, 71.6% were Caucasian, 61.2% had subfoveal CNV in the affected eye and 31.3% had more than one lifetime CNV episode reported. Based on their visual acuity at the time of CNV diagnosis at the beginning of the chart review period, they were grouped by the Snellen score of the affected eye into 7 groups: 20/32-20/20 (n=5), 20/50-20/32 (n=5), 20/80-20/50 (n=15), 20/125-20/80 (n=12), 20/200-20/125 (n=2), 20/320-20/200 (n=7) and <=20/320 (n=21). The approximate mean Snellen score was 20/160 in the affected eye and 20/63 in the fellow eye. The proportion of patients that had both eyes affected with PM was 58.2%. **CONCLUSIONS:** Information on Myopic CNV is very limited in the literature. The baseline characteristics of Canadian patients presented here are aligned with other few data available in the public domain. This is the first study worldwide investigating the burden of Myopic CNV and the final results, will help us better understand this debilitating disease.

PSS17

COSTS OF INCIDENCE-BASED CENTRAL RETINAL VEIN OCCLUSION IN FRANCE

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OBJECTIVES: Retinal vein occlusion (RVO) is the most common retinal vascular disorder with the potential for significant vision-related morbidity. The societal costs associated with CRVO are little known. Only a few studies reports on the burden of retinal vein occlusion or the resource use and cost of Central Retinal Vein Occlusion (CRVO). No specific burden of illness study is available that describes the situation in France. The purpose of the current study was to create a model that enables study of the societal costs of CRVO in France. The perspective of the model was prepared from a societal perspective. **METHODS:** The input for health care utilisation input, were derived from a client survey conducted among French clinical experts in ophthalmology. An incidence-based model was constructed, which included the following parameters: direct and indirect costs, including treatment with drugs, non-drug treatments (e.g., grid laser photocoagulation and pan retinal photocoagulation), monitoring of the disease, adverse events, lost productivity, transportation and the cost of blindness. **RESULTS:** In France the incidence of people suffering from CRVO was estimated to 10,471 (2011). The average annual contribution from each patient to the overall cost of CRVO was calculated to 11,434€. The yearly direct and indirect costs were estimated to app. 120mill Euros. The contributing factors driving the cost of CRVO, in France, are, cost of blindness 29%, drug treatment cost 26%, cost of adverse events 25% and cost from monitoring 14%. **CONCLUSIONS:** Despite CRVO being a uncommon disease, the annual costs to the French society, based on the incidence of CRVO, are substantial. The cost of blindness account for 26% of the total annual costs indicating that there is a potential for reducing those costs with improved treatment options in CRVO.

PSS18

COSTS OF BEST SUPPORTIVE CARE IN THE TREATMENT OF MODERATE-TO-SEVERE PSORIASIS IN THE UNITED STATES

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OBJECTIVES: To describe the best supportive care costs of psoriasis patients following discontinuation of conventional systemic or biologic therapy. **METHODS:** Adult patients with ≥ 2 psoriasis diagnoses (from office visits) with continuous insurance