relative to ranibizumab and dexamethasone. Total costs associated with aflibercept, ranibizumab and dexamethasone were €4,260.59, €719.16 and €1,631.55 respectively, resulting for the cost of aflibercept treatment being €959.52 lower compared to ranibizumab and €2,629.62 higher compared to dexamethasone.

Aflibercept was dominant over ranibizumab. The ICER for aflibercept as compared to ranibizumab was 25,954.5 USD, 30,311.47 USD and 4,505.85 respectively, resulting for the cost of aflibercept treatment being 959 USD lower and 4,505.85 USD higher compared to ranibizumab. The ICER for aflibercept as compared to dexamethasone was 4,453.92 USD and 4,219.84 USD respectively, indicating that aflibercept was more effective and less costly. Compared with dexamethasone aflibercept was found as cost-effective with an ICER of 7,144.57 USD, well below the willingness-to-pay threshold (GDP per capita, $10,782.78 USD) for Turkey.

PS19

COST-EFFECTIVENESS OF SECUKINUMAB COMPARED TO CURRENT TREATMENTS FOR THE MANAGEMENT OF MODERATE TO SEVERE PLAQUE PSORIASIS IN CANADA

Lee A1, Grogan V2, Gu Q3, Becker DL1, Barbour M4
1Optum, Burlington, ON, Canada, 2Novartis Pharmaceuticals Canada Inc, Dorval, QC, Canada, 3Optum, Wellesley, MA, USA

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 Psoriasis Area and Severity Index (PASI) states (PASI 0, PASI 50-74, PASI 75-90, and PASI >90). Decisions to switch to SoC were made at week 12 and 52, then annually. Efficacy data were obtained from a network meta-analysis of 7-year model transitions. Resource use, costs, and utilities were collected from clinical trials, published literature, expert opinion, and standard Canadian sources.

RESULTS: The model simulates two health states: the cost-effectiveness adjusted Markov model (CEAMM) and the Oryx cost-effectiveness model. The ICER for secukinumab 300mg versus SoC was $87,368/QALY gained. The ICER for infliximab versus secukinumab 300mg was $1,039,403/QALY gained. Discriministic sensitivity analysis indicated the results are most sensitive to time horizon, cost of biologics, and utility values. The probabilistic sensitivity analysis demonstrated that at a willingness-to-pay threshold of $90,000/QALY, secukinumab 300mg has the highest probability of being the cost-effective option. CONCLUSIONS: For adults with moderate to severe plaque psoriasis, secukinumab 300mg at an increased incremental cost compared to etanercept, adalimumab, ustekinumab and secukinumab 150mg. For each QALY gained versus SoC, treatment with secukinumab cost an additional $87,368.

PS20

COST-EFFECTIVENESS OF Ikervis® IN SEVERE DRY EYE DISEASE IN THE UK

Erling1, Morton T2, Thompson J3, Eaton J4, Mealing S2, Hawkins NS5, Amrane M6, Tunalioglu A1

OBJECTIVES: To assess the cost-effectiveness of Ikervis® in the treatment of moderate to severe dry eye disease in the UK using Markov methodology. The model was assessed from the payer perspective.

METHODS: A Markov model consisting of six health states was used. The Markov model was anchored to the onset of ocular disease. 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). Personnel 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 NIH salary cap. Wage rates for medical assistants were based on regional 2013 US Bureau of Labor and Statistics (BLS) wage rates, and ophthalmologist wages were based on 2013 NIH salary cap. Wage rates for medical assistants were based on regional 2013 US Bureau of Labor and Statistics (BLS) wage rates, and ophthalmologist wages were based on 2013 NIH salary cap. Wage rates for medical assistants were based on regional 2013 US Bureau of Labor and Statistics (BLS) wage rates, and ophthalmologist wages were based on 2013 NIH salary cap.

RESULTS: The model simulates the life-time cost and health outcomes of patients with severe dry eye disease and the incremental cost effectiveness (ICE) of Ikervis® compared with the current standard of care. The ICER for Ikervis® versus current standard of care was £159,156/QALY gained. At a commonly accepted cost-effectiveness threshold of £30,000/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 treatment. Incremental cost effectiveness ratios (ICER) were expressed in GBP (£) per QALY gained with costs and health effects discounted at 3.5% over a lifetime time horizon.

CONCLUSIONS: The cost-effectiveness of Ikervis® in severe dry eye disease is better from the perspective of the payer than the current practice based on real world evidence.

PS21

COST-EFFECTIVENESS OF AFlIBERCEPT IN THE TREATMENT OF WET AGE-RELATED MACULAR DEGENERATION IN TURKEY

Tunalioglu A1, Ozdemir O1, Edemir B1, Uluno N1, Alp MN2, Saaici AO3, Ozmen ET4, Deger C1, Asan B1, Suner F1, Parili K1, Ozel MO2, Erdal E5, Bar S1
1Ayder University, Turkey, 2Saint Joseph University, Lebanon, 3Ondokuz Mayis University, Turkey, 4Ondokuz Mayis University, Turkey, 5Ayder University, Faculty of Medicine, Turkey

OBJECTIVES: To assess the cost-effectiveness of aflibercept in the treatment of wet 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 transitions weighted by the Turkish Eye Health Council 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 based on the end-of-treatment average 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 lira (TRY) and then converted to USD using FLR 272 for the currency rate as 2.1 (mid-2016).

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 53,798,091 TRY and 0.005 less QALYs with ranibizumab 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 manufacturing cost.

CONCLUSIONS: Aflibercept was found as the cost-effective treatment option when compared with ranibizumab in the treatment of WAMD in Turkish setting. Aflibercept was associated with significantly less cost leading to savings in medication, administration and monitoring costs; while being clinically equivalent with negligible benefits as blind years averted and QALYs gained in comparison with ranibizumab.
OBJECTIVES: Pressure ulcers (PU) are distressing events, caused when skin and the underlying tissue are exposed to uneven pressure sufficient to impede blood supply. They can have a substantial impact on quality of life, and have significant resource implications, with extended hospital stays and significant staff time devoted to treating the more severe cases. Repositioning is a key prevention strategy, but can be challenging, leading to variations in practice. This economic analysis formed part of the National Institute for Health and Care Excellence (NICE) clinical guideline on PU prevention and management, and was conducted to identify the most cost-effective positioning strategy for the prevention of PU. METHODS: The clinical inputs to the model were taken from the systematic review of clinical data conducted for the guideline. The model population was elderly people in a nursing home, this represents a group at high risk of developing a PU. The economic model was developed in consultation with members of the guideline group (GDG), and took the perspective of the UK National Health Service. Outcomes were expressed as costs and quality adjusted life years (QALYs). RESULTS: Despite being highly cost-effective compared with standard positioning, the ICUR equation is cost-effective (compared to 4 hour repositioning) for this high risk group of patients at a cost-effectiveness threshold of £20,000 per QALY. The ICER was £1,854,070 per QALY. CONCLUSIONS: 2 and 4 hour repositioning is not cost-effective (compared to 2 hour repositioning) for the group of patients analyzed here. These results were used to inform the guideline recommendations. FUNDING: This work was undertaken by the National Clinical Guideline Centre, which received funding from NICE. The views expressed in this publication are those of the authors and not necessarily of the institute.

PSS25 AN ECONOMIC EVALUATION OF RANIBIZUMAB VERSUS AFFLICBERET FOR THE TREATMENT OF NEOVASCULAR (WET) AMD IN THE UNITED KINGDOM Malcolm WA1, Claxton L1, Hodgson R2, Taylor M2
OBJECTIVES: To evaluate the cost-effectiveness of ranibizumab compared with aflibercept for the treatment of neovascular macular degeneration (wet-AMD) using a cost-effectiveness threshold from the UK healthcare provider perspective. METHODS: A patient simulation model was developed with best corrected visual acuity (BCVA) used as a marker of disease progression. Baseline patient characteristics were based on the ENTRUST-2 and ENTRUST-7 study. Change in BCVA from year 1 and year 2 was compared in a network meta-analysis. Beyond Year 2 or after treatment discontinuation, BCVA in the treated eye was modelled using natural history data for wet AMD patients. Natural history data for the general population was used to model the untreated eye. BCVA change in each eye was modelled independently. A probability of developing bilateral disease was applied throughout the model. Utility values were estimated by a regression analysis of BCVA in the better-seeing eye (BSE) and in the worse-seeing eye (WSE). Three scenarios based on different treatment and monitoring schedules were analyzed: pro-re-nata (PRN), treat and extend (T&E), and observe and extend (O&E). The model assumed that 50% of patients were treated via one-stop monitoring, and 50% with two-stop monitoring. RESULTS: The difference in lifetime costs associated with ranibizumab (0.5mg) ranges from a saving of £22 with T&E regimen, to a reduction of £7,416 with a PRN regimen. In addition, ranibizumab was associated with lifetime quality adjusted life years (QALYs) of 5.07 compared with 5.06 for aflibercept and as a consequence dominated aflibercept. Probabilistic sensitivity analysis suggests that the probability of ranibizumab (0.5mg) being cost-effective with a 95% probability of cost-effectiveness was at £20,000 threshold. With a PRN regimen, the probability of cost-effectiveness was 86% at a £20,000 threshold and 86% at a £30,000 threshold. CONCLUSIONS: Ranibizumab dominates aflibercept for patients with neovascular AMD irrespective of treatment regimen.

PSS26 ESTIMATING COST-EFFECTIVE DEVICE PRICES FOR PEDIATRIC COCHLEAR IMPLANTATION IN INDIA Drennan VF1, Banerjee S, Garrison L
1University of Washington, Seattle, WA, USA
OBJECTIVES: The World Health Organization reports that India’s rates of debilitating hearing loss are more than double rates in Europe and North America. With a population over 1.25 billion, India’s burden of hearing loss is extremely high. The cochlear implant (CI) is a highly effective treatment, providing some hearing to the deaf; however, CI use is extremely limited in India due to device cost, low incomes, limited medical and audiologic expertise, and lack of awareness. The objective of this study is to estimate the cost of a CI device whose use would be considered cost-effective in India for 1-year old children—the subgroup with the greatest utility gain. METHODS: The lifetime QALYs gained and payer costs are estimated based on a literature review and Indian life tables, and are discounted at 3% annually. The threshold incremental cost-utiliy ratio (ICUR) is considered at 3x, 2x, and 1x per capita gross domestic product (PCGDP). Given cost estimates of pre-implant evaluations, surgery costs, post-implant audiology costs, and the medical and surgical aspects of implantation surgery, the ICUR equation is solved to determine the maximum cost-effective device cost. RESULTS: The utility gain for a CI device implanted in a 1-year old child was estimated at 0.58 with confidence interval (0.49 - 0.67). Lifetime QALY gain was 9.28 (7.47, 11.03). Lifetime costs excluding the device cost were £14,895 (£10,639 - £20,853). Given a PCGDP of £1,066, the cost-effectiveness willingness-to-pay thresholds for maximum device cost for 3x, 2x and 1x PCGDP were £24,664 (£13,664, £11,477 (3x, £20,856) and £1,729 (£10,242, £5,129), respectively. The current minimum price of the device is –£12,000. CONCLUSIONS: CIs in 1-year olds would be cost-effective in India based on a threshold of 3x or 2x PCGDP; but medical and device costs would have to be reduced to meet a 1x PCGDP threshold.

SENSORY SYSTEMS DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PSS27 DIAGNOSTIC DELAY IN PATIENTS DIAGNOSED WITH CUTANEOUS MALIGNANT MELANOMA Horváthné Kívézé K2, Bonec I1, Gyuró M3, Vajda R4, Sándor J1
1University of Pécs, Pécs, Hungary. 2University of Debrecen, Debrecen, Hungary
OBJECTIVES: The aim of the present study was to assess the diagnostic delay and the associated factors in patients with cutaneous malignant melanoma. METHODS: We carried out a survey including medical record analysis in patients diagnosed within five years with cutaneous malignant melanoma at the Pécs Dermatological Clinic (n=96). The study investigated the diagnostic delay, the risk factors as clinical and histological characteristics of the tumor, and patients’ sociodemographic factors. Chi-square test, Mann-Whitney U test, and Kruskall-Wallis were used. RESULTS: A total of 96 patients participated in the investigation. The mean age was 54.5±14.8. Breslow tumor thickness was below 1 mm in 48.1% of patients and above 4 mm in 12.2% of patients. 35.1% of patients consulted a doctors six or more months later than the recommended time. The most common symptom observed by patients was the increase in lesion size (50.3%). Its prevalence on the lower limb (p=0.01) and the increase in lesion size (p=0.001) was associated with significantly longer delay. CONCLUSIONS: The study provides essential information for developing education campaigns in the future focusing awareness promotion related to lesions perceived as minor significance. The present study explains the importance of mindfulness and the need for early detection of tumors. Prevention should be a decisive factor in primary care.

PSS28 MEASUREMENT PROPERTIES OF THE PATIENT-REPORTED PSORIASIS SYMPTOM INVENTORY DAILY DIARY IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS Vyasaswanath HM1, Nuthala A1, Milomol CE2, Gordon K2, Wilson H2, Zhang H3, Kleotka P3, Revicki DA1, Augustin M4, Kicorcan G5, Nirla A1, Strober B2
1Amgen, Thousand Oaks, CA, USA. 2Northwestern University, IL, USA. 3Evidera, Seattle, WA, USA. 4Evidera, Bethesda, MD, USA. 5University Medical Center Hamburg-Eppendorf, Hamburg, Germany. 6University Hospital, Université de Strasbourg, Strasbourg, France.
OBJECTIVES: To evaluate measurement properties of the Psoriasis Symptom Inventory (PSI) in moderate/severe plaque psoriasis (PsO). METHODS: A secondary analysis of pooled data from a Phase II study of guselkumab. The moderate to severe PsO patients (n=661) was conducted. Outcome measures included: PSI (as a daily electronic diary), Psoriasis Area and Severity Index (PASI), static Physician’s Global Assessment (sPGA), involved body surface area (IBSA), Dermatology Life Quality Index (DLQI), Health Status Questionnaire (HSQ) and HSQ Index (HSIA). Analyses included: confirmatory factor analysis (CFA) and Rasch analysis (dimensionality and item performance); Cronbach’s a (internal consistency), interclass correlation coefficients (ICCs) among patients with stable disease (test-retest reliability); Spearman correlations (convergent validity), analysis of variance (known groups validity and ability to detect change); and agreement (Kappa, r) between PSI and HSQ including: PSI total score, PSI item 1 (skin symptoms); ≥0.69, DLQI symptoms and feelings domain (r=0.66), and SF-36 bodily pain (r=0.58) supported convergent validity. PSI scores were significantly different (p<0.001) among known PsO severity groups based on PASI (<12 or ≥12), sPGA (0–1, ≥2), and DLQI (≤5 or >5) at week 8 and 12. At week 12, the PSI detected significant changes in PsO severity based on PASI (<50; 50–75; ≥75) and sPGA (0/1, ≥2), and showed good agreement (κ=0.66) between PSI response and PASI, sPGA, and DLQI responses. CONCLUSIONS: The PSI demonstrated excellent reliability, validity, and ability to detect change in severity of psoriasis signs and symptoms.

PSS29 MEASURING DISEASE SPECIFIC IMPACT AND SYMPTOMS AMONG PATIENTS WITH HIRADENITIS SUPPURATIVA Kimball A1, Stinson M2, Mathias A3, Foley C1, Shields A1
1Harvard Medical School, Boston, MA, USA. 2AbbVie Inc., North Chicago, IL, USA. 3Adelphi Values USA, Boston, MA, USA
OBJECTIVES: Patients with Hiradenitis Suppurativa (HS) experience painful abscesses and nodules primarily in the skin flexures, along with other disease-related impact and symptoms, which can further diminish their health-related quality of life and affect their ability to assess their diseases impacts. We aimed to report the development and initial psychometric evaluation of the Hiradenitis Suppurativa Symptom Assessment (HSSA) and the Hiradenitis Suppurativa Impact Assessment (HSIA). METHODS: The HSSA and HSIA were developed based on a literature review of disease characteristics and a qualitative data collection with 17 HS patients (n=20). Following initial construction, the questionnaire items were assessed for HS patients (n=20) to test their readability and comprehensiveness. Next, the HSIA and HSSA were implemented in a multi-center, non-interventional study with HS patients (n=60) to evaluate their item and scale