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 was calculated as 7,544 USD and treatment of CRVO in Turkish setting, aflibercept was found to be the dominant treatment option when compared with ranibizumab while being more effective and less costly. The cost-effectiveness of aflibercept was found as cost-effective with an ICER of 7,144 USD, well below the willingness-to-pay threshold (GDP per capita, ¥ 10,782 USD) for Turkey.

PSS19
COST-EFFECTIVENESS OF SECUKINUMAB COMPARED TO CURRENT TREATMENTS FOR THE MANAGEMENT OF MODERATE TO SEVERE PLAQUE PSoriasiN 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 Possions for SoC and 7 states (PsA ≥ 75, PsA 50-74, and <50). Years 2-10 used annual cycles, with 3 health-states (PsA ≥ 75, PsA 50-74, and <50). Decisions to switch to SoC were made at week 12 and 52, then annually. Efficiency gain resulting from the work meta-analyzed was framed first model transition. Resource use, costs, and utilities were collected from clinical trials, published literature, expert opinion, and standard Canadian sources. RESULTS: The cost of treating PsA will strongly be dominated, while adalimumab, ustekinumab 45mg, secukinumab 150mg, ustekinumab 90mg, secukinumab 300mg, and infliximab. The cost-effectiveness frontier showed etanercept responding to therapy. Aflibercept was found as the cost-effective treatment option when compared 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 due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to the ICER of aflibercept is $459.

PSS20
COST-EFFECTIVITY OF THE PHILADELPHIA GLAUCOMA COMMUNITY DETECTION AND TREATMENT PROJECT
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OBJECTIVES: To determine the health care costs and outcomes of glaucoma examinations to older Philadelphians at community centers.
METHODS: The proportion of patients with glaucoma was estimated. The proportion of patients with glaucoma was estimated. Other diagnoses made included glaucoma suspect (16%), cataracts (52%), diabetes (9%), hypertension (7%), and non-glaucoma diagnoses (rheumatoid arthritis (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 Possions for SoC and 7 states (PsA ≥ 75, PsA 50-74, and <50). Years 2-10 used annual cycles, with 3 health-states (PsA ≥ 75, PsA 50-74, and <50). Decisions to switch to SoC were made at week 12 and 52, then annually. Efficiency gain resulting from the work meta-analyzed was framed first model transition. Resource use, costs, and utilities were collected from clinical trials, published literature, expert opinion, and standard Canadian sources. RESULTS: The cost of treating PsA will strongly be dominated, while adalimumab, ustekinumab 45mg, secukinumab 150mg, ustekinumab 90mg, secukinumab 300mg, and infliximab. The cost-effectiveness frontier showed etanercept responding to therapy. Aflibercept was found as the cost-effective treatment option when compared 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 due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to the ICER of aflibercept is $459.

PSS21
COST-EFFECTIVENESS OF AFLIBERCEPT IN THE TREATMENT OF WET AGE-RELATED MACULAR DEGENERATION IN TURKEY
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1Rays Thermal Turkey San. i Tic. Anfa, Istanbul, Turkey, 2Rays Consulting Ltd., Istanbul, Turkey, 3Ankara Numune Training & Research Hospital, Ankara, Turkey, 4Ankara Numune Training & Research Hospital, Ankara, Turkey, 5Dokuz Eylul University, Faculty of Medicine, Izmir, Turkey, 6Ankara University, Faculty of Medicine, Ankara, Turkey
OBJECTIVES: The objective of this study is to evaluate the cost-effectiveness of aflibercept, when compared to ranibizumab and dexamethasone 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 linked to the Turkish 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 consumes all medicines related to 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 (TL) and then converted to USD using FL/TL 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 of 4.3 blind years and 0.005 less QALYs for aflibercept 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 due to aflibercept was associated with 4,608 blind years and 4,810 QALYs; resulting in 4,527 USD less costs for aflibercept compared with ranibizumab, driven due to the ICER of aflibercept is $459.