Characteristics were obtained from WHO estimates or local sources, adjusted to local conditions. PCV13 and direct and indirect effectiveness was extrapolated from PCV7 trials and surveillance records, adjusted to local serotype distribution. Cost of vaccine was USD 16.34. A discount rate for cost and life-years was 3%. The payer and societal perspectives were considered. RESULTS: The budget impact in a single- arm model with PCV13 in place would amount to USD 1.32 million, or USD 7.93 million without indirect vaccine protection considered. From this investment, 1,415,971 illnesses (1,071 IPDs, 1,2477 CAPs and 12,8423 OMs) and 347 deaths could be avoided annually without indirect vaccine protection. 56,214 illnesses (601 IPD, 4721 CAP, 53200 OM) and 184 deaths could be avoided. The cost-effectiveness analysis produced ICER of USD 340/LYG or USD 637/QALY from the payer’s perspective. From the societal perspective, the NVP is dominant. Not considering indirect protection, the ICER would be USD 146/LYG or USD 1254/QALY from a societal perspective. Lead and USD 1157/LYG or USD 1254/QALY from a payer perspective. CONCLUSIONS: PCV13- based NIP delivers benefits and cost savings that greatly offset the investment into vaccine, and this strategy promotes investments into lifelong health and longevity. The economic evaluation was performed from a societal perspective with a bottom up approach, following the micro-costing method. RESULTS: Mean time to wound healing from randomisation was 14.3 days in the LDI group and 15.5 days in the SC group (p = 0.258). In the subgroup of clinical patients requiring surgery earlier decision for surgery and a shorter wound healing time were observed in the LDI group (16.0 versus 19.9 days, p = 0.029). Mean total costs per patient were £18,549 (SD 10,837). CONCLUSIONS: LDI proved to provide guidance for therapeutic decisions with a significantly shorter wound healing time in the subgroup of clinical patients requiring surgery. When time to surgery can be reduced by 2.4 days, similar time to decision for surgery in our study, cost savings of £794 per scanned patient can be achieved.

PSS25
RANIBIZUMAB FOR THE TREATMENT OF VISUAL IMPAIRMENT DUE TO MYOPIC CHOROIDAL NEOVASCULARIZATION: COST-EFFECTIVENESS VS ALFIBERCEPT

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OBJECTIVES: Ranibizumab has demonstrated efficacy in patients with myopic choroidal neovascularization (mCNV) and is the first anti-VEGF licensed in this indication. Aflibercept is being evaluated for use in mCNV. An existing model demonstrated that mCNV ranibizumab therapy was adopted to provide an initial evaluation of ranibizumab versus aflibercept. METHODS: A Markov model in mCNV with a lifetime horizon and visual acuity health states was adopted to evaluate the cost-effectiveness of the 2 therapies in a UK healthcare payer perspective. Baseline characteristics, injection frequency and ranibizumab efficacy were based on the disease activity treatment patterns in the RANITIDE study (n=116, Caucasian, Indian and East Asian patients). Daily costs were derived from local data in £ (incremental costs of more than £591). Relative efficacy was assessed by indirect comparison. An evaluation using the East Asian subgroup of the ranibizumab disease activity treatment arm in RANITIDE (n=35) was also conducted.

RESULTS: Ranibizumab dominated aflibercept in both evaluations. Based on the disease activity arm from RANITIDE, ranibizumab was associated with a lower lifetime cost (incremental cost -£1770) and higher lifetime quality-adjusted life-years (QALYs) compared to aflibercept. These results were driven by the greater number of injections, higher treatment and recurrence costs, and smaller proportion of patients gaining ≥ 20 letters visual acuity for aflibercept compared with ranibizumab. CONCLUSIONS: This initial analysis suggests that ranibizumab is less costly and more effective than aflibercept in the disease activity arm and the East Asian subgroup from RANITIDE, as well as initial data from MYRROR.

PSS26
COST-EFFECTIVENESS OF AFlIBERCEPT IN THE TREATMENT OF MACULAR OEDEMA SECONDARY TO CENTRAL RETINAL VEIN OCCLUSION IN SWEDEN

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OBJECTIVES: Central retinal vein occlusion (CRVO) is caused by a blood clot in the central retinal vein, which slows or stops blood flow from the retina. As a result, blood and fluids can accumulate, causing retinal injury and vision loss. Thus, a major complication in eyes with CRVO is macular oedema (ME) and is the primary factor for poor visual acuity and visual fields in non-ischaemic CRVO. A global cost-effectiveness model was developed and adopted to estimate effects and associated costs, in Sweden, for treatment of ME secondary to CRVO with aflibercept compared to ranibizumab. METHODS: A Markov model was developed, including health states that reflect the clinical treatment and disease progression/regression of the ME. The simulated patient population consisted of adults treated for ME secondary to CRVO with an average starting age of 64 years. Patients were treated and monitored for two years and followed-up for 15 years in the base case. Treatment regimens were taken from clinical trials with aflibercept (GALEILLO & COPERNICUS) and ranibizumab (CRUISE & HORIZON), with 8.2 versus 8.8 injections the first year and 2.9 versus 3.5 injections the second year, respectively. RESULTS: Aflibercept can be regarded as a cost-effective, i.e. dominating treatment-alternative compared to ranibizumab as aflibercept is both less costly (total incremental cost of more than -35,000 SEK) and more effective (total incremental QALYs of 0.601) than ranibizumab. In the base case, aflibercept had a mean cost of -8,537 SEK and administration (incremental cost -5,793 SEK) costs compared to aflibercept. Probabilistic sensitivity analysis showed that aflibercept was dominant over ranibizumab in 70% of the simulations. CONCLUSIONS: Aflibercept is more cost-effective than ranibizumab for the treatment of the disease activity arm to CRVO in Sweden.

PSS27
COST-EFFECTIVENESS OF LASER DOPLER IMAGING IN BURN CARE IN THE NETHERLANDS: A RANDOMISED CONTROLLED TRIAL

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6A1, 7E4, 8A6, 9A7, 10A8

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OBJECTIVES: In patients with burns an early accurate diagnosis of burn depth is essential. The combination of laser Doppler imaging (LDI) and clinical assessment leads to an accurate estimate of burn depth. However, the actual effects of the introduction of LDI on therapeutic decisions, clinical outcomes, costs and cost-effectiveness of LDI in burn care is unknown. METHODS: A randomised controlled trial was conducted in all three Dutch burn centres, including 148 consecutive patients with burns of indeterminate depth, in the standard care (SC) group, burn depth and treatment choices were based on clinical assessment only, in the other group (LDI) clinical assessment and LDI results were combined. Primary outcome was the introduction of LDI (A) time to decision for surgery and a shorter wound healing time were observed in the LDI group (16.0 versus 19.9 days, p = 0.029), Mean total costs per patient were £18,549 (SD 10,837). CONCLUSIONS: LDI proved to provide guidance for therapeutic decisions with a significantly shorter wound healing time in the subgroup of clinical patients requiring surgery. When time to surgery can be reduced by 2.4 days, similar time to decision for surgery in our study, cost savings of £794 per scanned patient can be achieved.