

one intermittent dispensing of any IOPLA other than PAs in the 12-month follow-up period from their first prostaglandin dispensing. Rates were compared across the three prostaglandin analogs using chi-square tests. Statistical and descriptive analyses were performed using SAS 9.1. **RESULTS:** In total, 9402 patients were included, aged 70 (\pm SD = 12) years, 56% were female. The proportions of patients requiring adjunctive therapy were 31%, 42%, and 31% for bimatoprost, latanoprost and travoprost, respectively. A significantly higher proportion of adjunctive therapy was associated with latanoprost users (bimatoprost vs. latanoprost: Chi-square = 26.59, $p < 0.001$; travoprost vs. latanoprost: Chi-square = 19.82, $p < 0.001$). Bimatoprost and travoprost did not differ Chi-square = 0.01, $p = 0.94$). **CONCLUSIONS:** Approximately 40% of continuous prostaglandin users required adjunctive therapy in the first 12 months. The latanoprost cohort had the highest rate of adjunctive therapy. Higher rates of adjunctive therapy use may result in higher overall patient care costs.

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AN OBSERVATIONAL DATABASE ANALYSIS OF TREATMENT PATTERNS OF PATIENTS WITH PSORIASIS

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OBJECTIVE: The objective of this retrospective cohort study is to understand current treatment patterns of patients with psoriasis. **METHODS:** A total of 56,871 patients diagnosed with psoriasis (ICD 9: 696.0, 696.1) between index month of June 2005 and March 2007 were selected from the PharMetrics® database. Patients with comorbid psoriatic arthritis and/or rheumatoid arthritis were excluded leaving a sample of 50,075 psoriasis only patients. Patients included had at least 12-month follow-up as well as a minimum 2-year history. Treatments included biologic agents (Amevive, Enbrel, Remicade, Raptiva and Humira), systemic therapies (methotrexate, acitretin, PUVA, cyclosporine and other systemic therapies), topicals, and light UVB therapy. Patients were classified as “biologic naïve” or “biologic experienced” based on their exposure to the biologic therapies. Patient treatment dynamics (switching, drop-off therapy, intermittent and continuous use etc.) were analyzed based on a 12-month follow up period. **RESULTS:** A total of 34.6% of the cohort was newly diagnosed with psoriasis (after the index month of June 2005). About 28% of all patients with psoriasis only were currently on treatment. Topical therapy only was dominant accounting for 72% of all currently treated patients. Biologic use was observed in <10% of currently treated patients with Enbrel as the clear market leader accounting for >80% of all biologic usage. Raptiva was a distant second at 12%. Analysis of treatment dynamics over a 12-month follow up period revealed a 35% growth in the biologic exposed population primarily due to the flow of “biologic naïve” patients to their first biologic therapy. The persistency of Enbrel (67%) and Raptiva (64%) were lower than that of Remicade (80%). Switching patterns showed limited sequential use of biologics over a 12-month period. **CONCLUSION:** Use of biologic therapies is currently limited but growing at a rate of 35%. Enbrel is the market leader and Humira is the fastest growing biologic in this market.

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HEALTH CARE COSTS INCREASE IN THE YEAR FOLLOWING A DIAGNOSIS OF PSORIASIS

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OBJECTIVE: To evaluate the impact of psoriasis (PsO) on health care costs in the first year after diagnosis. **METHODS:** A

retrospective study of the PharMetrics database, compiled from managed care plans throughout the United States, from January 1, 2000 through December 31, 2006 was conducted. Patients between the ages of 18 to 80 years, who had a minimum of 12 months of continuous enrollment before and after their index diagnosis with PsO, were included. The index diagnosis date was derived from the first claim for PsO during the study period. Health care costs in the years prior to and subsequent to the diagnosis of PsO were compared. Wilcoxon Signed-Rank Tests were used to test for significant differences between pre- and post-index periods. The cost of adverse events could not be identified separately in this study. **RESULTS:** The study cohort included 48,068 patients; 52.3% were females and the mean age was 46.3 years. The total health care costs increased by 32.73% (\$4,834.22 to \$6,416.52). The largest cost increase was for inpatient care (31.8%), followed by pharmacy costs (25.6%), physician visits (19.7%), out-patient care (11.1%), other services (8.9%), emergency room (1.5%) and laboratory services (1.4%). About 75% of the cost increase was for non-pharmacy related services. All the changes in costs were statistically significant ($p < 0.001$) after the adjustment for inflation. **CONCLUSION:** This study indicates that following a diagnosis of PsO, health care costs in the first year after such a diagnosis increases significantly. The greatest increase in costs was for inpatient care, and it is notable that 75% of the increased costs were for non-pharmacy related services. Additional studies are needed to further explore the reasons for this large increase in the cost of treating patients in the first year after a diagnosis of PsO.

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HEALTH CARE UTILIZATION INCREASES IN THE YEAR FOLLOWING A DIAGNOSIS OF PSORIASIS

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OBJECTIVE: To evaluate the impact of psoriasis (PsO) on health care utilization and average costs in the first year after diagnosis. **METHODS:** A retrospective study of the PharMetrics database, compiled from managed care plans throughout the United States, from January 1, 2000 through December 31, 2006 was conducted. Patients between the ages of 18 to 80 years, who had a minimum of 12 months of continuous enrollment before and after their initial diagnosis with PsO, were included. The index diagnosis date was derived from the first claim for PsO during the study period. **RESULTS:** The study cohort included 48,068 patients; 52.3% were female, and the mean age was 46.3 years. Compared with one year prior to the diagnosis, the average cost of treating patients in the year after the diagnosis of PsO was 33% greater ($p < 0.0001$). Post-diagnosis utilizations increased by 2.77 physician visits (mean of 8.44 to 11.21), 1.92 prescriptions (mean of 9.56 to 11.48), 0.34 outpatient visit (mean of 1.39 to 1.73), 0.22 laboratory service (mean of 0.94 to 1.16), 0.02 inpatient stay (mean of 0.13 to 0.15), and 0.02 emergency room visit (mean of 0.18 to 0.20). Also, the inpatient length of stay increased by 0.34 day (mean of 1.39 to 1.73). All changes were statically significant with Wilcoxon Signed-Rank Tests ($p < 0.001$). **CONCLUSION:** This study indicates that following a diagnosis of PsO, health care utilization and average costs in the first year after such a diagnosis increases significantly. While we found that the greatest increase occurred in the number of physician office visits, additional studies are needed to further explore the reasons for the large increase (33%) in the cost of treating patients in the first year after a diagnosis of PsO.