average total episode costs were found in the Northeast region and were $856.50. Average outpatient costs in the Northeast region were the highest in the country at $377.64—the range for other regions was $240.70-$285.93. CONCLUSION: Much diversity exists in the cost of treating acne across different segments of the United States. Future research should be done to determine what the underlying factors are when accounting for the discrepancies in cost per episode of acne.

**PHARMACOECONOMIC STUDY OF WET AGE-RELATED MACULAR DEGENERATION (AND) TREATMENT IN MEXICO**

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**OBJECTIVE:** To determine the most cost-effective Wet AMD treatment alternative in Mexico. **METHODS:** A decision tree with Bayesian approach and a Markov chain considering the probabilities of increasing, decreasing or maintaining visual acuity (VA) through eight health states based on VA from 20/20 to 20/400 due to the use of a pharmacological alternative, with a time horizon of 5 years and institutional perspective, were performed. The discounting rate was three percent for costs and benefits. Adverse events and their treatment costs, for every alternative were considered; costs, benefits and probabilities of transition data were estimated from the meta-analysis with available published literature, including the MARINA and ANCHOR studies, validated by a panel of Mexican experts through the Delphi technique. Study comparators examined were Ranibizumab (RAN), photodynamic therapy with Verteporfin (PDTV), pegaptanib sodium (PEG) and standard care (STD). Sensitivity analysis was one-way and probabilistic (acceptability curve, analysis of components for the ellipse method). **RESULTS:** Patients using Ranibizumab get more benefits (RAN = $43,984 USD; STD = $83,546 USD; PEG = $48,263 USD/QAL Y), with the lowest total cost per treatment (RAN = $4,074 USD; STD = $63,531 USD; PEG = $92,247 USD). In budget impact analysis, infliximab cost an incremental $214,640/QALY-gained. In sensitivity analysis, infliximab dominated etanercept when the cost of infliximab fell by 55% (from $691 to $312 per 100 mg vial), or when the cost of etanercept increased 83% (from $187 to $342 per 25 mg vial). In budget impact modeling, infliximab cost an incremental $8,94 PMPM vs. etanercept. **CONCLUSION:** Decision analysis was used to model relative cost-utility and budget impact of biologic therapies in PSO—a chronic health condition. The incremental cost and budget impact of infliximab vs etanercept exceeds standard benchmarks in the absence of comparative effectiveness from head to head trials.

**SENSORY SYSTEMS DISORDERS—Patient-Reported Outcomes**

**PSS27**

**USING MEDICATION POSSESSION AND DAYS OF COVERAGE ON THERAPY TO ASSESS PERSISTENCE WITH PROSTAGLANDIN OCULAR HYPOTENSIVE THERAPY**

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**OBJECTIVE:** To evaluate persistence among glaucoma patients with prostaglandin therapy during the first therapy year. **METHODS:** Patients with latanoprost (LAT), bimatoprost (BIM), or travoprost (TRAV) dispensed during January 1, 2004–December 31, 2004 were screened for inclusion (Ingenix managed care database). Index agent = first agent filled; index date = fill date; follow-up = 358 days. Patients excluded if: age < 40 years; not continuously enrolled for 180 days before/358 days after index date; had ocular hypotensive dispensed or had no glaucoma diagnosis within 180 days before index date. First year persistence measures: whether last fill had sufficient days supply to achieve medication possession at year’s end; number of days for which index agent was available (days covered). Possible inconsistencies between quantity dispensed and reported days supply addressed by multiplying claimed days supply with alternative measures from the literature. Models of associations between index agent and medication possession (logistic regression) and days covered (linear regression) were adjusted for gender, age, and previous ocular hypertension diagnosis. **RESULTS:** A total of 7783 patients met inclusion criteria (LAT, n = 4994; BIM, n = 1464; TRAV, n = 1415). Overall medi-
cation possession was 28% and number of days covered was 131 using unadjusted days supply estimate. Compared to LAT, odds of achieving medication possession at year’s end were 26%–34% lower for BIM and 34%–36% lower for TRAV (p ≤ 0.001 for all comparisons for each imputation). Days covered were 21–29 days lower for BIM and 33–42 days lower for TRAV (p ≤ 0.001 for all comparisons). Failure to refill a 2.5 mL size bottle within the first 90 days had 90%–99% specificity for predicting < 75% days covered. CONCLUSION: Persistence with ocular prostaglandins remains a concern. LAT users were more likely to achieve medication possession and had more days covered during the first therapy year than those treated with BIM or TRAV. Failure to refill the index agent within the initial 90 days predicted poor persistence.

**Abstracts**

**PSS28**

**DISTANCE VISUAL ACUITY AS A MEASURE OF VISION FUNCTION—INSIGHT INTO THE ASSOCIATION OF ETDRS LETTERS AND SELF-REPORT IN SUBJECTS WITH NEOVASCULAR AGE-RELATED MACULAR DEGENERATION (NV-AMD)**

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**OBJECTIVE:** To examine the relationship between distance visual acuity (DVA) and self-reported vision-related quality of life in NV-AMD subjects. **METHODS:** Baseline data from 113 subjects completing 30 weeks in the PERSPECTIVES study, a multicenter, multi-national 102-week clinical trial for the treatment of NV-AMD, were reviewed. Vision function of the better-seeing eye based on DVA (ETDRS letters at 2m), near vision (Bailey-Lovie logMAR scores at 25cm), reading speed (words/minute at 25cm), and contrast sensitivity (Pelli-Robson logMAR score at 1m) were all measured. Vision-related quality of life (VR-QOL) was collected using the National Eye Institute Visual Functioning Questionnaire 25 (NEI-VFQ). Correlations were tested using Pearson’s R, α = 0.05. **RESULTS:** Subject mean age was 74.0 years (±8.0); 67 (59%) were female; and 109 (97%) were white. DVA was significantly correlated with the three clinical measures of vision function (p < 0.001). DVA was also correlated with the NEI-VFQ Distance Vision domain (p = 0.011) but not significantly associated with the Near Vision domain (p = 0.057). With the exception of driving and color vision (p = 0.426 and p = 0.135), the remaining domain scores were significantly correlated with the DVA measure (range p = 0.029 to p = 0.001). **CONCLUSION:** Some differences in self-reported VR-QOL can be explained by DVA, while other effects on vision functioning are less clear. Therefore, it may be preferable to use more than one measure of vision function when assessing treatment effects.

**PSS29**

**USTEKINUMAB IMPROVES DISEASE SPECIFIC HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS: RESULTS WITH THE DERMATOLOGY LIFE QUALITY INDEX**

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**OBJECTIVE:** To evaluate the effects of ustekinumab on disease specific HRQoL in psoriasis patients. **METHODS:** A total of 765 patients were enrolled in the PHOENIX I study. Patients were randomized 1:1:1 to receive placebo, ustekinumab 45 mg, or ustekinumab 90 mg. In the ustekinumab groups, patients received treatment at weeks 0, 4, 16, and every 12 weeks thereafter. Patients randomized to placebo at baseline crossed-over to receive either 45 mg or 90 mg of ustekinumab at week 12. Disease specific HRQoL was assessed using the Dermatology Life Quality Index (DLQI). **RESULTS:** Baseline DLQI scores were similar among treatment groups. The baseline mean (median) total DLQI score was 11.5 (10.0). At week 2, the combined ustekinumab group had significantly greater improvements (p < 0.001) from baseline in DLQI scores compared to the placebo group. All placebo-treated patients crossed over to receive ustekinumab at Week 12 and had comparable DLQI improvements to the groups originally randomized to receive ustekinumab. The mean (median) change from baseline score to week 12 was –8.0 (–6.0) for the 45 mg group and –8.7 (–7.0) for the 90 mg group, compared with –0.6 (0.0) for the placebo group. At week 12, the proportion of patients who achieved a clinically meaningful improvement (decrease of 5 or more points; Kimball et al, 2004) was 64.6% in the 45 mg group and 71.1% in the 90 mg group, compared to 17.9% in the placebo group. Improvements were also demonstrated by the statistically significant proportion of patients in the 45 and 90 mg ustekinumab groups who achieved a DLQI of 0 (32.7% and 34.0%, respectively), as compared to the proportion of patients in the placebo group (0.8%). **CONCLUSION:** Treatment with ustekinumab 45 mg or 90 mg resulted in significantly improved disease specific HRQoL compared with placebo in patients with moderate to severe psoriasis, as measured by the DLQI.