clinical and demographic differences between patients, and to better understand definitively the value of new treatments.

DEVELOPMENT OF A PREFERENCE ELICITATION INSTRUMENT FOR USE IN PATIENTS WITH NEWLY DIAGNOSED BRAIN METASTASES IN A PROSPECTIVE RANDOMIZED CLINICAL TRIAL
Adamus AT, Chang EL, Arbuckle R, King K
The University of Texas M.D. Anderson Cancer Center, Houston, TX, USA

OBJECTIVE: The prevalence of brain metastases in cancer patients is 20–40% and treatment options offer median survivals of 4–10 months. Comparing two treatments that do not offer increases in survival in a disease state with a small survival rate lends itself to the study of patient preferences. Patients are left to choose between the risk of recurrent metastatic disease or the physical and cognitive side effects associated with treatment. The objective of this study was to assess the feasibility of the time trade-off method in patients with brain metastases participating in a clinical trial. METHODS: An instrument was developed for patients with brain metastases undergoing radiosurgery with and without whole brain radiation. Research nurses were trained to administer the instrument face-to-face during clinic visits. RESULTS: The instrument included a written script, data collection form, and visual aid to facilitate the understanding of trading time. Patients traded time for 3 different time periods—10 years, 5 years, and one year. The piloted instrument resulted in two changes: 1) the visual aid was eliminated because it did not add to patients understanding of trading time, and 2) the concept of “optimal health” was used instead of “perfect health” because patients had difficulty with the term. Currently, the instrument has been administered to 25 patients. Fifty-six percent, 44%, and 36% of patients traded time in the 10-year, 5-year, and 1-year time period respectively. Three patients from each time period increased the time that they would trade during the course of treatment from baseline. CONCLUSIONS: Methods used to elicit preferences must be balanced with the practical issues of clinical practice to yield clinically useful options to be used by clinicians and patients for decision-making.

EYE & SKIN DISEASES/DISORDERS—Clinical Outcomes/Healthcare Policy

FACTORS INFLUENCING A POTENTIALLY INAPPROPRIATE DERMATOLOGICAL MEDICATION COMBINATION PRESCRIPTION AMONG U.S. OUTPATIENT PHYSICIANS
Balkrishnan R, Cook JM, Feldman SR, Fleischer Jr AB
Wake Forest University School of Medicine, Winston-Salem, NC, USA

OBJECTIVE: Despite concerns associated with the necessity of an additional fluorinated, high potency topical corticosteroid, the clotrimazole/betamethasone dipropionate combination remains a frequently prescribed topical agent in the U.S. This research was performed to better understand the circumstances in which physicians across specialties in the U.S. recommend the use of the combination medication in outpatient settings. Additionally, the study aimed to determine the diagnoses and characteristics of patients for whom the combination medication was prescribed. METHODS: Data from the National Ambulatory Medical Care Survey (1990-2000) were used to determine the demographic characteristics of patients with dermatologic diagnoses who were given a prescription for clotrimazole/betamethasone dipropionate. The most common diagnoses of patients treated with the drug were also determined. RESULTS: Family medicine physicians were more than twice as likely (OR: 2.61, 95% CI: 1.59, 4.30) and internists were more than 3 times as likely (OR: 3.52, 95% CI: 2.07, 5.97) to prescribe clotrimazole/betamethasone dipropionate compared to all other physicians when faced with a dermatologic diagnosis. Prescription rates of the combination medication were higher among patients of non-white race (OR: 1.55, CI: 1.07, 2.25). Contact dermatitis and other eczema ranked highest among diagnoses associated with the combination medication mention by family medicine physicians, internists, and pediatricians. CONCLUSIONS: The frequent use of clotrimazole/betamethasone dipropionate by primary care physicians is of concern. Use of alternative agents with anti-inflammatory and antifungal properties without the associated risks of high potency topical corticosteroids would be a preferable alternative.

EYE & SKIN DISEASES/DISORDERS—Economic Outcomes

COST-EFFECTIVENESS OF BIMATOPROST VERSUS LATANOPROST PLUS ADJUNCTIVE PRODUCTS FOR GLAUCOMA TREATMENT
Walt JH1, Spalding JR2, Habib L3
1Allergan, Irvine, CA, USA; 2University of Southern California, Los Angeles, CA, USA; 3Keck Graduate Institute, Claremont, CA, USA

OBJECTIVES: Prostaglandins have recently been introduced to treat glaucoma patients. We evaluated the effectiveness and pharmacoeconomic impact of these newer medications in treating patients with glaucoma. We compared effectiveness and costs of bimatoprost monotherapy versus latanoprost used with adjunctive therapies. METHODS: A pharmacoeconomic model was constructed based on a two-month naturalistic effectiveness trial comparing bimatoprost 0.03% (AWP of $53.13) in patients switched from all possible combination therapies with latanoprost 0.005% (AWP weighted total average...
A MODEL-BASED PHARMACOECONOMIC ANALYSIS OF BRIMONIDINE TARTATE 0.2% AS AN ADJUNCTIVE THERAPY TO BETA-BLOCKERS IN THE TREATMENT OF GLAUCOMA OR OCULAR HYPERTENSION IN ADULT PATIENTS IN NORWAY

Christensen TL1, Poulsen PB1, Holmström S2, Maeland K3, Walt JG4
1MUUSMANN Research & Consulting, Kolding, Denmark; 2Allergan, Mougins, France; 3Allergan, Upplands Vasby, Sweden; 4Allergan, Irvine, CA, USA

OBJECTIVES: Glaucoma is a condition affecting one or both eyes with raised intraocular pressure (IOP). The IOP should be reduced to prevent progression of visual field loss. The objective of the present study was to compare the cost-effectiveness of brimonidine tartate 0.2% (Alphagan) with dorzolamide 2% (Trusopt) as adjunctive therapies to beta-blockers in the treatment of adult glaucoma patients in Norway. METHODS: A model based on effectiveness and resource-use data from an RCT was constructed. The RCT covered 106 adult patients having beta-blockers with inadequately controlled IOP. The major cost-driver was patients who did not reach target IOP (17 mmHg) and needed additional adjunctive therapies. The change to another adjunctive therapy in the model triggered more expensive medication and extra follow-up visits at the ophthalmologist. The model analysed cost-effectiveness from a societal perspective within a 3-months time horizon. Norwegian unit costs were included. The measure of effectiveness was “patients achieving target IOP”. To handle uncertainty sensitivity analyses (one-way, break-even, extreme scenario) were undertaken. RESULTS: The RCT showed that 78% of the patients using brimonidine and 37% using dorzolamide achieved target IOP. The baseline cost-effectiveness of brimonidine was NOK 1234 per patient achieving target IOP compared with NOK 2769 for dorzolamide (€ = 7.28 NOK). These results were strengthened by the fact that brimonidine was cheaper and more effective (dominating strategy) for all IOP levels between 13–20 mmHg. Even in the worst case brimonidine was still cost-effective compared with the best case for dorzolamide. The break-even price for brimonidine was NOK 634 compared with NOK 133 in the baseline analysis. CONCLUSION: Brimonidine was more cost-effective (dominating) as adjunctive-therapy to beta-blockers than dorzolamide. Based on this result Norwegian ophthalmologists and others should consider brimonidine in future decision-making regarding choice of adjunctive therapies in glaucoma treatment.

COST-EFFECTIVENESS OF BIMATOPROST 0.03% VERSUS A COMBINATION PRODUCT OF TIMOLOL 0.5% AND DORZOLAMIDE 2.0% FOR GLAUCOMA

Doyle JJ1, Casciano JC1, Walt JG2
1Analytica Group, New York, NY, USA; 2Allergan, Irvine, CA, USA

OBJECTIVES: To evaluate the cost-effectiveness of bimatoprost 0.03% versus a combination product of timolol 0.5% and dorzolamide 2.0% in the treatment of glaucoma. METHODS: A pharmacoeconomic model was constructed based on a 3-month randomized controlled efficacy-trial comparing Lumigan (bimatoprost 0.03%, a prostamide AWP of $43.85) and Cosopt (a fixed combination product of timolol 0.5% and dorzolamide 2.0% AWP of $43.85). The trial evaluated the percent of patients achieving target intraocular pressures (IOPs) throughout the day. The cost of treatment to achieve target was calculated as medication cost/expected effectiveness based on patients achieving target IOP of <17 mmHg. Cost-effectiveness was based on three months of the trial treatment. RESULTS: With bimatoprost, 30% of patients reached and maintained a target IOP of <17 mmHg for all measurements throughout the day vs. 17% with the combination product (p <0.05). At three-months, cost-effectiveness ratios were $531 vs. $774 per successful patient for bimatoprost vs. the combination product. CONCLUSIONS: Due to a greater percentage of glaucoma patients achieving ideal target treatment goals (considered effectiveness) with bimatoprost 0.03%, bimatoprost monotherapy has a more favorable cost-effectiveness profile than a combination of timolol 0.5% and dorzolamide 2.0%.