four weeks of treatment. Thus, TCP once daily is the most cost-effective treatment regime. In addition, when comparing current treatment practice (twice daily calcipotriol applied for 8 weeks) to the once daily application of the TCP for 4 weeks, it will reduce the treatment cost for psoriasis in Sweden by 46.2%. CONCLUSION: This study demonstrates that TCP applied once daily is both cost-effective and a cost-minimising treatment strategy, which offers psoriasis patients a convenient and highly effective treatment regime with a rapid onset of action.

ECONOMIC EVALUATION OF METHOTREXATE AND CYCLOSPORIN A FOR PATIENTS WITH SEVERE PSORIASIS

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Despite longstanding use of Methotrexate (MTX) and Cyclosporin A (CsA) in patients with severe psoriasis, true comparative evidence derived from a RCT evaluating these systemic therapies was still lacking. Our prospective, double blinded randomised comparison of 16 weeks treatment with MTX or CsA in 85 patients showed comparable effectiveness and quality of life (Heydendael, submitted). The question arises, whether other aspects, including costs of treatment of psoriasis, side effects of subjective perspectives could be deciding factors in treatment decision making; especially considering the different retail prices for MTX and CsA. OBJECTIVES: To document the process of treatment of psoriasis with MTX or CsA and follow-up in terms of resource utilisation and associated costs. METHODS: Additional data on direct medical and nonmedical costs and indirect costs were collected for all 85 randomised patients up to 1 year after randomisation, and a cost minimisation analysis was set up according to a societal perspective. RESULTS: The average cumulative costs associated with 16 weeks treatment was €1,593 in MTX and €2,113 in CsA (€520 difference favouring MTX), whereas 36 weeks of follow up generated €2,417 (MTX) and €2,306 (CsA) (difference: €111 in favour of CsA). Overall costs after one year lead to an overall difference of €409 in favour of MTX on a total cost of €4010 (10%). CONCLUSIONS: Economic arguments are not a deciding factor in decision making between MTX or CsA for treatment of severe psoriasis, as differences are small and costs associated with treatment and follow up management are generated by a variety of resources utilised, than costs of systemic therapy alone.

RESOURCE UTILIZATION IN PATIENTS SUFFERING FROM ATOPIC DERMATITIS IN GERMANY

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OBJECTIVES: To estimate the resource utilization and related costs per flare and per year for patients suffering from atopic dermatitis in Germany from patients’ and the third-party payers’ perspective. METHODS: Multi-