of all patients had history with pre-index topical steroids; 36.4% of all patients had hypertension management. Furthermore, these data may be compared to the third of all patients prior to ustekinumab. These data may be incorporated in psoriasis (2.7%) or emergency room (ER) visit (1.9%) with a mean (=0.97. Dyslipidemia (46.3%) and hypertension (43.3%) were the two most prevalent comorbidities prior to initiating ustekinumab. The majority (58.0%) of all patients had history with pre-index topical steroids; 36.4% of all patients had history with non-biologic, systemic medications. Patients had a mean of 4.0±3.0 psoriasis-related office visits per index. Few had a psoriasis-related hospitalization (2.7%) or emergency room (ER) visit (1.9%) with a mean of 1±0.3 and 1.4±1.1 admissions or visits among patients with hospitalization or ER visit, respectively. CONCLUSIONS: The majority of psoriasis patients receiving ustekinumab were biologic-experienced, and nearly half had pre-existing dyslipidemia and/or hypertension. Non-biologic, systemic medication use was evident in over a third of all patients prior to ustekinumab. These data may be incorporated in psoriasis health plan programs, as there may be an opportunity to consider dyslipidemia and hypertension management. Furthermore, these data may be compared with existing severity data for other psoriasis biologics. PSS30 DOSSING PATTERNS AND HEALTH CARE PROVIDER INTERACTIONS FOR PSORIASIS PATIENTS TREATED WITH USTEKINUMAB Carter CT1, Martin S2, Smith DJ3
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OBJECTIVES: Ustekinumab, a biologic used in moderate-to-severe plaque psoriasis (PsO), is dosed at 45mg or 90mg with health care provider (HCP) administration at weeks 0, 4, and every 12 weeks thereafter. The objective of this study was to evaluate the observed dosing patterns and HCP office visits for psoriasis patients receiving ustekinumab. METHODS: The IMS LifeLink™ database was utilized to analyze patients with an index pharmacy claim of ustekinumab therapy initiated September 25, 2009 to March 31, 2011. Inclusion criteria: patients aged ≥18 years at index; ≥1 PsO diagnosis code before or on index, and ≥360 days pre-index continuous enrollment. Ustekinumab dosing patterns included the proportion of 45mg and 90mg doses at each of the first four fills and the time between injections. Increases or decreases in dose between subsequent fills were assessed. Office visits were included for the 180-day post-index time period (patients ≥180 days post-index continuous enrollment). RESULTS: A total of 306 PsO patients receiving ustekinumab were evaluated. The proportion of index 45mg/90mg use was 65%/35%. The proportion of 45mg use spanned 59%-61% across remaining fills. Median (mean) SD of post-index intervals were 84 (80–95) days for first to second, second to third, and third to fourth doses, respectively. Changes in dose were observed for ≥7% of patients at each fill. Patients (n=280) incurred a median (mean) number of 4 (5.5) all-cause and 3 (2.5) PsO-related HCP office visits during the first six months after initiating therapy. CONCLUSIONS: These results suggest that most PsO patients were initiated with a 45 mg dose. Nearly 65% of all patients at each fill did not require dose changes over the first 4 prescriptions. The observed interval patterns were consistent with the recommended the ustekinumab administration schedule. Additionally, patients experienced PsO-related HCP interactions commensurate with the number of ustekinumab doses expected.

SENSORY SYSTEMS DISORDERS – Research on Methods

PSS31 ANALYSIS OF THE RELATIONSHIP BETWEEN PSORIASIS SEVERITY AND QUALITY OF LIFE, WORK PRODUCTIVITY, AND ACTIVITY IMPAIRMENT AMONG PATIENTS WITH MODERATE TO SEVERE PSORIASIS USING STRUCTURAL EQUATION MODELING Abouzaid S1, Lewis-Reck C2, Xie L3, Baser O4, Kim E5
1Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; 2STATIMed Research, Ann Arbor, MI, USA; 3STATIMed Research, The University of Missouri-Ozark, MO, USA; 4Academy for Value in Health GmbH, Vienna, Austria; 5Centocor Ortho Biotech Services, LLC, Horsham, PA, USA
BACKGROUND: Plaque psoriasis is a chronic disease characterized by scaly plaques that can itch and bleed. When psoriasis covers over 10% of the body it is classified as moderate to severe, and can have a major impact on patient quality of life. OBJECTIVES: The primary objective was to determine the relationship between plaque psoriasis severity and health-related quality of life (HRQOL). A structural equations framework was used to estimate the effect of these symptoms on quality of life. In the first stage, each severity variable was regressed on a set of covariates to generate a predicted severity score. These predicted values were then placed in a second stage model with patient mental and physical health (SF-12), work productivity, and activity impairment among patients with moderate to severe psoriasis. METHODS: The sample included 199 patients: 179 respondents had plaque psoriasis, 20 had plaque and inverse psoriasis. Three psoriasis symptoms were studied (itching, pain, and scaling). A structural equations framework was used to estimate the effect of these symptoms on quality of life. In the second stage, SF-12 physical and mental component scores. The effects were marginally significant (p<0.06). Severity of pain was significant for physical and mental health (p<0.02). Patients were more likely to miss work because of greater itching (OR: 2.31, CI [1.30, 4.10]), pain (OR: 1.78, CI [1.25, 2.52]), and scaling (OR: 2.15, CI [1.31, 3.52]) symptoms. These symptoms also affected productivity. More severe itching (OR: 1.74, CI [1.03, 2.95]), scaling (OR: 1.84, CI [1.16, 2.90]), and pain symptoms (OR: 1.53, CI [1.12, 2.09]) increased the likelihood that a patient would be less productive or more impaired. CONCLUSIONS: Work productivity and activity impairment indicators as the dependent variables. RESULTS: Severity of itching had a negative effect on patients’ SF-12 physical and mental component scores. The effects were marginally significant (p<0.06). Severity of pain was significant for physical and mental health (p<0.02). Patients were more likely to miss work because of greater itching (OR: 2.31, CI [1.30, 4.10]), pain (OR: 1.78, CI [1.25, 2.52]), and scaling (OR: 2.15, CI [1.31, 3.52]) symptoms. These symptoms also affected productivity. More severe itching (OR: 1.74, CI [1.03, 2.95]), scaling (OR: 1.84, CI [1.16, 2.90]), and pain symptoms (OR: 1.53, CI [1.12, 2.09]) increased the likelihood that a patient would be less productive or more impaired. CONCLUSIONS: Work productivity and activity impairment indicators worse. Quality of life and life. In addition to greater mental and physical pain, patients are more likely to miss work and have diminished productivity as the severity symptoms increases. PSS32 PHARMAECONOMIC EVALUATION OF BACTERIAL EYE INFLAMMATION TREATMENT IN RUSSIA Demets C1, Vagudina A2
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Bacterial eye inflammation (primarily conjunctivitis) is one of the most common cause of temporary disability in ophthalmology. Furthermore, bacterial eye inflammation is one of the most common complications in the practice of ophthalmologic surgeries and it impacts the primary operation outcome. Thus, optimization of drug therapy and prophylaxis of bacterial eye inflammation is an actual problem of health care system in Russia. OBJECTIVES: We provided two pharmacoeconomic studies. In the first one a treatment of bacterial conjunctivitis with fluoroquinolones (Vigamox (moxifloxacin), Ophthavik and Signef (levofloxacin), Cipromed (ciprofloxacin) and Floxal (ofloxacin) eye-drops was considered and the second study provided pharmacoeconomic evaluation of prophylaxis of postoperative bacterial eye inflammation with combined eye-drops drugs of antibiotic and glucocorticosteroid (Tobradex (dexamethasone – dexamethasone)) and Combinil-Duo (ciprofloxacin – dexamethasone)). METHODS: Cost-effectiveness analysis and cost-of-illness analysis were used. Direct and indirect costs were considered for bacterial conjunctivitis study and direct only costs were considered for postoperative bacterial eye inflammation in pharmacoeconomic study. RESULTS: The first study has found that Vigamox is a dominant drug to the other ones. The cost-effectiveness ratio (CER) (cost of 1% of patients without sign of inflammation to 14th day after operation) for Tobradex it was – 1458 RUB, for Cipromed – 1485 RUB, for Signef – 1674 RUB, for Floxal – 1630 RUB. Cost-effectivity analysis of postoperative bacterial eye inflammation prophylaxis has shown that Tobradex has dominant technology compared with to Combinil-Duo. CER (cost of 1% of patients without sign of inflammation to 14th day after operation) for Tobradex it was – 453 RUB, for Combinil-Duo – 515 RUB. CONCLUSIONS: Two conducted pharmacoeconomic studies show benefit of Viga-