RESULTS: By the end of the first year, Tacrolimus increases the number of ‘disease controlled days’ with 59 days at an IC of €60, implying an ICER of €1/disease controlled day. Better ICERS are obtained in severe AD, when taking into account UV light therapy costs in the steroid arm, currently not reimbursed in Belgium. Due to the long term clinical improvement, the ICER decreases with treatment duration and Tacrolimus ointment is estimated to become cost-saving as from 2 years treatment duration. CONCLUSION: Tacrolimus is a cost-effective treatment for moderate to severe AD, providing potential savings to the health care system during long term maintenance treatment.

THE COST-UTILITY OF CALCIPOTRIOL/BETHAMETHASONE (DOVOBET) OINTMENT IN THE TREATMENT OF PSORIASIS VULGARIS IN THE UNITED KINGDOM

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OBJECTIVES: To evaluate the cost and utility of calcipotriol/bethamethasone (Dovobet) compared to calcipotriol (Dovonex) in the treatment of psoriasis vulgaris. METHODS: A four-state Markov model was designed to estimate the cost and utilities associated with psoriasis treatment over a full year. The model consists of four mutually exclusive health states: Controlled psoriasis, and three states of uncontrolled psoriasis: Initial treatment, subsequent treatment, and no treatment. Various sources were used to estimate the parameters of the model, but the primary source for utility scores and transition probabilities was an international phase III trial, estimating efficacy and the quality of life for 737 patients randomised to one of four different treatment options. Among the treatment options were calcipotriol/bethamethasone (Dovobet) once daily and the currently most frequently prescribed topical antipsoriatic in the UK, calcipotriol (Dovonex). RESULTS: In the baseline model, the average annual cost to the NHS was £64.7. The cost of calcipotriol twice-daily treatment in the same period would amount to £120.3. In terms of number of QALYs gained in a year, calcipotriol/bethamethasone (Dovobet) once daily patients on average accumulated 0.7719 QALYs, compared to calcipotriol twice daily patients who accumulated only 0.7599 QALYs. Thus, in the baseline model treatment with calcipotriol/bethamethasone (Dovobet) twice daily is both less costly and more effective than the current standard therapy of calcipotriol twice daily. These results were robust to extensive sensitivity analysis of important assumptions. CONCLUSION: Looking at a full year of treatment, the cost-utility analysis showed that calcipotriol/bethamethasone (Dovobet) once daily was both less expensive and yielded more QALYs than the current standard therapy (calcipotriol).

CHILDREN’S ATOPIC DERMATITIS: PHARMACOECONOMIC COST ANALYSIS

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Atopic dermatitis is considered in modern society to be a disease leading to large expenses of the state, person and family. OBJECTIVE: Pharmacoeconomic analysis of family expenses and losses connected with child’s atopic dermatitis. METHODS: cost and expenses analysis of the disease was conducted with account of expenses on pharmacotherapy, hospital and ambulance treatment, disablement pensions, temporary disability of parents and evaluation of the disease influence on the standard of life of the child and the whole family. In 2000–2003 we have conducted polling of families with children having atopic dermatitis, analysis of ambulatory cards and case histories in Vladivostok Children’s Municipal Clinic Hospital. Also, life standard questionnaires were filled in. RESULTS: Family expenses on the child’s disease treatment in 2000 were €9658.9 (311.5), in 2001—12142.1 rubles (379), in 2002—13400 rubles (446), which made from 9.6 to 13.4% of family annual income. The largest specific weight of expenses (36.1%) was shown by drugs purchase: in 2000—3486.8 rubles ($112), in 2001—4383.2 ($136), 2002—4837.4 rubles ($161). In 2000 atopic dermatitis caused hospitalization of the child in average in 1.54 ± 0.2 cases in a year, period of treatment 15.62 ± 1.02 days. In 2002 share of expenses on basis antinflammatory therapy and consultations of allergist and dermatologist increased, while number of hospitalization cases reduced to 1.01 ± 0.1, duration of hospitalization reduced down to 10.37 ± 0.94 days per one child in average during a year. Atopic dermatitis detected decrease in life quality not only of the child but also of the family as a whole. CONCLUSIONS: Effective pharmacotherapy and observance of hypoallergic every day life regulations led to improvement of children life quality, reduced expenses on hospital assistance, temporary disability and disablement but increased the burden of family expenses on drugs.

TREATMENT OF PSORIASIS WITH CONVENTIONAL SYSTEMIC AGENTS IS ASSOCIATED WITH HIGH MEDICAL COSTS AND FREQUENT TREATMENT FAILURE

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Abstracts