SKIN—Cost Studies

**PSK1**

**COST EFFECTIVENESS OF THE USE OF INFlixIMAB COMPARED TO OTHER BIOLOGICAL AGENTS (BA) IN THE SYSTEMIC TREATMENT OF MODERATE TO SEVERE PSORIASIS**

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**OBJECTIVES:** New BA offer more therapeutic options to control psoriasis symptoms but add to the already considerable cost of managing psoriasis. Expert panels have published guidelines for the use of BA although few of them considered the treatment options cost-effectiveness. The Brazilian expert guidelines, however, considered. We present a Brazilian cost effectiveness model based on micro-simulation. **METHODS:** Our cost effectiveness model simulates the real-life Brazilian treatment sequence (acitretin, methotrexate, cyclosporine, BA) for 1000 patients based on the average time of use of each drug (10.74, 6.56, 24.00, and 30.00 months, respectively). Three different BA, adalimumab, eternacept and infliximab, were analyzed. Cost effectiveness was calculated in terms of the number of patients that achieve PASI 75 response with each BA. The base case was a moderate-to-severe psoriasis patient, with at least 10% BSA affected, PASI score of at least 12, without infection in the lesions and eligible for systemic therapy. Time of use of each drug in Brazil came from a previous Brazilian study and the PASI score from major studies with each drug from the medical literature. The local disease management and costs were based on a Delphi panel according to the private health care perspective. Outcomes were discounted at 3% annually. **RESULTS:** In order that all patients pass all the four treatment lines it took an average time of 71.3 months; the Brazilian treatment sequence added to fortnightly adalimumab, weekly adalimumab, eternacept and infliximab, respectively, generated 529, 799, 879 and 490 patients achieving PASI 75 and also, respectively, generated R$129,071,880.38, R$257,708,724.48, R$132,251,142.76, R$342,274,532.45 total costs. **CONCLUSION:** The Brazilian treatment sequence added to infliximab is a dominant alternative in relation to that added to weekly adalimumab and eternacept. It also has an acceptable cost-effectiveness ratio in Brazil in relation to fortnightly adalimumab (R$9092.20).

**PSK2**

**THE HEALTH CARE AND WORK LOSS COSTS ASSOCIATED WITH ATOPIC DERMATITIS**

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1Analysis Group, Inc, Boston, MA, USA, 2University of Louisville, Louisville, KY, USA, 3Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, 4Ingenix Employer Solutions, New Haven, CT, USA **OBJECTIVES:** To determine the incremental direct health care and indirect work loss costs experienced by employer-payers for patients diagnosed with seborrheic dermatitis (SD). **METHODS:** A de-identified claims database consisting of 5.1 million covered lives from 31 Fortune 500 self-insured employers over the period 1998–2005 was used. Each SD patient was matched with three controls based on age and gender. The average monthly direct health care costs (i.e., medical & pharmaceutical costs) were computed for the respective groups. For the subset of patients who were active employees, the indirect costs of lost work time were calculated for each group, as measured by employer disability payments and sick leave time multiplied by the employee’s wage. In addition, a multivariate two-part regression was used to isolate the cost increase attributable to AD by controlling for age, gender, year, comorbidities, and organ transplantation. **RESULTS:** The univariate analysis showed that the SD patients (N = 6860) were associated with higher medical and pharmacy costs than the control group (N = 20,380) by an average of $136 and $62 per person per month, respectively (medical: $412 vs. $277, p < 0.0001; pharmacy: $139 vs. $76, p < 0.0001), bringing the total increase in health care costs to $198 per person per month ($349 vs. $261, p < 0.0001). In the subset of active employees, the AD group (N = 1388) was associated with higher indirect work loss costs of $64 per person per month ($148 vs. $85, p < 0.0001) than the control group (N = 3900). For each cost category, a statistically significant cost increase for AD patients was confirmed through the multivariate analysis (adjusted incremental direct cost = $52, p < 0.0001; adjusted incremental indirect cost = $31, p < 0.0001). **CONCLUSION:** AD was associated with a statistically significant increase in health care and work loss costs. The multivariate analysis indicated that the total direct and indirect cost increase was approximately $83 per person per month.