index dose of 90mg. CONCLUSIONS: The real-world distribution of ustekinumab is consistent with dosing recommendations in the prescribing information.

PSS22
INTRAVITREAL INJECTIONS IN AUSTRIA - RESULTS OF AN EXPERT SURVEY AND COMPARISON WITH UTILISATION RATES FROM THE AUSTRIAN MINISTRY OF HEALTH

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OBJECTIVES: Intravitreal injections are an important treatment options for patients with various ophthalmologic diseases in Austria. There is a lack of data on the real-life use of intravitreal injections in Austria. METHODS: A standardized questionnaire on practice patterns was developed in cooperation with the Austrian Society of ophthalmologic surgeons. The survey was distributed treating ophthalmologists and results were compared to data from the Austrian ministry of health. RESULTS: The response rate to the survey was 100%. Twenty-six centers across Austria participated and reported a cumulative number of 30,124 patients treated with intravitreal injections in 2010. The Austrian ministry of health reports 30,733 intravitreal injections in 2010. Despite the fact that we have covered more than 98% of cases in our survey, the disparities across different Austrian counties became apparent, from the province Burgenland with only 17% of patients receiving intravitreal injections to the province of Vienna, where 64% of patients received adequate treatment as per the CATT study. Based on a prevalence rate of 0.162%, 13,560 cases of AMD are expected in Austria. As there is currently no other treatment option for wet AMD than intravitreal injections and a recent study found the optimal dosing frequency to be seven injections per year, the number of intravitreal injections should be much higher - 94,800 injections are expected if every patient with wet AMD is treated according to the finding from the CATT study, namely 1 injection per affected eye per year. As both eyes are affected in most patients, the number should be even higher. CONCLUSIONS: More research is needed to increase information and transparency around the epidemiology of diseases treated by intravitreal injection and the real-life injection rates in Austria.

PSS29
REAL-WORLD CHARACTERISTICS AND SEVERITY ASSESSMENT OF UNITED STATES HEALTH PLAN MEMBERS TREATED WITH USTEKINUMAB FOR MODERATE-TO-SEVERE PSORIASIS

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OBJECTIVES: To assess real-world characteristics and severity of United States health plan members with psoriasis receiving ustekinumab. METHODS: Medical/pharmacy claims from the HealthCore Integrated Research Database (HCIRD) were analyzed. Patients included had/were ≥ 1 ustekinumab medical/pharmacy claim (09/01/2009–11/30/2010), aged > 18 years old at time of first ustekinumab claim (index date), ≥ 1 psoriasis diagnosis code, and ≥ 12 months continuous enrollment. RESULTS: 374 patients were identified (mean SD age was 48±12 years, 56.4% were male). Mean SD Deyo-Charlson Comorbidity Index was 0.55±0.97. Dyslipidemia (46.3%) and hypertension (43.3%) were the two most prevalent comorbidities prior to initiating ustekinumab. The majority (69.5%; n = 260) of patients entered the study with a history of biologic experience. Of those with pre-index biologic use, 22.3% had experience with ≥2 biologics prior to 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 48±18 years post-index continuous enrollment. Ustekinumab dosing patterns included the proportion of 45mg 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 evaluated 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 (IQR) SD interval between injections was 89 (70–101) 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 (5.5) 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 63% 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 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 STRATEGIC EQUATION MODELING

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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 quality of life and work productivity in Russia using 2 independent methods: 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 severity studies were conducted (itching, pain, and scaling). A structural equations framework was used to estimate the effect of these symptom on patient outcomes. 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 as dependent variables. RESULTS: Severity of itching had a negative effect on patients’ SF-12 physical and mental composite 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 on the job. CONCLUSIONS: This study suggests that both itching and scaling are a significant effect on patient quality of life. In addition to greater mental and physical pain, patients are more likely to miss work and have diminished productivity as the severity of symptoms increases.

PSS32
PHARMACOECONOMIC EVALUATION OF BACTERIAL EYE INFLAMMATION TREATMENT IN RUSSIA

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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), Ophthakvix and Signicef (levofloxacin), Cipromed (ciprofloxacin) and Combinil-Duo (ciprofloxacin ophthalmic) was considered (the first study). In 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) of Vigamox to Tobradex was −453 RUB, for Combinil-Duo −515 RUB. The cost-effectiveness of prophylaxis of postoperative bacterial eye inflammation with combined eye-drops drugs of antibiotic and glucocorticosteroid (Tobradex (dexamethasone – dexamethasone) and Combinil-Duo (ciprofloxacin – dexamethasone)) was −515 RUB. CONCLUSIONS: Two conducted pharmacoeconomic studies show benefit of Viga-