was the number needed to treat (NNT). Due to lack of face-to-face evidence on biologics, an indirect comparison of the trials was conducted, applying the method proposed by Butcher.

RESULTS: Sixteen RCTs involving 7339 patients were identified. The active treatment was adalimumab in 1 trial (n = 147), alefacept in three trials (n = 1289), efalizumab in four trials (n = 2444), etanercept in four trials (n = 1964) and infliximab in four trials (n = 1495). All trials were placebo controlled and the primary follow-up time was 12 weeks. The primary outcome was PASI75 criteria in all trials. To achieve PASI75, the number of patients needed to treat (95% confidence intervals) with adalimumab 40 mg/week, alefacept 15 mg, efalizumab 1 mg/kg, etanercept 2 x 50 mg/week and infliximab 5 mg/kg were 2.04 (1.54–2.94), 5.00 (3.37–7.69), 3.85 (3.13–5.26), 2.27 (2.08–2.50) and 1.32 (1.25–1.39), respectively. Indirect comparisons of TNF-alpha inhibitors and T-cell modulators yielded the odds ratios of 5.34 (3.65–8.42). CONCLUSION: All biologicals were superior to placebo, alefacept with the highest and infliximab with the lowest NNT. TNF-alpha inhibitors were significantly superior to placebo.

PSS3

COMPARING THE EFFECTIVENESS OF CORTISPORIN VS. CIPRODEX FOR ACUTE OTITIS EXTERNA IN THE LOUISIANA MEDICAID POPULATION

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OBJECTIVE: To compare the effectiveness of Cortisporin and Ciprodex therapies in the treatment of acute otitis externa (AOE) in the Louisiana Medicaid population. METHODS: A retrospective analysis of Louisiana Medicaid data using paid claims from January 1, 2004, to December 31, 2005, was conducted for recipients aged 1–64 years. Recipients with an AOE medical claim (index diagnosis) followed within five days by a claim for Ciprodex or Cortisporin were identified. Any recipients with dual therapy (defined as greater than one antibiotic or otic agent), concomitant infection, AOE diagnosis within 30 days prior to index diagnosis, or other diagnosis warranting antibiotic therapy within 30 days post index claim were excluded. Each recipient’s medical and pharmacy claims for 30 days after the index diagnosis were identified and evaluated for treatment failure. Treatment failure was defined as presence of an additional prescription claim for an antibiotic (oral or otic) or an antibiotic-steroid combination with or without another medical AOE claim. The two drug cohorts (Ciprodex and Cortisporin) were matched using the greedy match technique. Effectiveness, defined as the proportion of failure patients in each cohort, was analyzed using the binomial proportion test. RESULTS: The population consisted predominately of females (55.66%), Caucasians (63.49%), and recipients from the New Orleans region (34.02%). Forty-eight percent of the prescription claims were written by pediatricians. Each matched cohort had 901 recipients with average age 10.01 (SD = 6.50) years (Ciprodex), and 10.45 (SD = 7.27) years (Cortisporin). Before propensity score matching, the respective failure rates for Cortisporin and Ciprodex were 7.47% and 4.69% (p = 0.0009). Within the matched cohorts, respective failure rates for Cortisporin and Ciprodex were 6.88% and 4.77% (p = 0.056). CONCLUSION: In the Louisiana Medicaid population, Cortisporin had a higher failure rate than Ciprodex for AOE; after propensity score matching the difference approached statistical significance at the 0.05 alpha level.