CONCLUSION: Secondary prophylactic treatment with tacrolimus 0.1% ointment is more effective, leads to cost savings and higher QoL in comparison to standard tacrolimus 0.1% ointment use, especially in patients with severe AD.

SKIN—Cost Studies

PSK2

PSOBEST. EFFECTIVENESS AND SAFETY OF LONG-TERM SYSTEMIC PSORIASIS-THERAPY: PATIENT REGISTRY OF HEALTH SERVICES IN GERMANY
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OBJECTIVES: Treatment of severe Psoriasis (Pso) and Psoriasis-Arthritis (PsA) is largely confined to conventional systemic-therapy in Germany, though authorisation of biologics greatly enhanced the therapy-spectrum. While short- and middle-term efficacy of systemic-therapy has been shown in many clinical studies (and is incorporated in international guidelines), knowledge about long-term outcome, optimal treatment and real world effectiveness is still missing. PsOBEST, the German registry of systemic treatments in moderate to severe Pso and PsA starts in 2007 and will document the long-term course of patients first entrained to a biologic or conventional systemic. Objectives are the observation and analysis of following outcomes of systemic antipsoriatrics authorised: Effectiveness of real world, long-term, combined/alternating treatments and under comorbidity conditions. Patient-defined benefits, maintenance dosages, prediction of response and safety. METHODS: A nationwide sample of initially 250 (long-term approx. 500) dermatologic practices/hospital ambulances with expertise in systemic and biologic treatment will enrol patients consecutively. Patients will remain in the registry for 5 years, regardless of subsequential therapy. Study phase 1 will cover n = 3500 patients in 7 cohorts, for which recruitment will be continued up to n = 500. Documentation will comprise patient/treatment characteristics, clinical parameters, patient-defined benefit (PBI), quality of life and adverse events. Standardized questionnaires are provided to patients and practitioners 12 times at the dermatologic centres and 9 times postal at interim intervals (patients residence). Requirements of Volume 9a (EMEA) and of relevant international guidelines on outcomes research in observational studies are incorporated. PsOBEST is aligned to planned EU-registries (GB, N, S, E and F), relevant endpoints are comparable. Scientific quality is assured by an interdisciplinary advisory board, AWME, EMEA and BfArM involvement/consultation and certification by DIN ISO 9001:2000. Descriptive reports will be generated regularly, hypotheses will be tested e.g. by MAN(C)OV A, multiple/logistic/survival regression and multilevel modelling. Comparisons between cohorts will be achieved by propensity score matching.

PSK3

WITHDRAWN

PSK4

COST COMPARISON BETWEEN TWO ANTI-TUMOR NECROSIS FACTOR (ANTI-TNF) THERAPIES IN PATIENTS WITH PSORIASIS USING AVERAGE SALES PRICE
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OBJECTIVES: To compare annual costs of anti-TNF therapies in patients with psoriasis (PsO). METHODS: A decision-model was created using TreeAge software, with clinical trial data and average sales price (ASP) +6% (2Q 2007) for drug costs. Two treatment strategies were compared: etanercept first then switching to infliximab and infliximab first then switching to etanercept. The model assumed patients who failed to achieve Psoriasis Area and Severity Index (PASI)-50 would switch to the other biologic after 24 weeks. The efficacy rates after switching were assumed to be the same as the first-line treatment. A sensitivity analysis reducing the efficacy rates after switching by 10%-30% was conducted. The cost of adverse events was not included in the model. Infusion fees ($237.92/infusion–2Q 2007) were included for infliximab. RESULTS: With infliximab, 90% of patients achieved PASI-50 at week-24 and continued receiving infliximab. Patients (10%) who failed to achieve PASI-50 were switched to etanercept. With etanercept, 77% of patients achieved PASI-50 at week-24 and continued etanercept treatment. Patients (23%) who failed to achieve PASI-50 were switched to infliximab. The etanercept-first strategy costs $22,113 annually and results in an overall efficacy rate of 78.5% and a cost-efficacy (CE) of $28,171. The infliximab-first strategy costs $23,544 annually and results in an 89.4% efficacy rate and a CE of $26,351. Compared with etanercept, the infliximab-first strategy costs $1820 less per PASI-50 response. The incremental CE ratio per PASI-50 was $13,190. The sensitivity analysis indicated that the results are robust and in the same direction as the original assumption. CONCLUSION: This decision model demonstrates that an infliximab-first strategy is more cost-effective than an etanercept-first strategy in the treatment of psoriasis.