A COST COMPARISON OF TOPICAL 5% FLUOROURACIL VS. CRYOSURGERY FOR THE TREATMENT OF ACTINIC KERATOSIS

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OBJECTIVE: To compare the annual costs of treatment incurred by a health plan for patients diagnosed with actinic keratosis (AK) and treated with fluorouracil or cryosurgery. METHODS: Pharmacy and medical claims from 2.7 million members of a managed care organization in California, Oklahoma, Oregon, Texas, and Washington, were examined. Adult patients newly treated for AK with either 5% fluorouracil cream or cryosurgery, between January 1 and December 31, 2001, were identified. Patients treated with cryosurgery were further stratified by number of lesions (i.e., 1, 2–14, >15). Disease-related health care costs (pharmacy and medical) for a 2-year follow-up period were evaluated.

RESULTS: Of the 9279 identified patients, 498 (5.4%) were treated with fluorouracil and dermatologists prescribed this medication (48.4%) more often than other specialties. Among the 8781 patients treated with cryosurgery, 3004 (34.2%), 5130 (58.4%), and 647 (7.4%) were identified with 1, 2–14, and >15 lesions, respectively. Total disease-related health care costs during the follow-up period for the fluorouracil cohort averaged $509, compared to $296, $523, and $898 for the 1, 2–14, and >15 lesion cohorts, respectively. CONCLUSION: AK is a common pre-malignant lesion that can develop into squamous cell carcinoma. Numerous options are available for the treatment of AK, all of which have been shown to be equally efficacious. In this study, use of 5% fluorouracil cream for the treatment of multiple AK lesions was cost saving compared to cryosurgery. Similarly, because fluorouracil is known to treat sub-clinical lesions, additional savings may be realized for periods longer than two years.

ESTIMATE OF DIRECT MEDICAL COSTS ASSOCIATED WITH THE USE OF CONVENTIONAL SYSTEMIC AGENTS IN THE TREATMENT OF MODERATE TO SEVERE PSORIASIS

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The economic burden of psoriasis varies by disease severity. Moderate to severe psoriasis requires use of systemic treatment agents and is likely to be associated with higher medical costs.

OBJECTIVE: To estimate health care utilization rates and per-patient costs for the treatment of moderate to severe psoriasis. METHODS: A database of health insurance claims from 58 US commercial health plans was used to obtain patient-level data. Patients, aged 18–64, included in the analysis had a diagnosis of psoriasis, and received >1 treatment cycle of at least one of the following systemic agents: psoralen plus ultraviolet A (PUVA), methotrexate (Mtx), cyclosporine, acitretin, etretinate, ultraviolet B (UVB), and systemic corticosteroids (Cs). Patients with <6 months of observation period and those with rheumatoid arthritis and other autoimmune diseases were excluded from the analysis.

RESULTS: A total of 1780 patients met all eligibility criteria noted above (Group 1). Another 282 patients were newly diagnosed patients with no prior history of claims for psoriasis (New Starts; Group 2). The most frequently used systemic therapies by patients in Group 1, over a period of 1 year, were Cs (42%), UVB (37%), PUVA (26%), and Mtx (22%). Of patients in Group 2, 56%, 37%, 31%, and 18% received UVB, Cs, PUVA, and Mtx. In an analysis of annual per-patient costs for drugs, outpatient services, and inpatient services, results were comparable for Groups 1 and 2. In Group 1, mean (median) annual per-patient costs were $917 ($473), $199 ($85), and $6 ($0), respectively and the corresponding costs for Group 2 were $744 ($412), $179 ($63), and $0 ($0), respectively. 90th percentile annual per-patient costs among all patients and New Starts were $2932 and $2125, respectively. CONCLUSIONS: Estimates of annual per-patient costs of treating moderate to severe psoriasis exceed those reported previously, and reflect a considerable direct medical burden.