more effective and less costly than latanoprost (25.68% vs. 24.76% IOP reduction rate, $603.08 vs. $615.33 expected cost). Thus tafluprost was shown to be dominant compared with latanoprost. The results of sensitivity analysis revealed stable across most of the included parameters. CONCLUSIONS: According to this study, tafluprost should become the clinical outcome for one year than latanoprost. In addition, first-line treatment of tafluprost is a more cost-effective strategy associated with POAG or ocular hypertension compared with latanoprost.

PS525

COST-EFFECTIVENESS OF BIOLOGIC TREATMENTS FOR MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: The objective of this study was to evaluate the cost-effectiveness (CE) of biologic drugs for the treatment of moderate to severe psoriasis. METHODS: A CE model was developed to estimate the incremental cost per quality adjusted life-year (QALY) associated with supportive care and each biologic for the treatment of moderate to severe psoriasis (defined by 4th quartile DLQI for purposes of calculating utilities and the cost of treatment and little interest investing in success rates and looking at the EVPPI’s there is clearly much interest in investing in research to the goal of estimating the partial EVPPI’s (EVPPI’s) to make a prediction about the value investment research) when compared using the Psoriasis Area Severity Index (PASI) 20 (q20 etanercept, 50 mg, 27,320 for infliximab, 52,367 for etanercept 50 mg. The incremental cost-effectiveness ratio (ICER) was $27,320 for infliximab, $29,430 for etanercept, $31,417 for adalimumab and $32,367 for etanercept 30 mg. CONCLUSIONS: First Infliximab 5 mg/kg (0,2,6 then every 8 weeks) and then etanercept 25 mg administered twice a week are treatments the most cost-effective alternatives from the Spanish National Health System perspective for the treatment of moderate to severe psoriasis, both below the $30,000/QALY threshold commonly accepted in Spain for the introduction of new technologies.

PS526

EXPECTED VALUE OF PARTIAL PERFECT INFORMATION IN A MARKOV MODEL OF INFlixIMAB AND ETANercept IN THE TREATMENT OF MODERATE TO SEVERE PLAQUE TYPE PSORIASIS

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OBJECTIVES: The objective of the ‘piggly-back’ trial is to examine the cost-effectiveness of infliximab compared to etanercept in patients with moderate to severe plaque psoriasis or psoriasis vulgaris. Before starting the cost-effectiveness study it is useful to know what to measure and where to invest or aim for. The objective of this paper is to realize the net benefit of perfect information (EVPPI) with an ultimate goal of estimating the partial EVPPI’s (EVPPI’s) to make a prediction about the value of obtaining further information, for all parameters and a partial set of parameters. METHODS: Analysis was conducted using a Markov model for patients with moderate to severe plaque psoriasis. For estimating partial EVPPI’s (EVPPI’s) a Monte Carlo simulation (MCS) method was used. Transition probabilities were calculated, based on published evidence, expert opinion, and demographic data. Outcomes expected were total societal costs, expected QALY’s and clinical effectiveness. The analysis was performed from a partial societal perspective of The Netherlands. The outcome of partial EVPPI was split into costs, utilities, success rates and dropout rates. RESULTS: The cost-effectiveness acceptability curve (CEAC) indicates a high decision uncertainty. The CEAC and EVPPI also show infliximab needs a high willingness to pay. According to the EVPPI analysis the most uncertainty is seen in utility, $95.908 (q20 etanercept) followed by costs ($8,216.00). Success rates and dropout rates also show a high EVPPI but much lower (around 204 and 385 million). CONCLUSIONS: When looking at the EVPPI’s there is clearly much interest in investing in research to the utilities and the cost of treatment and little interest investing in success rates and progress rates. Because indirect costs, like costs of travel and productivity loss, are excluded and differ between the two therapies, there can be potential gain by further research to the costs.

PS527

A COST-UTILITY ANALYSIS OF ETANERCEPT FOR THE TREATMENT OF MODERATE-TO-SEVERE PSORIASIS IN ITALY

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OBJECTIVES: Biologic therapies have proven efficacious for patients with moderate-to-severe psoriasis. However, recommended therapeutic regimens and modes of administration differ from agent to agent. For Italy, their economic value compared with standard of care has not been explored. This study estimates the cost-effectiveness of intermittent therapy with etanercept in patients with moderate-to-severe plaque-type psoriasis in comparison with non-systemic therapy in Italy. METHODS: This study employs cost-utility analysis using a Markov model adapted from the “Yolk model”. It compares intermittent etanercept vs non-systemic therapy in terms of cost per Quality-Adjusted Life Year (QALY). Data on efficacy and changes in quality of life were derived from three etanercept clinical trials. Direct costs of treating patients, including hospitalization and dermatology clinic visits, were taken from an Italian cost-of-illness study. Extrapolations were made to evaluate the cost-effectiveness of intermittent etanercept vs non-systemic therapy over a period of ten years. RESULTS: For the group of patients with moderate and severe plaque psoriasis (initial Psoriasis Area and Severity Index PASI ≥ 10) the incremental cost-effectiveness ratio (ICER) for etanercept compared with non-systemic therapy was $33,216/QALY; for the group of patients with severe psoriasis (PASI ≥ 20), the ICER was $25,486/QALY. CONCLUSIONS: Within the Italian health care system, intermittent etanercept (25 mg twice weekly) is a cost-effective therapeutic option compared with non-systemic therapy for the group of patients with moderate and severe plaque psoriasis. For patients with PASI ≥ 20 etanercept cost-effectiveness is even greater.

PS528

COST-EFFECTIVENESS OF USTEKINUMAB VERSUS ETANERCEPT IN SEVERE PLAQUE PSORIASIS PATIENTS: A CANADIAN PERSPECTIVE

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OBJECTIVES: To determine the cost-effectiveness of ustekinumab versus etanercept among Canadian adults with severe plaque psoriasis who have failed or are intolerant or contraindicated to at least one conventional systemic therapy. METHODS: The York Model, developed to evaluate biologics for the National Institute for Health and Clinical Excellence, was adapted to the Canadian environment. The model consisted of an initial 12-week trial period based on results from ACCEPT, an active-control phase III trial which demonstrated superior efficacy of ustekinumab versus etanercept. The maintenance period, consisted of the trial results extrapolated over a 10-year time horizon. The cost-utility analysis compared estimates of expected costs and health effects of ustekinumab 45 mg q12w and etanercept 50 mg q2w for 12 weeks and qw thereafter. Response was defined as achievement of 2PASI 75 from the ACCEPT trial. Non-responders were switched to supportive care. Resource utilization was obtained from the literature and a Delphi panel of Canadian dermatologists. Direct health care costs were obtained from the literature and expert opinion. Utility was mapped from DLQI to EQ-5D using the algorithm used by the York Model. Costs and outcomes were discounted at 5%. RESULTS: Mean annual costs and QALYs for ustekinumab were $16,835 and 0.1464 compared to $19,538 and 0.1419 for etanercept. These results were robust to changes in parameter estimates. Not knowing the costs of adverse events over the 10-year time horizon was a limitation of the analysis. Cost-effectiveness acceptability curves show that at all levels of willingness-to-pay for one additional unit of efficacy, ustekinumab 45 mg q12w remains a more cost-effective treatment option than etanercept. CONCLUSION: Ustekinumab was more effective and less costly than etanercept over a 10-year time horizon, suggesting that ustekinumab is a dominant treatment option relative to etanercept for the treatment of patients with severe plaque psoriasis.

PS529

ADHERENCE TO ANTIGLACOMA DRUG TREATMENT IN NEWLY TREATED PATIENTS

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BACKGROUND: Lack of adherence to drug treatment is a major obstacle to disease control. Persistence and compliance are two components of adherence. OBJECTIVES: to assess: 1) the proportion of antiglaucoma medication users who persist on their treatment after 12 months; 2) the proportion of compliant users among them; and 3) the determinants of persistence and of compliance. METHODS: A population-based cohort study using the Quebec Health Insurance Board databases. Patients initiated on antiglaucoma medication treatment between January 1, 1998, and January 6, 2007 were included. Patients still undergoing treatment with any antiglaucoma medication 1 year after their first prescription were considered persistent. Of these patients, those with a supply of drugs for at least 80% of the days were deemed compliant. A multivariate logistic regression model using a stepwise procedure was used to identify the characteristics associated with both persistence and compliance. RESULTS: Of the patients on antiglaucoma medication, 41,005 (59%) were persistent after 1 year, and 16,592 (40.5% of those who persisted) were compliant. Patients more likely to be both persistent and compliant were female and those whose first prescription was made by an ophthalmologist. Increasing age, living in a rural area, and having initiating glaucoma treatment after 2002 were associated with persistence, whereas having used more than five prescription drugs in the year preceding antiglaucoma treatment initiation was associated with better compliance. Patients initiated on sympathomimetics, parasympathomimetics, carbonic anhydrase inhibitors, beta blocking agents and on more than
one agent were less likely to persist than those initiated on a prostaglandin antagonist. Those initiated on parasympathomimetic, beta blocking agent or on more than one agent were less likely to be compliant. Carbonic anhydrase inhibitors users were more likely to be compliant. CONCLUSIONS: Among the new antiglaucoma treatment users, 24% of indicated drug treatment. The initial drug influences the likelihood of both persistence and compliance.

ETUD GLAUCOME, ETUDE TRANSVERSALE UN JOUR DANS LE GLAUCOME: ONE-DAY CROSS SECTIONAL STUDY IN GLAUCOMA


OBJECTIVES: To assess French patient’s characteristics and ophthalmologists management of glaucoma in 2009. METHODS: An internet cross-sectional one-day multicentre study led in France aimed at describing management of glaucoma (G)/ocular hypertension (OHT)—defined by an intraocular pressure ≥21 mm Hg—and also assessing satisfaction and compliance. RESULTS: Two hundred eighty-eight ophthalmologists included 963 patients, 43.2% were male. Open-angle-glaucoma (OAG) in 71.7% and OHT in 24.3% of cases were motives for consultation. For OAG and OHT, consultation decision was rejected by respectively 5.7% and 7.7 years and 5.0 ± 5.0 years. Mean age was respectively 58.2 ± 12.9 and 54.7 ± 12.5, mean IOP 17.5 ± 4.9 and 19.1 ± 4.2 mm Hg. Average treatment duration was 8.0 ± 7.3 years, mean number of treatment changes 2.0 ± 2.5. Previous treatment consisted in laser in 16.2% of cases, surgery in 14.6%. Medical treatment was administered to 94.0% of OAG patients and in 74.9% of OHT patients. Monotherapy was 50.7% of medical treatment, fixed association 16.4%, non-fixed associations 32.9%. In monotherapy group, beta-blockers (BB) were 31.7%, prostaglandins (PG) 30.7% and carbonic anhydrase inhibitors CAI 5.9%. In fixed association group BB+PG were used in 72.5% of cases, BB+CAI in 20.3% and BB+ ADR 6.5%. Whatever is the medical treatment, changes are secondary to lack of IOP control, visual field or ocular imaging worsening, lack of tolerance, then weak compliance. Observed rates of very satisfied patients between BB group and PG are as follows: 37.2% CFP [28.8] vs. 28.9% CFP [23.6; 34.9], rates of very compliant patients: 65.9% CFP [57.4; 73.5] vs. 61.1% CFP [54.7; 66.9]. CONCLUSIONS: This study demonstrated the large role of medical treatment in OAG/OHT. Among them PG are mostly prescribed in monotherapy or fixed association with a high level of satisfaction and compliance according physicians.

LEVELS OF EMPOWERMENT AMONG PSORIATIC PATIENTS

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OBJECTIVES: Psoriasis is a chronic skin disorder affecting 1,5–3% of population and cost to society has been estimated between $600 and $900/patient/year. Pre- permission compliance, adherence to an appropriate follow-up program, and changes in patients everyday lives represent an essential approach to reach and maintain clinical remission. Our study aims to measure psoriasis related self-efficacy through a questionnaire specifically developed for this purpose (Psoriasis Empowerment Enquiry in the Routine Clinical Practice or PEER). METHODS: The study was an observational, cross-sectional survey. 240 consecutive psoriatic outpatients were asked to fill the questionnaire. The PEER is a 20-item Likert-type questionnaire and generates an empowerment score ranging from 20 to 100. RESULTS: Characteristics of the 240 respondents are described in Table 1. A total of 223 respondents (92.9%) filled the questionnaire. 178 respondents (77.9%) had a disease (p = 0.001) and in the skills subscale score (p = 0.001) than those affected by other psoriatic subtypes. CONCLUSIONS: Patients older than age 44, arthropathic patients or cases affected from more than one year reported higher scores reflecting a higher level of empowerment; psoriatic patients are in great need for self-management of their chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease. We introduce a questionnaire to survey empowerment among psoriatic patients that could represent a useful tool to evaluate the efficacy of any kind of treatment conducted among adults with chronic disease.