Further investigations using larger cohorts are warranted to better understand economic and patient-reported outcomes associated with biologic treatment in psoriasis.

PSK3

A COST-EFFECTIVENESS ANALYSIS OF BIOLOGIC THERAPIES FOR THE TREATMENT OF CHRONIC PLAQUE PSORIASIS

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OBJECTIVES: Biologic therapies have been shown to be a safe and effective treatment for chronic plaque psoriasis. However, there appear to be notable differences in effectiveness between treatment options. Given the considerable costs of these treatments, their relative cost-effectiveness is an important consideration. **METHODS:** A cost-effectiveness model was developed to estimate the incremental cost per responder associated with each biologic licensed in the UK for psoriasis. Data on response, defined as Psoriasis Area Severity Index (PASI) 75 or 90, were derived from randomized controlled trials for efalizumab, etanercept and infliximab. An ordered probit model was used to model response rates jointly. Treatment effects, defined as response rates, and direct health care costs from published sources were modelled over a 1-year time-horizon. Costs included in the analysis comprised drug acquisition, monitoring and administration costs, as well as costs associated with outpatient and inpatient hospital episodes. Treatment non-responders were assumed to receive best supportive care. All licensed regimens were included as potential treatment options. **RESULTS:** In the analysis utilising PASI 75 response, efaluzimab and etanercept 25 mg twice weekly (BIW) continuous, were dominated by other regimens. Of the remaining strategies, etanercept 25 mg BIW had the lowest ICER vs. supportive care (response rate 31.78%, £8891 per responder gained), followed by infliximab (78.79%, £11,302) and then etanercept 50 mg continuous, (45.99%, £12,598). For PASI 90 response, the same two strategies were dominated. However infliximab was the most effective and had the lowest ICER vs. supportive care (response rate 56.65%, £15,721 per responder gained) followed by etanercept 25 mg BIW (12.34%, £22,907) then etanercept 50 mg continuous, (21.58%, £26,853). **CONCLUSIONS:** Provided decision-makers are willing to pay up to approximately £12,000 to gain an additional PASI 75 responder and also value clearance of symptoms (PASI 90 responder), treatment with infliximab is likely to represent the most cost-effective strategy.

PSK4

COST-EFFECTIVENESS OF TOPICAL CALCIPOTRIOL/BETAMETHASONE DIPROPIONATE TWO-COMPOUND PRODUCT IN A SCOTTISH CARE MODEL

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OBJECTIVES: UVB phototherapy is an effective treatment for psoriasis, typically introduced after a patient with widespread disease has failed to respond to a couple of topical agents. A pharmacoeconomic model was devised to analyse the cost implications of different treatment combinations based on a Scottish model of care. **METHODS:** A calcipotriol/betamethasone dipropionate two-compound product was assessed alongside two of the UK's most commonly prescribed topical antipsoriatic agents (calcipotriol and betamethasone valerate in several different treatment regimens to determine the most cost-effective treatment A Markov chain approach was used to model the progression of psoriatic patients through the response or non-response to 4 weeks treatment with different topical agents. The patient pathway consisted of two four-week treatments with first and second line topical agents before referral to secondary care and phototherapy. Non-responders (i.e. those who did not achieve PASI-75) on first line treatment were then given a second line topical agent. Those who failed again were referred to secondary care and waited 6 months before completing 20 treatments of phototherapy. One hundred patients were evaluated in each of the six different treatment pathways over one year to determine overall cost per patient. **RESULTS:** Mean annual cost per patient showed that the most cost-effective treatment regimen used the two compound product as first and second line treatments. It was 19.7% cheaper (≤690.99 vs ≤860.62) and 32% fewer patients required phototherapy (30 vs 44) when compared to the next best regimen which used the two-compound product and calcipotriol as first and second line treatments respectively. **CONCLUSION:** This pharmacoeconomic evaluation demonstrates that the two-compound product, when used as an initial therapy in psoriasis, could result in a reduction in overall costs per patient and in fewer patients requiring phototherapy. This in turn, could improve access to phototherapy for more patients with light-responsive dermatoses.

PSK5

COST OF ATOPIC DERMATIS IN ADULTS: THE CODA STUDY

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OBJECTIVES: The aim of the Costi-&-Outcomes-in-Dermatite-Atopica (CODA) study was to evaluate the socioeconomic impact of AD. **METHODS:** The CODA study was a naturalistic, multicentre, longitudinal ambispective (retro-prospective), prevalence based Cost Of Illness study. Data on patients with moderate or severe AD enrolled during flare-up was collected: socio-demographic, clinical (SCORing-Atopic-Dermatitis index (SCORAD): 0 = no disease; 100 = maximum manifestation) economic (direct and indirect costs), HRQoL (intangible costs), preferences towards pharmacological treatment. The following results pertain to the economic burden of AD and its treatment in adult patients. The analysis was conducted from the societal perspective with a 3 month time horizon. Direct medical costs (hospitalizations, drugs, cosmetics, personal health supplies, specialist visits, diagnostics and laboratory exams) were quantified using prices or tariffs expressed in Euro 2005. Also indirect cost, in terms of productivity losses by patients, were calculated using human capital approach. **RESULTS:** We erolled 104 valid adults from 6 Italian dermatological referral centres (males 53.8%, mean age = 32.9 ± 11.8 y.o.). At the enrolment the median SCORAD was 52.0 while after 2 months was 18.0 ($p < 0.0001$ Wilcoxon Signed Rank test). Direct cost/patient/month was at baseline 369.6 ± 440.0€: 28.8% hospitalizations, 19.9% drugs, 16.0% cosmetics. After 2 months from the enrolment direct cost/patient/month was €188.1 ± €236.1: 42.5% drugs, 35.2% cosmetics, 8.8% hospitalizations. The decrease in direct cost during the follow up period was statistically significant ($p = < 0.0001$ paired samples t test). Indirect cost/patient/month was €247.0 ± €626.5 at baseline and €32.8 ± €106.1 after 2 months ($p = < 0.0001$). **CONCLUSION:** This is the first study evaluating the socio-economic impact of AD in Italy. The difference between cost during relapse period and after 2 months is significant. Among adult patients hospitalisations and drugs are the cost drivers at baseline and after 2 months respectively. High cost