average total episode costs were found in the Northeast region and were $856.50. Average outpatient costs in the Northeast region were the highest in the country at $377.64—the range for other regions was $240.70-$285.93. CONCLUSION: Much diversity exists in the cost of treating acne across different segments of the United States. Future research should be done to determine what the underlying factors are when accounting for the discrepancies in cost per episode of acne.

PHARMACOECONOMIC STUDY OF WET AGE-RELATED MACULAR DEGENERATION (AND) TREATMENT IN MEXICO
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OBJECTIVE: To determine the most cost-effective Wet AMD treatment alternative in Mexico. METHODS: A decision tree with Bayesian approach and a Markov chain considering the probabilities of increasing, decreasing or maintaining visual acuity (VA) through eight health states based on VA from 20/20 to 20/400 due to the use of a pharmacological alternative, with a time horizon of 5 years and institutional perspective, were performed. The discounting rate was three percent for costs and benefits. Adverse events and their treatment costs, for every alternative were considered; costs, benefits and probabilities of transition data were estimated from the meta-analysis with available published literature, including the MARINA and ANCHOR studies, validated by a panel of Mexican experts through the Delphi technique. Study comparators examined were Ranibizumab (RAN), photodynamic therapy with Verteporfin (PDTV), pegaptanib sodium (PEG) and standard care (STD). Sensitivity analysis was one-way and probabilistic (acceptability curve, analysis of components for the ellipse method). RESULTS: Patients using Ranibizumab get more benefits (RAN = 2.71 QALY; PDTV = 2.03 QALY; PEG = 1.89 QALY; STD = 1.78 QALY), with the lowest total cost per treatment (RAN = $43,984 USD; STD = $63,531 USD; PDTV = $83,546 USD; PEG = $92,247 USD) and the lowest cost per QALY (RAN = $16,257 USD/QALY; STD = $35,749 USD/QALY; PDTV = $41,074 USD/QALY; PEG = $48,263 USD/QALY). Incremental analysis showed Ranibizumab to be the dominant alternative. Net benefits are greater with Ranibizumab independent of willingness to pay. Acceptability curves showed absolute superiority for Ranibizumab. The confidence interval of 95% with the ellipse method showed Ranibizumab to be dominant in 95% of the cases with a willingness to pay of $924 USD. The sensitivity analysis on efficacy and costs of Ranibizumab in an interval of ±50%, was robust with the base analysis. CONCLUSION: Ranibizumab is the most cost-effective Wet AMD treatment alternative; it offers the greatest benefits with the lowest cost. Sensitivity analyses showed the robustness of the base study.

USING MEDICATION POSSESSION AND DAYS OF COVERAGE ON THERAPY TO ASSESS PERSISTENCE WITH PROSTAGLANDIN OCULAR HYPOTENSIVE THERAPY
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OBJECTIVE: To evaluate persistence among glaucoma patients with prostaglandin therapy during the first therapy year. METHODS: Patients with latanoprost (LAT), bimatoprost (BIM), or travoprost (TRAV) dispensed during January 1, 2004–December 31, 2004 were screened for inclusion (Ingenix managed care database). Index agent = first agent filled; index date = fill date; follow-up = 358 days. Patients excluded if: age < 40 years; not continuously enrolled for 180 days before/358 days after index date; had ocular hypotensive dispensed or had no glaucoma diagnosis within 180 days before index date. First year persistence measures: whether last fill had sufficient days supply to achieve medication possession at year’s end; number of days for which index agent was available (days covered). Possible inconsistencies between quantity dispensed and reported days supply addressed by multiplying claimed days supply with alternative measures from the literature. Models of associations between index agent and medication possession (logistic regression) and days covered (linear regression) were adjusted for gender, age, and previous ocular hypertension diagnosis. RESULTS: A total of 7783 patients met inclusion criteria (LAT, n = 4994; BIM, n = 1464; TRAV, n = 1415). Overall medi-