Appendix G: Excluded health economic studies

G.1 Chapter 6: Assessment

G.1.1 Tools for assessing disease severity and impact

Review question: In people with psoriasis (all types), which are the most effective tools to assess the (a) severity and (b) impact of disease across all levels of healthcare provision and at any stage of the disease journey?

Excluded n = 0

G.1.2 Diagnostic tools for Psoriatic Arthritis

In people with psoriasis (all types), which is the most accurate diagnostic tool compared with clinical diagnosis by a rheumatologist to help a non-specialist identify psoriatic arthritis?

Excluded n = 0

G.1.3 Specialist referral for Psoriatic Arthritis

In people with psoriasis (all types) and suspected psoriatic arthritis, how quickly should referral to a specialist be made in order to minimise the impact of disease on symptoms, joint damage and quality of life?

Excluded n = 0

G.1.4 Identification of comorbidities

Are people with psoriasis (all types) at higher risk than people without psoriasis for significant comorbidities and are there subgroups within the psoriasis population at a further increased risk?

Excluded n = 1

Study excluded	Reason
Crown WH, Bresnahan BW, Orsini LS et al. The burden of illness associated with psoriasis: cost of treatment with systemic therapy and phototherapy in the US. Curr Med Res Opin. 2004; 20(12):1929-1936. Ref ID: CROWN2004	Not applicable

G.1.5 Phototherapy, systemic therapy, tar and skin cancer risk

In people with psoriasis (all types) who have been exposed to coal tar, phototherapy (BBUVB, NBUVB and PUVA), systemic therapy or biologic therapy, what is the risk of skin cancer compared with people not exposed to these interventions and which individuals are at particular risk?

Excluded n = 0

G.2 Chapter 7: Topical therapies for chronic plaque psoriasis

G.2.1 Topical therapies for trunk and limb chronic plaque psoriasis

In people with chronic plaque psoriasis of the trunk and/or limbs, what are the clinical effectiveness, safety, tolerability, and cost effectiveness of topical vitamin D or vitamin D analogues, potent or very potent corticosteroids, tar, dithranol and retinoids compared with placebo or vitamin D or vitamin D analogues, and of combined or concurrent vitamin D or vitamin D analogues and potent corticosteroids compared with potent corticosteroid or vitamin D or vitamin D analogue alone?

Excluded n = 6

Study excluded	Reason
Augustin M, Peeters P, Radtke M et al. Cost-effectiveness model of topical treatment of mild to moderate psoriasis vulgaris in Germany. Dermatology. 2007; 215(3):219-228. Ref ID: AUGUSTIN2007	Partially applicable, very serious limitations
Freeman K, Marum M, Bottomley JM et al. A psoriasis-specific model to support decision making in practice - UK experience. Curr Med Res Opin. 2011; 27(1):205-223. Ref ID: FREEMAN2011	Partially applicable, very serious limitations
Harrington CI. Cost-effectiveness analysis of calcipotriol ointment and 'short-contact' dithranol in treating mild-to-moderate psoriasis. Br J Med Econ. 1995; 8:27-32. Ref ID: HARRINGTON1995	Partially applicable, very serious limitations
Marchetti A, LaPensee K, An P. A pharmacoeconomic analysis of topical therapies for patients with mild-to-moderate stable plaque psoriasis: a US study. Clin Ther. 1998; 20(4):851-869. Ref ID: MARCHETTI1998	Partially applicable, very serious limitations
Peeters P, Ortonne JP, Sitbon R et al. Cost-effectiveness of once-daily treatment with calcipotriol/betamethasone dipropionate followed by calcipotriol alone compared with tacalcitol in the treatment of psoriasis vulgaris. Dermatology. 2005; 211(2):139-145. Ref ID: PEETERS2005	Partially applicable, very serious limitations
Schwicker D, Dinkel R, Antunes H. A cost-comparison study: ulobetasol versus clobetasol in severe localized psoriasis. J Dermatol Treat. 1992; 2(4):127-131. Ref ID: SCHWICKER1992	Partially applicable, very serious limitations

G.2.2 Topical therapies for high impact or difficult to treat sites

In people with psoriasis at high impact or difficult-to-treat sites (scalp, flexures, face), what are the clinical effectiveness, safety, tolerability and cost effectiveness of vitamin D or vitamin D analogues, mild to very potent corticosteroids, combined or concurrent vitamin D or vitamin D analogue and potent corticosteroid, pimecrolimus, tacrolimus, tar, dithranol and retinoids compared with placebo, corticosteroids or vitamin D or vitamin D analogues?

Excluded n = 0

G.3 Chapter 8: Phototherapy

G.3.1 Phototherapy

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of BBUVB, NBUVB and PUVA compared with each other or placebo/no treatment?

Excluded n = 1

Study excluded	Reason
Hankin CS, Bhatia ND, Goldenberg G et al. A comparison of the clinical effectiveness and cost-effectiveness of treatments for moderate to severe psoriasis. Drug Benefit Trends. 2010; 22(1):17-27. Ref ID: HANKIN2010	Partially applicable, very serious limitations

G.3.2 Phototherapy combined with acitretin

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of acitretin plus UVB (NBUVB and BBUVB) and acitretin plus PUVA compared with their monotherapies and compared with each other?

Excluded n = 1

Excluded Study	Reason
Hankin CS, Bhatia ND, Goldenberg G et al. A comparison of the clinical effectiveness and cost-effectiveness of treatments for moderate to severe psoriasis. Drug Benefit Trends. 2010; 22(1):17-27. Ref ID: HANKIN2010	Partially applicable, very serious limitations

G.3.3 Dithranol, coal tar and vitamin D or vitamin D analogues combined with UVB

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of UVB (NBUVB or BBUVB) combined with dithranol, coal tar or vitamin D or vitamin D analogues compared with UVB alone or topical therapy alone?

Excluded n = 2

Study excluded	Reason
de Rie MA, de Hoop D, Jonsson L et al. Pharmacoeconomic evaluation of calcipotriol (Daivonex/Dovonex) and UVB phototherapy in the treatment of psoriasis: a Markov model for the Netherlands. Dermatology. 2001; 202(1):38-43. Ref ID: DERIE2001	Partially applicable, very serious limitations
Hartman M, Prins M, Swinkels OQ et al. Cost-effectiveness analysis of psoriasis care instruction programme with dithranol compared with uvb phototherapy and inpatient dithranol treatment. Br J Dermatol. 2002; 147(3):538-544. Ref ID: HARTMAN2002	Not applicable

G.4 Chapter 9: Systemic therapy (second-line, non-biologic)

In people with psoriasis (all types), what are the clinical effectiveness, safety, tolerability and cost effectiveness of systemic methotrexate, ciclosporin and acitretin compared with each other or with placebo?

Excluded n = 5

Study excluded	Reason
Ellis CN, Reiter KL, Bandekar RR et al. Cost-effectiveness comparison of therapy for psoriasis with a methotrexate-based regimen versus a rotation regimen of modified cyclosporine and methotrexate. J Am Acad Dermatol. 2002; 46(2):242-250. Ref ID: ELLIS2002	Partially applicable; very serious limitations
Feldman SR, Garton R, Averett W et al. Strategy to manage the treatment of severe psoriasis: considerations of efficacy, safety and cost. Expert Opin Pharmacother. 2003; 4(9):1525-1533. Ref ID: FELDMAN2003	Not applicable
Hakkaart-van Roijen L, Verboom P, Redekop WK et al. The cost-effectiveness of tapered versus abrupt discontinuation of oral cyclosporin microemulsion for the treatment of psoriasis. Pharmacoeconomics. 2001; 19(5):599-608. Ref ID: HAKKAARTVAN2001	Not applicable
Hankin CS, Bhatia ND, Goldenberg G et al. A comparison of the clinical effectiveness and cost-effectiveness of treatments for moderate to severe psoriasis. Drug Benefit Trends. 2010; 22(1):17-27. Ref ID: HANKIN2010	Partially applicable; very serious limitations
Pearce DJ, Nelson AA, Fleischer AB et al. The cost-effectiveness and cost of treatment failures associated with systemic psoriasis therapies. J Dermatol Treat. 2006; 17(1):29-37. Ref ID: PEARCE2006	Partially applicable; very serious limitations

G.5 Chapter 10: Methotrexate and risk of hepatotoxicity

In people with psoriasis (all types) who are being treated with methotrexate, are there specific groups who are at high risk of hepatotoxicity?

Excluded n = 0

G.6 Chapter 11: Methotrexate and monitoring for hepatotoxicity

In people with psoriasis (all types) who are being treated with methotrexate or who are about to begin treatment with methotrexate, what is the optimum non-invasive method of monitoring hepatotoxicity (fibrosis or cirrhosis) compared with liver biopsy?

Excluded n = 0

G.7 Chapter 12: Sequencing of biological therapy

In people with chronic plaque psoriasis eligible to receive biologics, if the first biologic fails, which is the next effective, safe and cost effective strategy?

Excluded n = 0

G.8 Chapter 13: Cognitive behavioural therapy

In people with psoriasis (all types), how effective are cognitive behavioural therapy (group and individual) interventions alone or as an adjunct to standard care compared with standard care alone for managing psychological aspects of the disease in reducing distress and improving quality of life?

Excluded n = 0

G.9 Chapter 14: Self-management

What strategies can best support people with psoriasis (all types) to self-manage the condition effectively?

Excluded n = 0