INTRODUCTION

Biotherapies such as subcutaneous tumor necrosis factor-alpha inhibitors (SC-TNFis) have transformed the management of chronic rheumatic diseases. We assessed the impact of non-persistence to the different SC-TNFis on the costs of reimbursed medical resources related to chronic rheumatic diseases for patients initiating treatment with an SC-TNFi in France.

METHODS

The French National Health Insurance database includes all outpatient and inpatient reimbursed healthcare consumption for individuals covered by the general health insurance scheme. The study population included eligible patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis identified based on ICD-10 codes from Long Term Disease status1 and hospital admissions. Patients were then selected through the first-line dispensation of biotherapy any more/switch to another SC-TNFi) occurring in the 12 months following initiation.

Analyses

Overall, global mean costs (all diagnoses included) were significantly higher in non-persistent patients despite a 3-fold significantly lower drug-cost related to biotherapy. Conversely, costs related to other drugs than biotherapies, non-drug medical resources and hospitalisations were more than 2-fold higher in non-persistent patients (Figure 1).

3. Specific results for each rheumatic disease

The conclusions observed for the global results were not markedly affected when the analyses were restricted to each rheumatic disease (Figures 2 to 4).

ACKNOWLEDGMENTS

This study was supported by Merck Sharp & Dohme-Chatel, France.

REFERENCES

1. The patients’ starting lines severe diseases and need of expensive chronic therapy remain 272 diagnosis for the corresponding diseases. For these patients, the healthcare system pays directly to healthcare providers 100% of patients’ expenses related to the specific diseases in that the patient has nothing to pay at any time.

STRENGTHS & LIMITATIONS

The strengths of this study are:

- A substantial sample size and a high epidemiological value, as we used a database with more than 80% of the French population, a country in which universal public insurance coverage is available
- This database records the comprehensive health resource use
- The limitations of this study are:
- No longer follow-up beyond the 12 months post index date
- Reason for discontinuation is not captured
- Next treatment sequence is not analysed

CONCLUSIONS

These results indicate that non-persistence to treatment with subcutaneous tumor necrosis factor-alpha inhibitors is associated with cost offsets due to biologics discontinuation. These offsets are counterbalanced and sometimes exceeded by the costs of medical care and investigations required by patient health status and treatment decision to be made.