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THU0652 THE ECONOMIC BURDEN OF ANCA-ASSOCIATED VASCULITIS IN GERMANY – A CLAIMS DATA STUDY

Philip Spearpoint¹, Dieter Götte², Angelika Deichmann³, Marc Wengler³, Matthias Schoenermark³, Peter Rutherford². ¹Viforpharma, Global Pricing and Market Access, Glattpburg, Switzerland; ²Viforpharma, Global Medical Affairs, Glattpburg, Switzerland; ³SKC Beratungsgesellschaft, Hannover, Germany

Background: ANCA-associated vasculitis AAV is a rare systemic disease, characterized by recurrent episodes of systemic inflammation. It is a severe disease associated with hospitalization, risk of renal failure and a therapy inducing serious side effects. The economic impact of AAV to the German health care system is currently not well understood.

Objectives: The aim of this study was to better understand and quantify the economic burden of AAV in Germany. Therefore, selected aspects, such as prevalence and incidence, frequency of hospitalization, frequency of intensive care unit (ICU) stays and treatments costs, were systematically assessed in a claims data study.

Methods: Longitudinal data from years 2013 to 2016, provided by German statutory health insurance (SHI) companies from the InGef database have been analyzed representing an age- and gender stratified cohort of approx. 4 million insured persons representative for the German population.

Results: Prevalence and incidence data show that, in accordance with the previously published literature (1, 2), Granulomatosis with Polyangiitis (GPA) was more frequent than Microscopic Polyangiitis (MPA). On average, a combined prevalence of 256 : 1 000 000 (210 : 1 000 000 for GPA and 46 : 1 000 000 for MPA) was identified within the data set over the observed time period of 4 years (2013-2016). Incidence rates were found to be 46 : 1 000 000 (34 : 1 000 000 for GPA and 13 : 1 000 000 for MPA) within the same time period. Over the observed time period, prevalence and incidence rates remained stable.

The majority of AAV (GPA and MPA) diagnoses were made in hospitals (61%), another 24% were diagnosed in the outpatient sector and 15% were diagnosed in both within one quarter. In total, 97% of newly diagnosed patients (GPA and MPA) were hospitalized within 4 years post diagnosis. Especially during the induction period (quarter of diagnosis and the following 2 quarters) 91% (GPA) to 95% (MPA) of the patients were hospitalized. Of these patients, approx. 60% were hospitalized due to GPA and MPA disease, showing the high rate of severe co-morbidities. Patients diagnosed with GPA and MPA were frequently treated at ICUs (in average 1 stay per quarter); in particular severe infections and renal involvements increased the likelihood of ICU stays.

Treatment costs were highest during the induction period; within this period hospitalization represented the largest cost factor. Severe kidney disease, which occurred in 11,6% of GPA and 24,3% of MPA patients, induced total costs ranging between 131.521€ (GPA) to 145.472 € (MPA) over four years post diagnosis, with the induction period being most expensive (approx. 58.826 € to 50.339 € for GPA and MPA during the induction period). In the following years total treatment and hospital costs decreased, however remained high.

Conclusion: AAV represents an underestimated financial burden to the German healthcare system, especially during induction therapy. The high level of hospitalizations amongst AAV patients also represents a high usage of healthcare resources. Thus, AAV represents an underestimated cost factor for the German health care system, and better treatment options are desperately needed.

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THU0653 SOCIOECONOMIC ANALYSIS OF GOLIMUMAB TREATMENT IN PATIENTS WITH RA, PSA, AND AS – NON-INTERVENTIONAL STUDY GO-NICE

Klaus Krueger¹, Gerd Rüdiger Burmester², Siegfried Wassenberg³, Astrid Thiele⁴, Matthias Thomas⁵. ¹Rheumatologisches Praxiszentrum St. Bonifatius, München, Germany; ²Charité- Universitätsmedizin, Department of Rheumatology and Clinical Immunology, Berlin, Germany; ³Rheumazentrum Ratingen, Ratingen, Germany; ⁴Krankenhaus St. Josef, Wuppertal, Germany; ⁵MSD Sharp and Dohme GmbH, Medical Affairs, Haar, Germany

Background: Rheumatic diseases are associated with pain, loss of functionality, fatigue, hospitalization, sick leave, and work disability. This results in high economic burden for patients and society.

Objectives: Golimumab (GLM) is an effective but costly treatment option for patients (pts.) with moderate to severe, active rheumatic diseases. The aim of this analysis of the GO-NICE study was to investigate the direct and indirect costs of healthcare utilization and sick leave after starting a treatment with GLM.

Methods: Data of outpatients collected in the non-observational study GO-NICE in 1,483 pts. with RA (n = 474), PsA (n=501), and AS (n=483) in 158 sites (2010-2015) in Germany were analysed. Details on the study design, pts. characteristics, the clinical and patient-reported outcomes, and safety data have been reported earlier [1,2].

Direct medical and indirect costs per patient and year were calculated for consultations, physiotherapy, massages, hospitalisations and inpatient rehabilitation, medication (DMARDs, Glucocorticoids, NSAIDs, and biologics) as well as sick leave days. Findings were shown for RA-, PsA- and AS-pts. and categorised by biological-naïve pts. and pts. with a pre-treatment with a biologic. The 6-month periods prior baseline (BL)/start of a GLM therapy vs. month 24 (M24) were compared.

For this calculation the standardized evaluation rates were used (Bock et al. (2015), AG MEG of the DGSM (2005). Costs for prescribed and documented medication were calculated by the mean cost per defined daily dose (based 2010-2015). Indirect costs were estimated through the human capital approach (HCA).

Results: Data of 758 biologic-naïve pts. (n = 265 RA, 247 PsA and 246 AS) and 694 pts. with biologics as pre-therapy (n = 208 RA, 252 PsA and 234 AS) were included in the analysis.

Direct medical costs (excl. medication) decreased in all 6 groups, min. 765€ (PsA pre-treatment group) and max. 2,426€ (AS pre-treatment) as well as the costs due to work disability/absenteeism, min. 855€ (PsA pre-treatment) and max. 2,564€ (RA pre-treatment, table). Total costs in biological-naïve pts. increased due to the additional expense of the biologic agent.

Absolute changes in costs totalled 15,665€ (RA-, table), 15,799€ (PsA-) and 14,764€ (AS-patients) per patient and year when comparing the BL vs. M24 periods.

Total savings of 6,289€ (RA-, table), 2,617€ (PsA-), and 5,555€ (AS-patients) per patient and year were generated in the group of biologic-pre-treated patients.

	RA pts. biologic-naïve (n=265)			RA pts. with biologics as pre-treatment (n=208)		
	Baseline	Month 24	Changes	Baseline	Month 24	Changes
Consultation fees/€	354	168	- 186	369	178	- 191
Physiotherapy, massages etc./€	162	59	- 103	144	91	- 53
Hospitalisation/€	939	99	- 840	1,163	423	- 740
Rehabilitation measures/€	163	55	- 109	148	0	- 148
(in- and outpatients)						