HEALTH-CARE AND SOCIETAL COSTS ASSOCIATED WITH NON-PERSISTENCE WITH SUBCUTANEOUS (SC) TNF-α INHIBITORS FOR INFLAMMATORY ARTHRITIS (IA)

Johan Dalén, Anushri Chitkara, Axel Svedbom, Tor Olofsson, Amy Puenpatom, Christopher M. Black, Zaina P. Qureshi

A RETROSPECTIVE, OBSERVATIONAL STUDY USING SWEDISH HEALTH DATA REGISTERS

PATIENTS:

1,530

Biologic-naïve patients in Sweden who received SC-TNFi treatment for IA and remained eligible after applying the inclusion criteria.

486

A propensity score matched cohort of 486 matched pairs was generated as persistent and non-persistent patients.

Persistence: Time from treatment initiation to treatment discontinuation or switch to another SC-TNFi or bDMARD

PERSISTENCE	n=486	NON-PERSISTENCE

TOTAL DIRECT AND INDIRECT COSTS PRE-INDEX DATE

$16,600

[95% CI, 14,331-18,696]

Total direct and indirect costs were significantly higher among non-persistent patients 12 months pre-index date.

TOTAL DIRECT AND INDIRECT COSTS PRE-INDEX DATE

$20,802

[95% CI, 18,335-23,429]

Among biologic-naïve patients in Sweden treated with SC-TNFi for IA, persistent patients incurred ~40% lower aggregated direct and indirect costs than non-persistent patients 12 months post-index date.

TOTAL DIRECT AND INDIRECT COSTS POST-INDEX DATE*

$13,465

[95% CI, 11,415-15,729]

Persistent patients significantly decreased total direct and indirect costs 12 months post-index date.

TOTAL DIRECT AND INDIRECT COSTS POST-INDEX DATE*

$22,161

[95% CI, 19,754-24,556]

*Please refer to the journal article for a full analysis of persistent and non-persistent cohort data.

bDMARD = biological disease-modifying antirheumatic drug; IA = inflammatory arthritis; SC-TNFi = subcutaneous tumor necrosis factor inhibitor.

PEER-REVIEWED INFOGRAPHIC

Adis

OPEN ACCESS