

KMK Partners with Pharma Giant to Analyze Switching Costs of Biologic Treatments with Real World Data

KMK Consulting partners with one of the world's largest Pharmaceutical companies in a real-world evidence study

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SUMMARY

KMK Consulting partnered with a major pharmaceutical company to analyze real-world evidence regarding the switching costs of biologic treatments in patients with Psoriatic Arthritis (PsA). Costs associated with switching or discontinuing biologic treatment can be high in PsA patients and could have cost implications for not only patients, but also for healthcare professionals and payers. This study looks at real-world data to compare direct costs of treatment among patients with PsA who had newly began a biologic treatment for their condition.

An in-depth evaluation of the healthcare costs and utilization associated with treatment switching patterns allow for the inclusion of a larger patient population, resulting in clinically meaningful, detailed analyses to be conducted. This study aimed to compare healthcare costs and utilization between patients with PsA who switched or discontinued biologics and those who remained on the index biologic through 1 year of follow-up.

BACKGROUND

PsA is a chronic, progressive inflammatory disease with symptoms such as joint pain, stiffness and swelling of extremities. PsA is associated with significant direct (inpatient/outpatient visits, pharmacy) and indirect (loss of productivity at work) costs, which may vary depending on the severity of the disease or additional co-morbidity burden. Patients with PsA have a significantly greater co-morbidity burden and direct healthcare costs than individuals without the disease, highlighting the need for effective treatment and improved healthcare delivery systems. Biologic therapies with a stepwise approach to treating symptoms are recommended for patients who have active PsA despite conventional therapies.

METHODS

The patient population consisted of those with PsA who were at least 18 years old with at least one pharmacy claim for a biologic treatment from January 2016 to December 2016:

- Non-switchers: Patients who remained on the index biologic with no gaps in treatment greater than 120 days and no other claims for biologic therapies during follow-up
- Switchers: Patients who had a prescription claim for a different biologic therapy than the index biologic and who switched therapies before treatment gaps greater than 120 days were reached during follow-up
- Discontinuers: Patients who had prescription claim gaps (time from exhaustion of previous days' supply greater than 120 days) during follow-up

STUDY RESULTS

The data suggests that patients with PsA who switch or discontinue biologics within the first year of beginning their treatment have higher health care utilization and medical costs than those who remain on their index biologic.

- Switchers and discontinuers had higher health care resource utilization (emergency and outpatient visits) than non-switchers.
- Switchers had the highest total health care costs, driven by increased pharmacy and medical costs, while discontinuers had the lowest total health care costs due to decreased pharmacy costs from early discontinuation of medications but also had the highest medical costs.

These findings reflect current real-world treatment patterns, emphasizing the clinical and economic impact of discontinuing or switching biologic therapies in patients with PsA. This may encourage payers to weigh the additional costs of switching therapies against potential savings associated with remaining on current therapies during formulary decision making. For payers, discontinuation could lead to economic burden due to medication wastage. A key takeaway of this study is the obvious need to identify and appropriately select treatments with sustained safety and efficacy to lessen the clinical and economic burden of discontinuing or switching biologic therapies.

[About KMK Consulting, Inc.](#)

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