Comparison of medical costs among patients using adalimumab and infliximab: a retrospective study (Compairs)

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Introduction

Anti-tumour necrosis factor (anti-TNF) medications have never been compared in a direct fashion under real-world circumstances. The purpose of this study was to compare healthcare utilisation and costs using insurance data for patients with Crohn’s disease (CD) who newly initiated anti-TNF therapy with adalimumab (ADA) or infliximab (IFX).

Methods

Patients with ≥2 diagnoses of CD (ICD-9-CM: 555. XX) who initiated ADA or IFX therapy between January 2000 and March 2009 were identified from the Medstat MarketScan database. Patients had to be continuously enrolled at least 6 months before and after anti-TNF initiation. Patients with prior biologic therapy (ie, anti-TNF or natalizumab) or colitis (ICD-9-CM: 556.x) were excluded. ADA and IFX groups were matched 1:1 using a propensity score stratified by age, residence, inpatient visit utilisation and steroid use at baseline. The primary endpoint was 6-month direct cost of healthcare. The secondary endpoints compared healthcare utilisation between groups.

Results

After propensity matching, demographic, clinical and healthcare utilisation characteristics were similar between the ADA (n=623) and IFX (n=623) groups at baseline. During the 6-month interval following anti-TNF initiation, healthcare costs were significantly lower for ADA compared with IFX therapy (table 1). Both all-cause and CD-related hospitalisation decreased for both ADA and IFX groups (not shown). Emergency department (ED) use and hospitalisation in the 6-month follow-up period were similar between groups.

Conclusion

In this real-world analysis of patients with CD who newly initiated with ADA or IFX, ADA-treated patients had significantly lower healthcare costs. Hospitalisation and ED utilisation were similar between groups.

Competing interests


Keywords

Crohn’s disease, healthcare costs, TNF-alpha inhibitors.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>All-Cause, ADA (n=623)</th>
<th>All-Cause, IFX (n=623)</th>
<th>CD-Relateda, ADA (n=623)</th>
<th>CD-Relateda, IFX (n=623)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-TNF drug costs</td>
<td>–</td>
<td>–</td>
<td>10 709</td>
<td>12 401</td>
</tr>
<tr>
<td>Other prescription drug costs</td>
<td>1334b</td>
<td>1639</td>
<td>546</td>
<td>857</td>
</tr>
<tr>
<td>Total medical service–related costs</td>
<td>6842h</td>
<td>10 316</td>
<td>5199h</td>
<td>9059h</td>
</tr>
<tr>
<td>Total healthcare costs (costs excluding anti-TNF agents)</td>
<td>18 885c</td>
<td>24 355</td>
<td>16 454c</td>
<td>22 316c</td>
</tr>
</tbody>
</table>

aBased on diagnosis of CD or related comorbidities (eg, malnutrition, anaemia, abdominal symptoms, etc).
bp<0.0005 vs IFX.
cMedical costs other than hospitalisation and outpatient visits are not shown.
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