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 D. Sussman: None Declared, N. Kubiliun: None Declared, J. Chao Shareholder with: Abbott, Employee of: Abbott, P. Mulani Shareholder with: Abbott, Employee of: Abbott, C. Gillis Shareholder with: Abbott, Employee of: Abbott, M. Yang Shareholder with: Abbott, Employee of: Abbott, M. Lu Employee of: Analysis Group; under contract with Abb., M. Abreu Consultant for: Abbott, Amgen, Elan, Opson, Prometheus, Salix, UCB

Keywords Crohn's disease, healthcare costs, TNF-alpha inhibitors.

PWE-026

COMPARISON OF MEDICAL COSTS AMONG PATIENTS USING ADALIMUMAB AND INFlixIMAB: A RETROSPECTIVE STUDY (COMPAIRS)

doi:10.1136/gut.2011.239301.289

D A Sussman,¹ N Kubiliun,¹ J Chao,^{2,*} P M Mulani,² C A Gillis,² M Yang,² M Lu,³ M T Abreu¹ ¹University of Miami, Miami, FL, USA; ²Abbott Laboratories, Abbott Park, IL, USA; ³Analysis Group, Inc., Boston, MA, USA

Table 1 PWE-026 Mean HealthCare Costs (Per Person) During the 6 Months After Initiating Anti-TNF Therapy (US \$)

	All-Cause, ADA (n=623)	All-Cause, IFX (n=623)	CD-Related ^a , ADA (n=623)	CD-Related ^a , IFX (n=623)
Anti-TNF drug costs	—	—	10 709	12 401
Other prescription drug costs	1334 ^b	1639	546	857
Total medical service-related costs	6842 ^b	10 316	5199 ^b	9059
Total healthcare costs	18 885^b	24 355	16 454^b	22 316
(costs excluding anti-TNF agents)	(8176 ^b)	(11 955)	(5745 ^b)	(9916)

^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.