A COST ESTIMATION OF MANAGEMENT OF ALLERGIC ASTHMA IN ITALY

Ariemma F¹, Trimarchi C¹, Canonica G W², Senna G³, Scichilone N⁴, Pelaia G⁵, Paggiaro P⁶, Griffiths S⁷, Urbinati D¹

¹ IQVIA, Milan Italy; ² Humanitas Research Hospital, Milan Italy; ³ Azienda Ospedaliere Universitaria Integrata, Verona Italy; ⁴ Ospedali Riuniti Villa Sofia-Cervello, Palermo Italy; ⁵ Azienda Ospedaliera Universitaria Mater Domini, Catanzaro Italy; ⁶ Azienda Ospedaliera Universitaria, Pisa Italy; ⁷ ALK- Abellò, Milan Italy

INTRODUCTION

Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation, that tends to present as a lifelong condition with different severity degrees 1. More than 315 million people are affected by asthma all over the world1; in Italy the prevalence of asthma is about 6.6%2. House Dust Mites (HDM) are one of the most common aeroallergens worldwide and up to 85% of asthmatics are typically HDM allergic3. More than 60% of asthmatics also have allergic rhinitis as co-morbidity4. The aim of this research was to investigate the Italian clinical pathway and the economic burden of disease for patients with allergic asthma, at different stages of se-

RESULTS

The study analysed records from 3.015 patients and most of them (2.160 patients) were 18-65 years old and were classified in Step GINA 3 and 4.

Around 50% of all patients had HDM allergy and the most common comorbidity was allergic rhinitis (77%), step up (Table 1). The total expenditure for the management of allergic asthma was measured during twenty-four months. The analysis showed that the drug costs increased according to the degree of asthma severity, due to polytherapy and, in particular, to the use of a few high cost drugs (i.e anti-IgE) in Step 3 to Step 5 (Table 2). The patient clinical pathway included medical examination with pulmonologist, diagnostic exams and laboratory tests. Medical examination represented the major cost driver (Table 3), owing to the routine follow-up (from 1 to 3 visits/year). Finally, the higher cost per patient was represented by drug for each cluster € 1.215 (12-17 y), € 735 (18-65 y) and € 632 (>65 y) (Figure 1).



METHODS

A retrospective Real-World Analysis was developed in Italy to evaluate the healthcare resources consumed for the management of patients with allergic asthma. Data were related to patients aged > 12 years with allergic asthma diagnosed by physician, treated between January 2015 and December 2016.

Data were collected in aggregated and anonymous form, through the collaboration of four respiratory Centers of Excellence (CoEs). Patients were clustered by age (12-17, 18-65, >65 years) and grouped for disease severity according to the Global Initiative for Asthma (GINA) classification (Step 1 to Step 5).

Overall costs were calculated by adding up drugs (i.e. ICS, LABA, LAMA, anti-IgE), diagnosis and visits costs, derived from real life data.

TABLE 1

Classification of allergic asthma patients based on age range and GINA Steps

| AGE CLUSTER | DISEASE SEVERITY BASED ON GINA CLASSIFICATION | PATIENTS WITH ALLERGIC ASTHMA | STEP UP IN GINA CLASSIFICATION | PATIENTS WITH HDM ALLERGIC ASTHMA | PATIENTS WITH COMORBIDITY (ALLERGIC RHINITIS) |
|-----------------------------|--|-------------------------------------|--------------------------------------|--|--|
| 12 – 17 YEARS #58 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | 22 16 17 3 | 4 2 - 1 = 12% | 4 7 11 3 = 1% | 20 16 9 2 = 2% |
| 18 – 65 YEARS #2160 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | 256 390 942 572 | 97 60 9 68 = 11% | 133 219 640 279 = 42% | 215 290 763 485 = 58% |
| >65 YEARS #797 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | 49 275 412 61 | 44 29 33 17 = 15% | 17 79 140 46 = 9% | 27 166 294 46 = 17% |
| TOTAL NUMBER OF PATIENTS | | 3.015 | 365 = 12% | 1.578 = 52% | 2.333 = 77% |

TABLE 2

Total drug costs based on GINA Steps and Step up in GINA classification

| AGE CLUSTER | DISEASE SEVERITY BASED ON GINA CLASSIFICATION | DRUG COSTS | STEP UP COSTS | TOTAL DRUG COSTS | WEIGHTED COST PER PATIENT |
|------------------------|--|--|---|---|------------------------------------|
| 12 – 17 YEARS #58 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | € 635 € 4.618 € 13.533 € 32.322 | € 1.072 € 301 - € 18.012 | € 1.707 € 4.919 € 13.533 € 50.334 | € 78 € 307 € 796 € 16.778 |
| 18 – 65 YEARS #2160 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | € 4.888 € 109.164 € 437.744 € 1.010.356 | € 8.281 € 5.215 € 1.077 € 10.699 | € 13.169 € 114.379 € 438.751 € 1.021.055 | € 51 € 293 € 466 € 1.785 |
| >65 YEARS #797 | n.a Step 1 Step 1 – 2 Step 3 – 4 Step 4 – 5 | € 1.476 € 92.798 € 191.899 € 154.127 | € 4.020 € 9.050 € 7.780 € 42.442 | € 5.497 € 101.849 € 199.679 € 196.569 | € 112 € 370 € 485 € 3.222 |
| TOTAL | | € 2.053.561 | € 107.880 | € 2.161.441 | € 2.062 |

TABLE 3

AGE

€ 632

Total costs of diagnosis (laboratory test and exam) and specialist visits

DISEASE SE- LABORATORY DIAGNOSTIC SPECIALIST TOTAL COSTS WEIGHTED

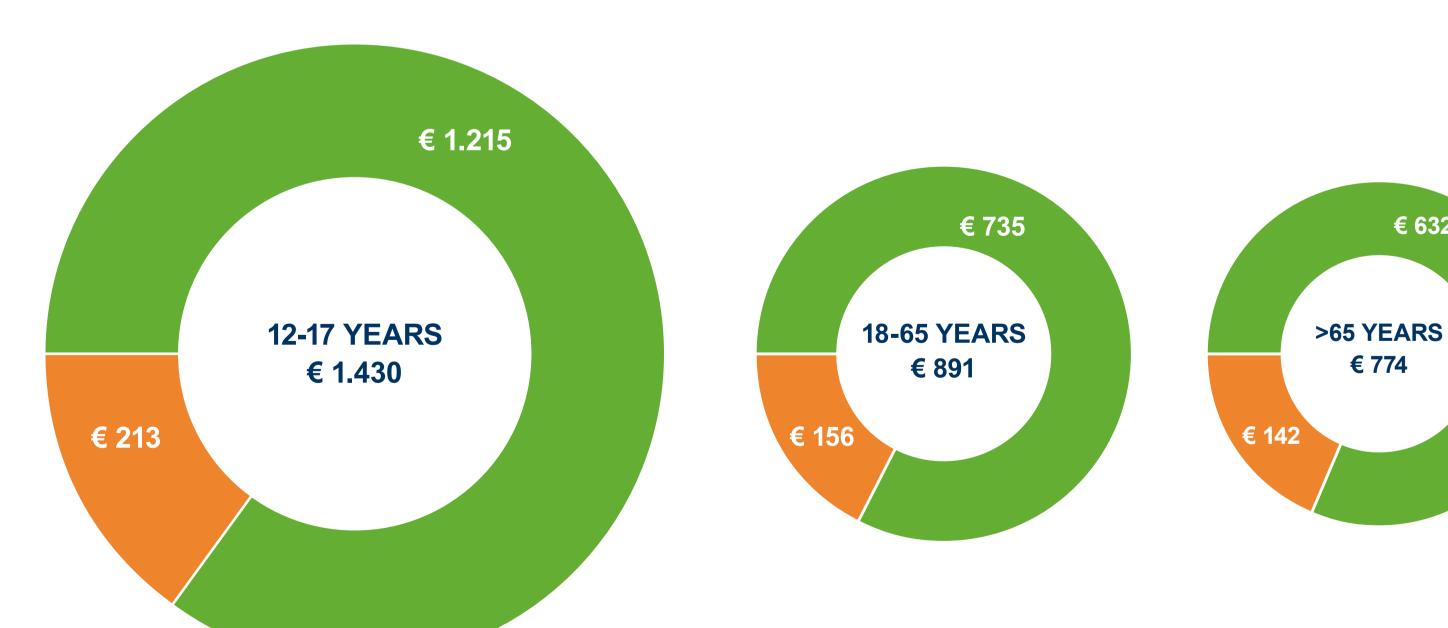
VERITY BASED EXAM COSTS VISITS COSTS **COST PER CLUSTER TEST COSTS** PATIENT **ON GINA** CLASSIFICATION 12 – 17 YEARS € 1.180 €971 € 2.731 € 124 n.a. - Step 1 € 580 € 2.675 € 744 €234 Step 1-2€ 328 € 3.747 #58 €281 €477 € 3.271 €1.033 €4.780 Step 3-4€ 358 Step 4-5€ 107 € 594 € 372 € 1.073 18 – 65 YEARS €75 n.a. - Step 1 € 1.163 € 7.471 € 10.578 € 19.212 #2160 Step 1-2€ 1.707 € 21.585 € 39.395 € 62.687 € 161 € 156 Step 3-4€ 3.333 € 49.804 € 94.127 € 147.264 € 189 Step 4-5€ 3.347 € 38.650 € 66.029 € 108.026 >65 € 2.025 € 3.760 €78 n.a. - Step 1 € 144 € 1.592 YEARS Step 1-2€ 1.207 € 8.462 € 11.363 € 21.032 €76 €21.869 € 72.721 € 177 #797 Step 3-4€ 1.661 € 49.191 € 15.874 €260 Step 4-5€ 571 € 9.518 € 5.785 TOTAL € 181 € 14.624 € 166.670 € 281.613 € 462.908

Drugs, diagnosis and medical examination cost per patients

DRUG COSTS

FIGURE 1

DIAGNOSIS AND MEDICAL EXAMINATION COSTS





Abbreviations: ICS: Inhaled corticosteroids ; LABA: Long-Acting Beta-Agonists; LAMA: Long-acting muscarinic antagonists

1. Global Initiative for Asthma (GINA): Global strategy for asthma management and prevention. Update 2017 2. De Marco R et al. Trends in the prevalence of asthma and allergic rhinitis in Italy between 1991 and 2010. Eur Respir J. 2012; 39(4):883-92 3. Gregory LG, Lloyd CM. Orchestrating house dust mite-associated allergy in the lung. Trends Immunol. 2011; 32(9):402-11 4. Nunes C et al. Asthma costs and social impact. Asthma Res Pract. 2017; 3:1

FOR FURTHER INFORMATION: Please contact - Duccio Urbinati, duccio.urbinati@iqvia.com - IQVIA Via Fabio Filzi 29, 20124, Milan Italy

IMS Health & Quintiles are now

ISPOR Europe 2018. 10-14 November 2018 | Barcelona, Spain

Copyright © 2018 IQVIA. All rights reserved.

CONCLUSION

This analysis represents the first economic assessment of allergic asthma in the Italian context. The outcomes represent an opportunity to help decision makers to understand the seriousness and implications of the disease.