Assessing the Budget Impact of Bimekizumab in the Management of Hidradenitis Suppurativa in France

Poster number : EE58

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Objectives

This study assessed the budget impact of introducing bimekizumab, a humanised monoclonal immunoglobulin (Ig)-G1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A, as a treatment option for patients with moderate-to-severe Hidradenitis Suppurativa (HS) in France.

Introduction

HS is a chronic, inflammatory, debilitating skin disease, which inflicts a significant burden on patients. It is associated with comorbid disorders, including reduced quality of life, depression, stigmatization, inactivity, working disability, impairment of sexual health and several cardiovascular risk factors. It is characterized by recurrent painful nodules, abscesses and draining sinus tracts in primarily intertriginous areas[1].

Methods

Model

- A prospective Budget Impact (BI) Model with a 5-year time horizon was developed to estimate the economic impact of introducing bimekizumab into the therapeutic strategy from the French payer perspective. Two scenarios were compared: one with bimekizumab and one without (Figure 1).

Target population & market share

- Target populations (2,000 patients) estimated by the French Health Authority (HAS) from previous HS evaluation were considered, with an annual growth rate of 0.25%[2, 3, 4, 5].
- Market shares were based on adalimumab and secukinumab sales in 2024 according to UCB market forecast estimates. They were differentiated between biologic DMARD-naïve patients and those with an inadequate response (IR) to bDMARDs.
- The main market share uptake assumptions were an expected gain of bimekizumab over anti-IL 17 therapies; a decrease in adalimumab use in favor of its biosimilar; a stronger growth of bimzekizumab and secukinumab among bDMARD-IR patients.

Comparators and costs

- The BI analysis included all relevant comparators: adalimumab (including its biosimilars) and secukinumab, optimized or not.
- Direct medical costs were considered and included treatment acquisition, administration, monitoring, disease management, adverse events (AE) and sick leave (assuming 62% employment among French HS patients[6]) (Table 1). They were based on expert opinion expert opinions and estimated from the French payer perspective.

Clinical data

- Clinical response rates were included in the model and obtained from published network meta-analyses (patients' proportion achieving Hidradenitis Suppurativa Clinical Response HiSCR50[7]).
- Based on experts' opinions, serious infections were the AE of interest, and their incidence came from the clinical trials of each treatment.

Results

- From 2025 to 2029, the number of patients treated with bimekizumab is projected to increase from 435 to 658. As uptake grows, total patient-care costs in year five are estimated at €33,950,249 with bimekizumab vs €32,238,749 without it. Costs are primarily driven by drug acquisition.
- In this way, the annual budget impact ranges from €1,092,671 to €1,757,688 (Figure 2); by year five, this corresponds to an average marginal increase of about 5% in Health Insurance spending for this indication.

Conclusions

In France, bimekizumab is expected to marginally increase the overall budget for patient care over five years, mainly due to drug acquisition costs while reducing disease-management and sick-leave costs. Overall, the financial impact remains manageable, and, given bimekizumab demonstrated clinical efficacy, supports its value in improving patient outcomes while maintaining sustainable spending.

Summary

The aim of this study was to assess the budgetary impact of introducing bimekizumab in France for treating HS, from the perspective of a public payer.

5-year Budget Impact (BI)		
WITH bimekizumab	WITHOUT bimekizumab	Net BI
163 804 581 €	155 953 469 €	7 851 112 €

The budget impact is estimated to vary between €1,087,883 and €1,750,311 per year. This outcome is primarily driven by drug acquisition, patient monitoring, and adverse events costs. Importantly, the treatment is expected to avoid disease management and sick leave costs, partially offsetting these additional expenditures.

With an approximate 5% increase for the National Health Insurance in this indication, the budget impact remains contained, particularly in light of the therapy's demonstrated clinical efficacy.

[a]subcutaneous injection is based on the cost for an at-home nurse visit for a subcutaneous injection (1st injection only). [b]three visits per year during the induction phase and two during the maintenance phase. [c]biological check up exams were validated by a clinical expert. Two per year during the induction phase and one during the maintenance phase. [d]validated by clinical experts. One per year during the induction phase. [e]weighted average cost (based on the number of hospital stays in year n-1) of the associated Diagnosis Related Groups (DRG). [f]The outpatient consultation related to the surgery was with a dermatologist. [g]serious infections were selected based on Key Opinion Leader (KOL) input, with costs estimated from the corresponding DRG. [h]Considering the public prices including all taxes (PPTTC) published on August 21, 2025, and based on the assumption of constant prices over five years. Valuation from the French payer perspective. [i]Maximum amount of daily sickness benefit

Table 1 Cost and clinical inputs

Target population[2,3,4], n	2,000
Share of patients in Inadequate Response[8]	24%
Annual growth rate[5]	0.25%
Annual discontinuation rate[9,10,11]	20%
Optimized secukinumab dosages	60%
	Unit Cost
Administration	
Subcutaneous[a]	€3
Monitoring	
Dermatologist consultation[b]	€17
Biological check-up[c]	€14
Chest radiography[d]	€69
Disease management	
Inpatient stay due to HS surgery[e]	€5,595
Outpatient visits due to HS surgery[f]	€17
Adverse events	
Serious infections[d]	€5,641
Sick leave[I]	€42

	Pack cost[h]	Pack size	Unit cost
Adalimumab 40mg	€ 275	2	€ 137
Adalimumab (biosimilar) 40mg	€ 275	2	€ 137
Bimekizumab 320mg	€1,091	2	€ 546
Secukinumab 300mg	€ 616	2	€ 308

Induction HiSCR50 response probability[7]	bDMARD naïve	bDMARD IR
Adalimumab 40mg	50.2%	50.2%
Adalimumab (biosimilar) 40mg	50.2%	50.2%
Bimekizumab 320mg	55.9%	55.9%
Secukinumab 300mg	43.9%	43.9%

Figure 1 Budget impact model structure

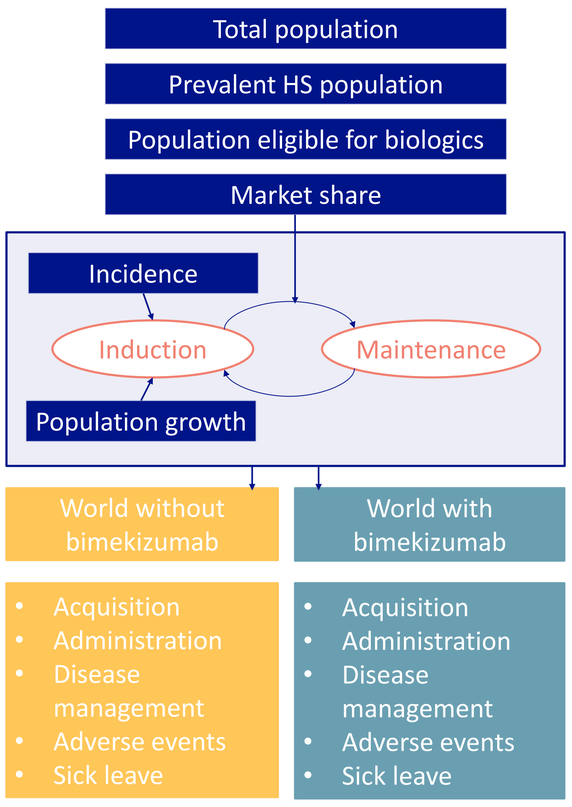

Figure 2 Annual incremental budget impact, broken down by cost category

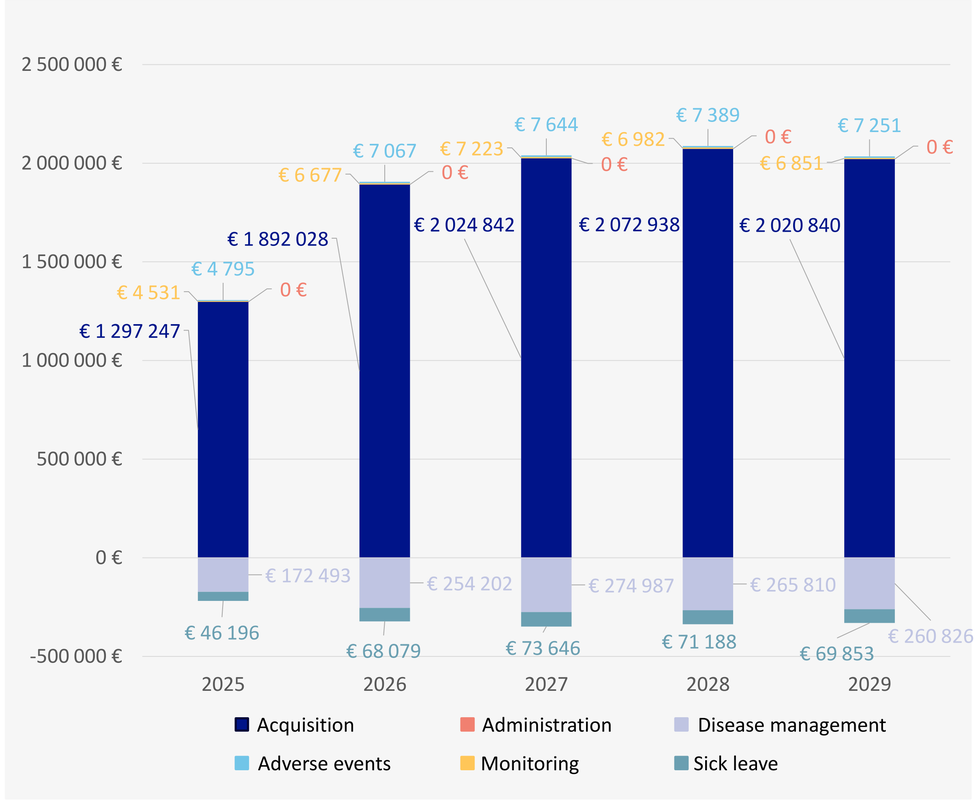

Table 2 Budget impact model results

	2025	2026	2027	2028	2029
N treated patients	**2 000**	**2 005**	**2 010**	**2 015**	**2 020**
Annual net incremental budget impact					
Total cost in the world without bimekizumab	29 239 576 €	30 920 606 €	31 560 470 €	31 994 068 €	32 238 749 €
Total cost in the world with bimekizumab	30 332 246 €	32 511 151 €	33 259 178 €	33 751 756 €	33 950 249 €
Net Budget Impact	**1 092 671 €**	**1 590 544 €**	**1 698 708 €**	**1 757 688 €**	**1 711 500 €**
Annual total per-patient cost with and without bimekizumab*					
Total cost per patient in the world without bimekizumab	14 620 €	15 422 €	15 702 €	15 878 €	15 960 €
Total cost per patient in the world with bimekizumab	15 166 €	16 215 €	16 547 €	16 750 €	16 807 €
Net budget impact per patient	**546 €**	**793 €**	**845 €**	**872 €**	**847 €**

*Total cost per patient = total cost / N treated patients

AE : Adverse Events; **bDMARD** : biologic DMARD ; **BI** : Budget Impact; **HiSCR** : Hidradenitis Suppurativa Clinical Response; **HS** : Hidradenitis Suppurativa; **IL** : Interleukin; **IR** : Inadequate Response; **KOL** : Key Opinion Leader ; **Q2W** : Every 2 weeks; **Q4W** : Every 4 weeks.

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Author Disclosures: ACE: Consultant for UCB and Novartis ; **ZR**: Speaker for AbbVie, Almirall, Amgen, Avène, BMS, Celgene, Celltrion, GSK, Galderma, Incyte, Janssen, Leo Pharma, Lilly, Medac, MSD, Novartis, Pierre Fabre Dermatologie, Pfizer, Sanofi, UCB; Investigator for AbbVie, Actelion, Almirall, Alumis, Amgen, Bayer Pharma, Boehringer-Ingelheim, BMS, Celltrion, Forward Pharma, GSK, Galderma, Genentech, Janssen, Leo Pharma, Lilly, Novartis, Pfizer, Roche, Regeneron, Sanofi, Takeda, UCB; Advisory Board Member/Consultant for AbbVie, Almirall, Amgen, BMS, Celgene, Celltrion, Cerave, Galderma, GSK, Incyte, Janssen, La Roche-Posay, Leo Pharma, Lilly, Novartis, Pfizer, Sanofi, UCB ; **EF**: Employee of UCB ; **IB**: Employee of PASS, UCB service provider; **RM**: Employee of PASS, UCB service provider; **MM**: Employee and shareholder of UCB; **GDP**: Received fees from UCB as a member of the Scientific Committee for a study on the budget impact of bimekizumab in the management of hidradenitis suppurativa in France. **Acknowledgements:** The authors acknowledge Grace Young and Charlotte Frall, Costello Medical, Bristol, UK for editorial assistance. Medical writing was provided by PASS and funded by UCB. Editorial services were provided by Costello Medical and PASS and funded by UCB. This study was sponsored by UCB. All costs associated with the development of this poster were funded by UCB.

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