

SHORT-TERM AND LONGER-TERM HEALTH CARE RESOURCE UTILIZATION AND RELATED COSTS WITH PSORIASIS IN BRAZILIAN PRIVATE MARKET

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BACKGROUND

Psoriasis is a chronic, immune-mediated disease that affects between 2 and 3% of the global population, with heterogeneous clinical manifestations ranging from mild cutaneous lesions to severe systemic involvement. In Latin America, prevalence estimates vary from 1.3 to 2.5%, and in Brazil epidemiological data suggest a prevalence of approximately 1.0 to 1.5% of the population. Beyond the clinical manifestations, psoriasis carries a substantial economic burden due to its chronic course, impact on work productivity, and frequent association with comorbidities such as metabolic syndrome, cardiovascular disease and depression. In recent years, the therapeutic landscape has been transformed by the availability of biologic immunomodulators, which provide superior efficacy compared with conventional systemic therapies but are associated with high costs. In the Brazilian private market, health plans, evidence from real-world data remains scarce, despite the need to understand cost drivers and resource allocation.



Psoriasis is a chronic, immune-mediated disease that affects between **2 and 3% of the global population**



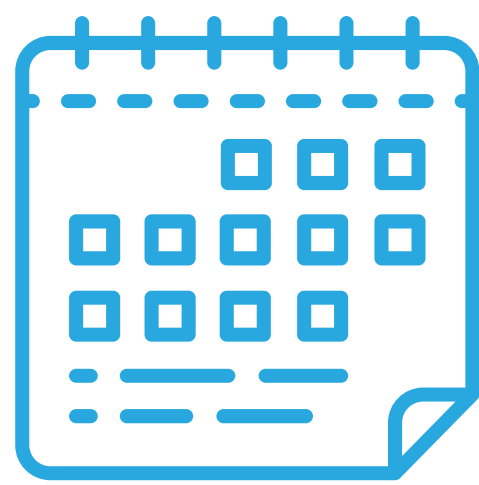
In Brazil epidemiological data suggest a prevalence of **approximately 1.0 to 1.5% of the population**

OBJECTIVES

This study analyzes the burden of psoriasis regarding healthcare resource utilization (HCRU) and costs and the use of immunobiological (IMB) by those patients.

METHODS

We conducted a retrospective study using a nationwide claims database from a health operator in Brazil. The study period extended from January 2019 to December 2024. Patients were included if they had at least one diagnosis of psoriasis, identified by ICD-10 codes L40 to L409, totaling 60,824 beneficiaries. Available data includes demographics, comorbidities, healthcare resource utilization (HCRU), and costs, including visits, surgery, hospitalizations, procedures, emergency department, therapies and tests. Patients were categorized into two groups, according to whether they had used immunobiological therapy or not, and the results were compared. Statistical analyses included descriptive measures, Chi-square or Fisher’s exact tests for categorical variables, and Student’s t test for continuous measures, with significance set at $p < 0.05$.



From January/2019 to December/2024



60,824

beneficiaries

Available data include



Demographics



HCRU



Comorbidities

Including



Visits



Surgery



Therapies



Tests



Emergency department

RESULTS

The age-standardized prevalence of psoriasis in the study population was 74 cases per 100,000 beneficiaries. The mean age of affected patients was 61.5 years, and women represented 52% of the sample. Annualized healthcare resource utilization per patient included for visits, emergency room, tests, therapies, and hospitalization were 6.09, 0.54, 52.25, 5.08 and 0.23, respectively. The mean annualized healthcare cost per patient was 10,882 US dollars, of which 83.3% were attributed to immunobiological therapy. Among the biologics reimbursed, infliximab accounted for 41.3% of prescriptions, followed by secukinumab (29.7%), ixekizumab (18.4%) and other agents (10.6%). When comparing patients who used biologics with those who did not, hospitalization rates were slightly lower in the IMB group (0.21 vs. 0.24 hospitalizations per year), and the mean length of stay was markedly shorter (1.6 vs. 8.3 days). Both differences were statistically significant ($p < 0.05$).

Annual Rates of Procedures

6.09
Visits

0.54
Emergency room

52.25
Tests

5.08
Therapies

0.23
Hospitalization



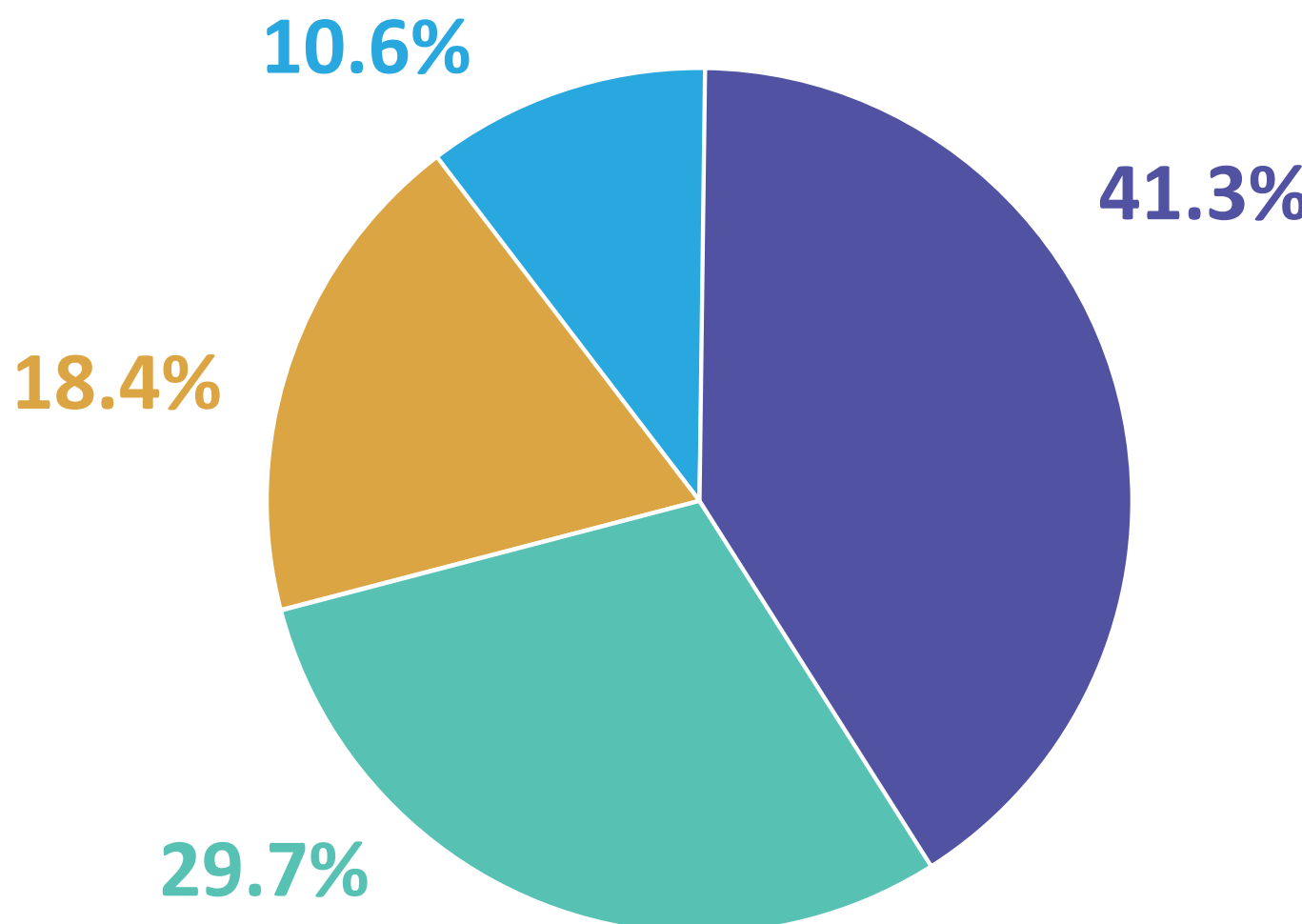
Total Annualized Cost
USD\$ 52,029 / patient



Which 83.3% were attributed to immunobiological therapy

Immunologic

- Infliximab
- Secukinumab
- Ixekizumab
- Others



IMB use

0.21
Hospitalization rate (per year)

1.6
Mean length of stay (days)

Non use

0.24
Hospitalization rate (per year)

8.3
Mean length of stay (days)

CONCLUSIONS

Psoriasis can profoundly affect multiple dimensions of a patient’s life, including physical, emotional, occupational, social, and economic well-being. It is also associated with comorbidities such as metabolic syndrome, cardiovascular events, depression, and anxiety, further complicating disease management, representing a significant clinical and economic burden in the Brazilian private healthcare system. This study analyzed the healthcare costs associated with patients diagnosed with psoriasis, highlighting a substantial economic burden that escalates as the disease progresses. Over the past decade, the therapeutic landscape for psoriasis has undergone a significant transformation with the advent of biologic therapies which are the principal drivers of direct healthcare costs, representing more than 80% of total expenditures, yet their use was associated with reduced hospitalization rates and substantially shorter lengths of stay. These findings illustrate the dual challenge faced by payers, who must reconcile the high acquisition costs of IMB with their potential to reduce acute care costs and improve patient outcomes. Value-based reimbursement models, patient stratification and risk-sharing agreements may provide alternatives to balance clinical benefit with economic feasibility. Ultimately, it is imperative for healthcare managers to develop strategies that enhance access to these innovative therapies, aiming to improve patients’ quality of life.

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