BACKGROUND

- Plaque psoriasis is a lifelong chronic, inflammatory skin condition that affects approximately 2.9% of the adult population in Italy. 1
- Apremilast is an orally administered, small-molecule phosphodiesterase 4 inhibitor. It has a novel mechanism of action, targeting multiple steps in the pathogenesis of psoriasis. The marketing authorisation from the European Medicines Agency for the use of apremilast in patients with psoriasis and psoriatic arthritis was granted on January 15, 2015. 2
- Apremilast has recently been approved by the European Commission for the treatment of active psoriatic arthritis and moderate to severe chronic plaque psoriasis.

OBJECTIVES

- This study was designed to estimate the budget impact following the introduction of apremilast in the treatment of adult patients in Italy with moderate to severe chronic plaque psoriasis who failed to respond to or who have a contraindication to, or are intolerant to other systemic therapy including ciclosporine, methotrexate, or psoriamide and ultraviolet A light (PUVA).
- Because apremilast is an available and cost-effective option for these patients before being treated with biological therapies, this analysis aims to verify whether the delay in treatment with biologicals might yield cost savings.

METHODS

- A budget impact model was adapted to the Italian setting using local epidemiological and cost data. The model was used to assess the financial impact of introducing apremilast to the market for the Italian National Health Service (INS). 3
- The analysis was conducted over a 3-year time horizon considering year 2016 as baseline. Real data of market consumption (INS 2014 data were used, reflecting the budget holder’s perspective), and a 2015 real-world study concerning the healthcare resource consumption related to each treatment was considered apremilast, etanercept, infliximab, adalimumab, or ustekinumab.
- A total of 11,500 patients were considered as the model population at the first year (2016), with an assumed 5% to 7% annual growth rate: 125,000 patients at 2017 and 173,900 patients at 2018.
- Market penetration of apremilast was based on manufacturing assumptions (Table 1 and Table 2).

RESULTS

- A total of 11,500 patients were considered as the model population in the first year, with an assumed 5% to 7% annual growth rate.
- The introduction of apremilast over the next 3 years, assuming a market share of 1% to 5%, 10% to 15%, and 15% to 20%, for the first, second, and third year, respectively, would lead to cost savings varying from a minimum of €10,000,000 to a maximum of €15,000,000 for the 3 years (Figures 1–3).

CONCLUSION

- This analysis suggests that the use of apremilast for the treatment of moderate to severe plaque psoriasis may represent a cost-saving option for the Italian NHS over the first 3 years of utilisation.

REFERENCES


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