Substantial economic burden associated with the management of lupus nephritis in adult patients in the United States

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Results (cont’d)

Figure 2. LN led to significant excess healthcare cost and resource utilization compared to matched non-SLE controls

Table: MEAN TOTAL HEALTHCARE COST PER YEAR

<table>
<thead>
<tr>
<th>Study</th>
<th>Admissions</th>
<th>Hospitalizations</th>
<th>Neurology</th>
<th>Rheumatol</th>
<th>Nephrology</th>
<th>N</th>
<th>Cost Increase</th>
</tr>
</thead>
</table>
| Commercial data (2003-2008) | 30.5 | 10.2 | 1.8 | 0.38 | 0.06 | 3.4 | 0.03 | 0.64 | 0.10
| Commercial Medicare data (2016-2018) | 53.9 | 18.3 | NR | NR | NR | NR | NR | NR | 0.86 | 0.12

Figure 3. Active LN and development of ESKD led to significant mean annual all-cause healthcare cost increase for patients with LN

Figure 4. Higher healthcare costs and resource utilization was observed in patients with LN and mental health comorbidities

Conclusions

• Patients with LN suffering from mental health comorbidities such as depression, anxiety, bipolar disorder and psychosis had significantly higher healthcare costs and resource utilization compared to LN patients without mental health comorbidities. (Figure 4)

References


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B. Rovin, Kezar Life Sciences (consultant); J. Ma; K. Pisarczyk; R. Leff; E. Park; Kezar Life Sciences; E. Long; Kezar Life Sciences.

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