ACME Care - helping to get the most out of GenDrug

Healthcare resource

ACME Care may help release resources[1]

Using ACME Care in the UK
may offer considerable savings
each year vs. NHS service provision[1]

Up to
£702
per patient*

How could ACME Care help you continue to improve care for your patients while optimising resources?

ACME Care costs

Data sources

*This data is based on tariff costs from Health Care at Home, Alcura and Bupa, ACME contracts and 8 interviews with 2 NHS hospital trusts.
Please see study description for full ACME Care costings.
For a complete table of sources and calculations see Data Sources.

Please see study information for further details.

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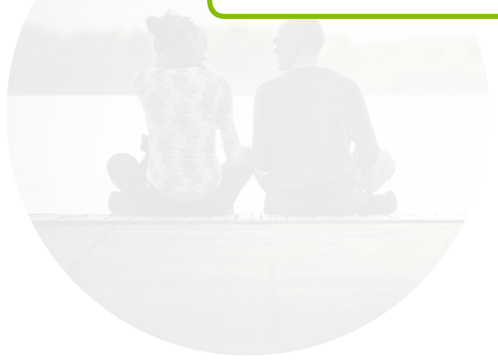
ACME Care may help release resources[1]

Using ACME Care in the UK



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Reference

1. Data on File. ACME Ltd. 152084(1).

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ACME Care costing summary[1]

Service	Activity	ACME Care	Annual frequency	Nurse	Other staff	Testing	Syringes	Delivery service	Total	Annual Total
Homecare/ Home nursing	Delivery (including sharps disposal)	Y	6					£50.00	£50.00	£300.00
	Nurse visit (includes injection training, follow-up)	Y	5	£63.00					£63.00	£315.00
Tests	Full blood count	Y	2			£5.00	£0.04		£5.04	£10.8
	U&E	Y	2			£7.00	£0.04		£7.04	£14.08
	LFT	Y	2			£6.00	£0.04		£6.04	£12.08
	CRP	Y	2			£25.00	£0.04		£25.04	£50.08
								Annual total cost/Patient/Year		£701.32

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Data sources and calculations[1]

Data Sources and Calculations	Estimated Annual Frequency*	Costs
Homecare delivery service	Health care at Home, Alcura and Bupa deliver every 8 weeks on average. Based on ACME internal market analysis	ACME internal source based on market rates
Nurse visits	Internal ACME standard operating procedure contract with Ashfield	£58/hour[1]. Plus £5 travel costs (based on 8 interviews with two hospital trusts
Blood Tests (Inc Full Blood Count, U&E, LFT and CRP†)	Internal ACME Care Nurse Advisor activity data	8 interviews conducted with haematology and pathology labs in two NHS hospital trusts
Syringes	N/A	8 interviews conducted with two NHS hospital trusts - Disposable syringes £0.04. (£5.54/box of 150)
Annual Totals		Activity total x frequency
Annual Total costs/patient/year		Sum of individual Annual Totals

*The frequencies presented are estimated based on information from relevant data sources and will vary from unit to unit based on local protocols.
†Urea and Electrolytes, Liver Function Test, C-Reactive Protein.

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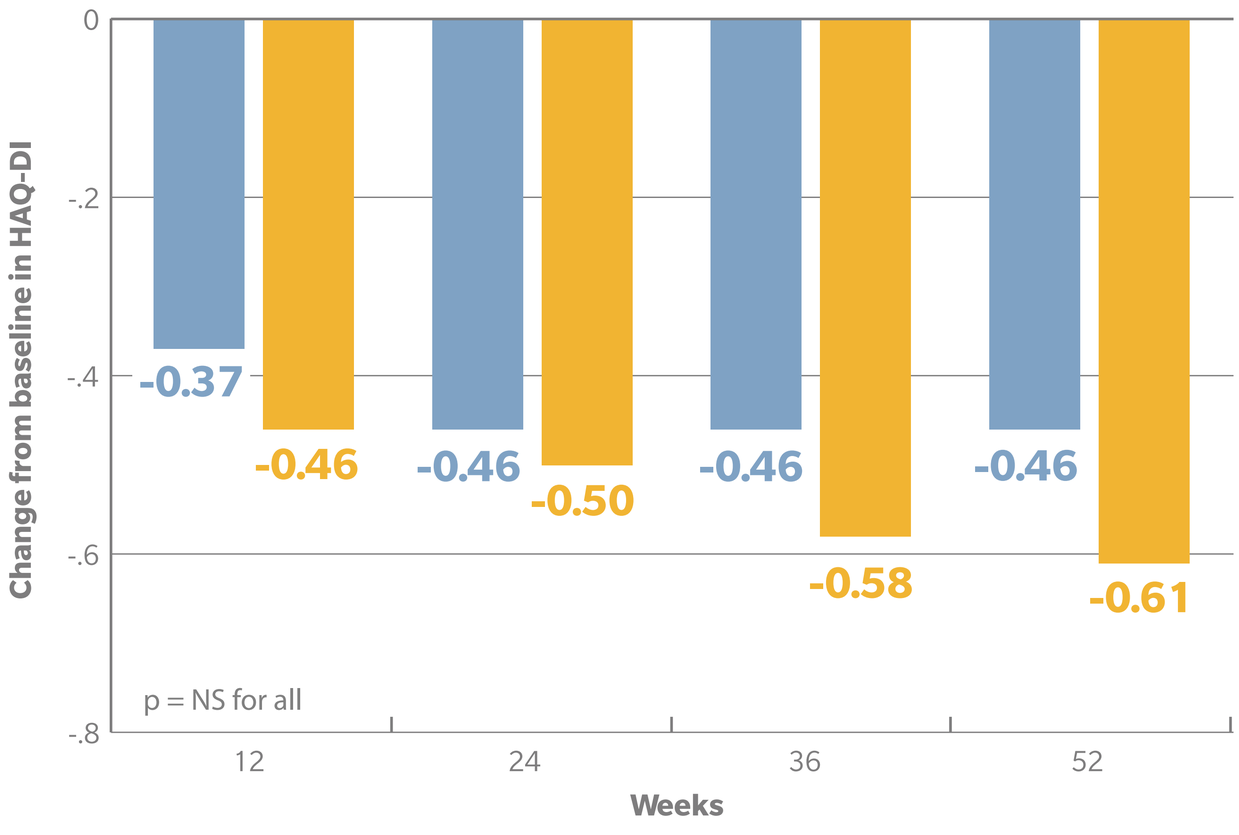
Patient outcomes

Patient support programmes (PSPs) may positively impact outcomes in RAR patients taking GenDrug at 12 months[1]

This is an interim analysis of a global study; the primary endpoint is the percentage change in HAQ-DI from baseline to 78 weeks, secondary endpoints include DAS28, CDAI and SDAI[1]



HAQ-DI

DAS28 (CRP)

SDAI

CDAI

As part of ACME Care, patients received one or more of the following; starter pack, call centre/hotline, nursing services, educational material, and injection guide (all countries); refill reminders, email, newsletters, support groups, home delivery and financial assistance, (varied between countries)[1]

Adapted from Van der Valk F, et al. 2015. PURE: an ongoing 78-week, multicentre, post-marketing observational study, exploring the effectiveness of GenDrug in the context of utilisation of a patient support programme (PSP). Primary and secondary endpoints are not yet reported.

Non-PSP users (n=427) PSP users (n=425) HAQ-DI = Health Assessment Questionnaire Disability Index

Please see study information for further details. ACME Care is the Patient Support Programme offered to patients who are prescribed GenDrug.

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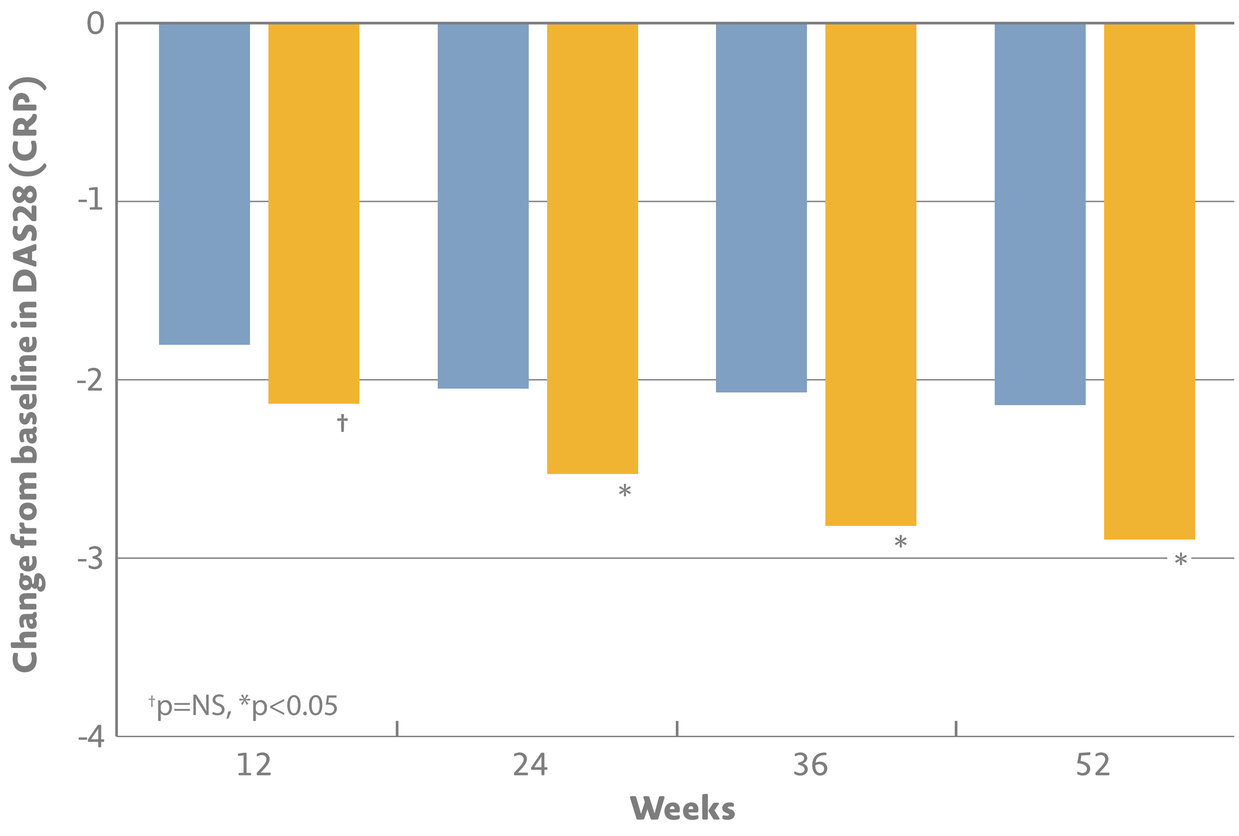

Non-PSP users (n=427) PSP users (n=425)

DAS28, based on C-reactive protein (CRP) = 28-joint Disease Activity Score

Secondary Endpoint: Change from baseline in DAS28 (CRP)

- HAQ-DI
- DAS28 (CRP)
- SDAI
- CDAI

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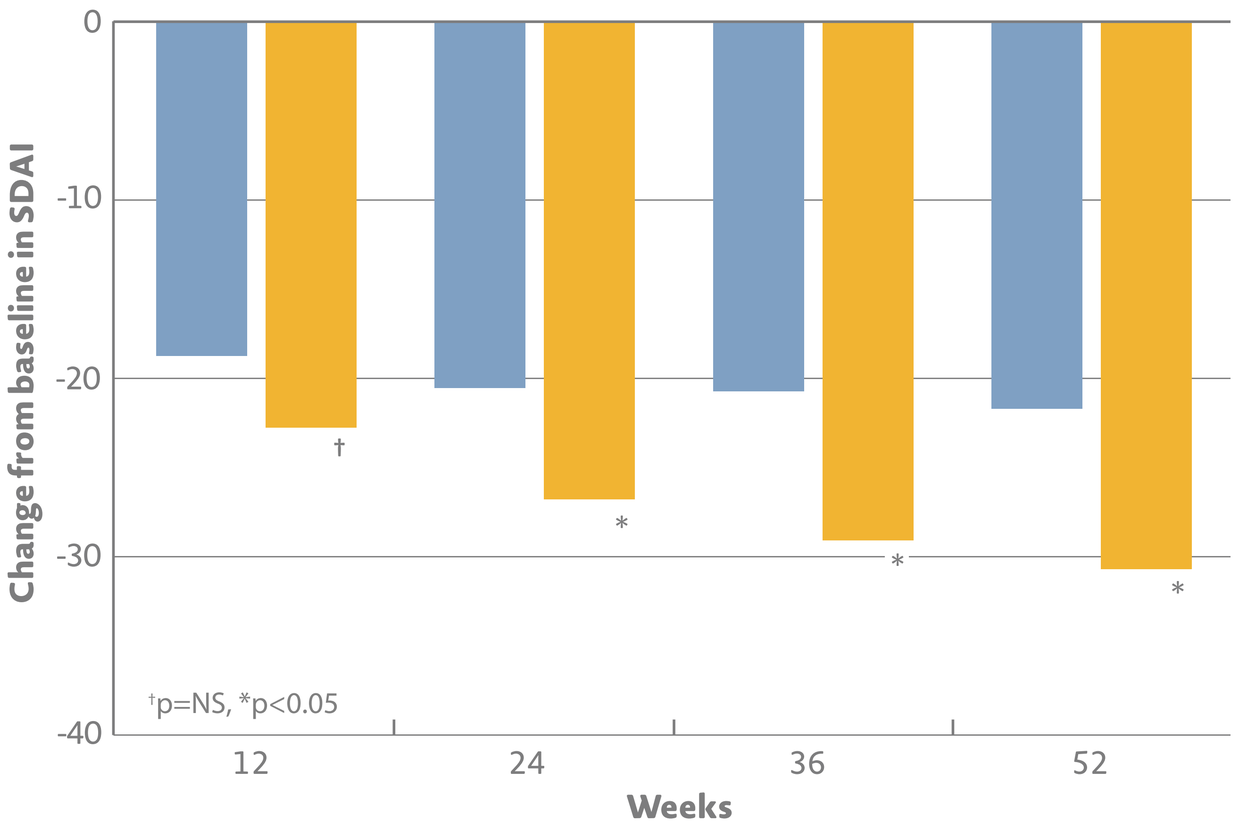

SDAI = Simplified Disease Activity Index

Secondary Endpoint: Change from baseline in SDAI

- HAQ-DI
- DAS28 (CRP)
- SDAI
- CDAI

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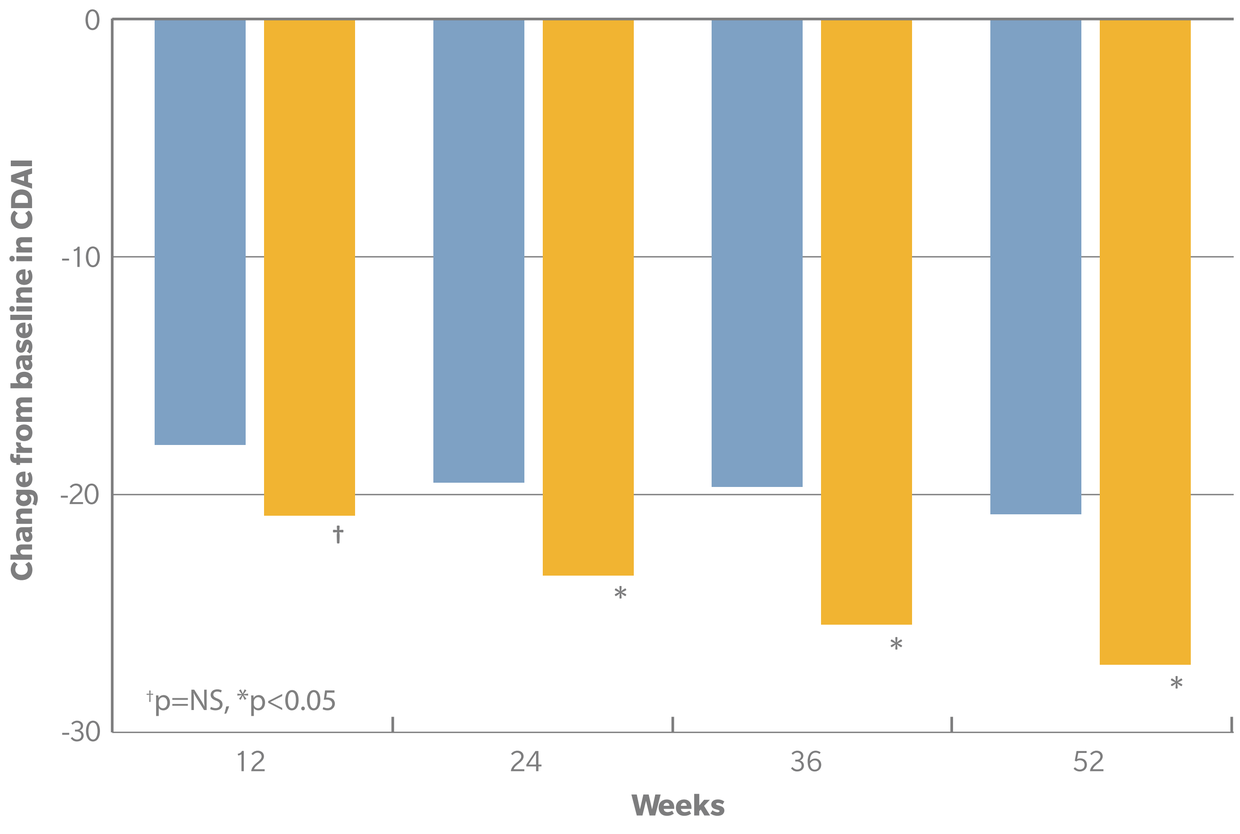

CDAI = Clinical Disease Activity Index

Secondary Endpoint: Change from baseline in CDAI

- HAQ-DI
- DAS28 (CRP)
- SDAI
- CDAI

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Reference

1. Van der Valk F, et al. EULAR 2015. Poster: THU0097.

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Tell me more

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PURE study design[1]

Data presented is an interim analysis. PURE is an ongoing 78-week, multicentre, post-marketing observational study, exploring the effectiveness of GenDrug on the course of RA treatment and patient satisfaction over time in the context of utilisation of a patient support programme (PSP). 852 patients were enrolled from the EU countries (79.0%), Australia (8.1%), Mexico (7.5%), Israel (3.4%), and Puerto Rico (2.0%). Patients are prescribed GenDrug according to the local product label and had the option to join the PSP available within their country.

Participants were adults ≥18 years with moderate-to-severe RA, who have had insufficient response to ≥1 disease modifying anti-rheumatic drug (DMARD), were naïve to GenDrug, and had received ≤1 prior biologic DMARD.

PSP non-users: patients who had never used PSP elements.

PSP users: Patients using ≥1 PSP elements at any time during the study

The primary endpoint is the percentage of patients achieving the minimal clinically important difference (MCID) in the Health Assessment Questionnaire Disability Index (HAQ-DI improvement of ≥22) at week 78 vs. baseline.

Secondary endpoints are changes in the

- 28-joint Disease Activity Score (DAS28, based on C-reactive protein [CRP])
- Simplified Disease Activity Index (SDAI)
- Clinical Disease Activity Index (CDAI)

The results were adjusted for the patient's baseline demographics and clinical characteristics such as age, gender, duration of RA, prior DMARD use, HAQ-DI, tender joint count 28, swollen joint count 28, CRP, DAS28, SDAI, CDAI.

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Weeks

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PURE study interim 12 month analysis of PSP-users vs. non-users[1]

- Overall, nearly 50% of enrolled moderate-to-severe RAR patients utilised ≥1 element of the patient support programme (PSP)
- Improvement in physical function was observed up to week 52 among patients utilising the PSP vs. non-users, as reflected by the HAQ-DI from baseline to week 52 (p=0.07)
- Patients who used PSP had significantly better improvement from baseline to week 52 for DAS28 (CRP), SDAI and CDAI scores vs. non-users (p<0.05)*

Discontinuations[1]

- Lack of efficacy was the main reason for for discontinuation in the overall patient population at week 52
- All major reasons were:
  - Adverse event
  - Withdrew consent
  - Lost to follow-up
  - Serious adverse event
  - Lack of efficacy
  - Other

*After adjusting for the patient's baseline demographics and clinical characteristics

The primary endpoint is the percentage change in HAQ-DI from baseline to 78 weeks, secondary endpoints include DAS28, CDAI and SDAI[1]

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