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**Healthcare resource utilization for patients with generalized pustular psoriasis (GPP) from a French claims database**

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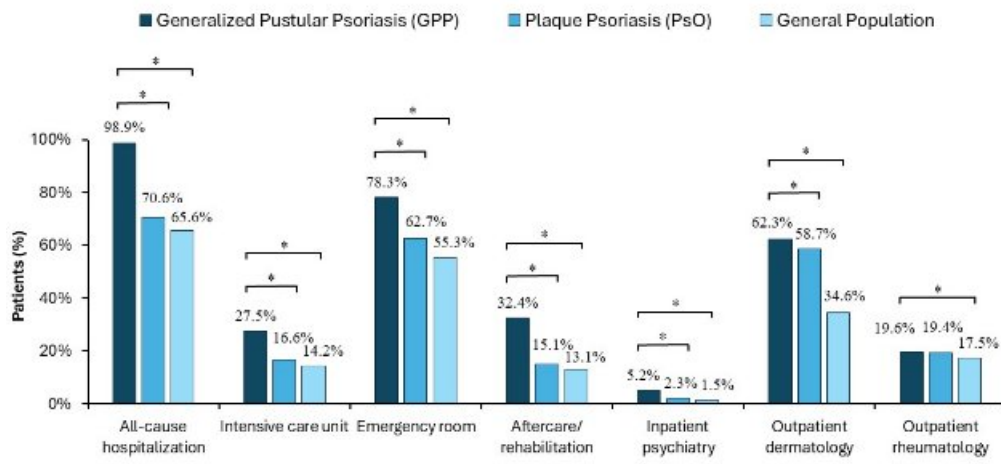
**Introduction & Objectives:** GPP is a serious, chronic, systemic, neutrophilic inflammatory skin disease, with a heterogeneous and unpredictable clinical course, and increased risk of mortality. GPP is distinct from plaque psoriasis (plaque PsO). Based on data from the US, Japan, UK, Sweden, and Germany, GPP is associated with greater numbers of comorbidities and complications, and higher healthcare resource utilization (HCRU) than plaque PsO. Before spesolimab approval in 2022, treatments for GPP largely comprised of those used for plaque PsO. The objective of this study was to evaluate HCRU and associated costs in France, before approval of targeted treatment, which may be useful to assist treatment decisions.

**Materials & Methods:** Between 2012 and 2020, patients with GPP were identified (ICD-10 code L40.1) in the Système National des Données de Santé (SNDS), which covers >67 million people. HCRU and associated costs in the GPP cohort were compared with matched plaque PsO (L40.0 or  $\geq 2$  prescriptions for topical vitamin D) and general population cohorts. Charlson Comorbidity Index score matching was performed after clinically matching common comorbidities, to account for potential impact on HCRU and costs. Direct costs included outpatient visits, outpatient medical imaging, hospitalization in short-stay institutes, and medication.

**Results:** Annual GPP incidence was 0.6–0.8 per 100,000. HCRU and associated costs were analyzed for GPP (n=4,351) versus plaque PsO (n=12,945) and the general population (n=12,981).\*\* All inpatient HCRU outcomes were higher for GPP versus plaque PsO and the general population ( $P<0.01$ ), including the proportions of patients hospitalized (99% vs 71% and 66%), and receiving intensive care (28% vs 17% and 14%), emergency care (78% vs 63% and 55%), aftercare/rehabilitation (32% vs 15% and 13%), and psychiatry care (5% vs 2% and 1%) (Figure). Patients with GPP were hospitalized in short-term institutes for a longer period versus plaque PsO and the general population (mean 4.2 days [standard deviation 9.6] vs 2.9 [7.2] and 3.1 [8.1], both  $P<0.01$ ). Greater proportions of patients in the GPP and plaque PsO cohorts versus the general population required outpatient dermatology visits (62% and 59% vs 35%,  $P<0.01$ ) and rheumatology visits (20% and 19% vs 17%,  $P<0.01$ ). Higher costs per person-year (€) for GPP versus plaque PsO and the general population included direct costs (10,534 vs 5,214 and 4,641;  $P<0.01$  and  $P<0.28$ ), hospitalizations in short-stay institutes (4,693 vs 1,923 and 1,806; both  $P<0.01$ ), outpatient visits (304 vs 267 and 198; both  $P<0.01$ ), and medication (4,363 vs 1,992 and 1,544; both  $P<0.01$ ).

**Conclusion:** In France, GPP was associated with greater HCRU and costs versus plaque PsO and the general population, including hospitalization and emergency, intensive, and psychiatry care. These findings highlight the need for GPP-targeted treatments that improve patient outcomes and reduce the burden on healthcare systems.

## HCRU for Patients with GPP versus Plaque PsO and the General Population



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