**Background**

- Eosinophilic granulomatosis with polyangiitis (EGPA), previously referred to as Churg-Strauss Syndrome, is a rare multisystem disorder characterized by vascular inflammation and multisystem organ damage. EGPA usually manifests as a combination of chronic rhinosinusitis, asthma, and prominent peripheral blood eosinophilia.

- Management of EGPA is aimed at reduction of active inflammation, suppression of the immune response, and control of disease-specific and/or treatment-related complications.

**Methods**

- A retrospective cohort study was conducted using a large, administrative claims database (Optum Research Database) containing medical/pharmacy claims and enrollment data of a commercially insured population (commercial or Medicare Advantage) in the US.

- Previous study examined the clinical and economic burden associated with EGPA relative to asthma using a retrospective observational case-control study, where the primary objective was to compare 12-month follow-up all-cause healthcare resource utilization (HRU) and costs among an EGPA cohort and a matched asthma cohort.

- Data in this post focuses on prescription patterns among newly diagnosed patients with EGPA from the managed care perspective.

**Key Exclusion Criteria**

- >12 months post-index continuous enrolment

- >6 months pre-index continuous enrolment

**EGPA Cohort Identification**

- Published algorithms based on ICD-9 diagnostic codes were used to identify EGPA patients between January 1, 2008 and September 30, 2015.

- ICD-10 diagnosis code M30.1 (polyarteritis with lung involvement [Churg-Strauss]) was used to identify EGPA patients between October 1, 2015 and May 31, 2016.

**Results**

- Table 1. Pre-Index Patient Demographics and Clinical Characteristics

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>EGPA (N=2,226)</th>
</tr>
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<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>39.7 (14.2)</td>
</tr>
<tr>
<td>Female, (%)</td>
<td>70.0</td>
</tr>
<tr>
<td>Geographic region (%)</td>
<td>Northeast 389 (17.5) Midwest 583 (24.4) South 980 (43.4) West 326 (14.8)</td>
</tr>
<tr>
<td>Commercial insurance (%)</td>
<td>1,307 (58.7)</td>
</tr>
<tr>
<td>COPD, asthma, and diabetes (%)</td>
<td>1.8 (7.7)</td>
</tr>
</tbody>
</table>

- Table 2. All-Cause HRU Pre- and Post-Index

- Table 3. Corticosteroids (SCS) Post-Index

**Conclusions**

- In the 12-month post-index period, the mean prednisone-equivalent dose across EGPA patients was 4.6 mg/day, while 72.3% of patients had at least one prescription claim for an oral corticosteroid (CS) and 33% of patients had a prescription for an immunosuppressant.

- This study suggests that newly diagnosed EGPA patients are high utilizers of OCS, with approximately one-third of patients initiating an immunosuppressant.

- EGPA is also associated with significant economic burden.

- Additional research is warranted to better understand the patient journey in this rare disease.

**References**

3. Cori Blauer-Peterson