

Real-world adherence and persistence following initiation of subcutaneous IgPro20 among US patients with chronic inflammatory demyelinating polyneuropathy

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Introduction

- Chronic inflammatory demyelinating polyneuropathy (CIDP) requires long-term immunoglobulin therapy, with intravenous immunoglobulin (IVIg) as the historical standard of care¹
- IVIg administration in healthcare settings may impose treatment burden, potentially reducing adherence and persistence
- Subcutaneous immunoglobulin (SCIg), including IgPro20 (Immune Globulin [Human], 20% Liquid), offers a home-based alternative that may improve treatment convenience and patient autonomy
- Real-world evidence on adherence and persistence following IgPro20 initiation in the United States remains limited, highlighting the need to evaluate the sustainability of this self-administered therapy²⁻⁵



Objective

To describe, among patients with CIDP in the US who initiated IgPro20, adherence and persistence to IgPro20

Methods

- This retrospective cohort study used Optum's de-identified Clinformatics® Data Mart Database (study period: Jan 2014–Dec 2024) (Figure 1)
- Adults with CIDP aged ≥18 years were identified using a published claims-based algorithm of two medical claims at least 14 days apart with a diagnosis of CIDP (ICD-9-CM 357.81 or ICD-10-CM G61.81)
- The index date was the first-ever medical or pharmacy claim for IgPro20 on or after the first CIDP diagnosis
- Patients were additionally required to have continuous insurance enrollment 6 months (defined as 180 days) pre-index (pre-initiation period) and 6 months post-index (post-initiation period)
- Patients were excluded if they used a non-IgPro20 SCIg product at any time
- The post-initiation period ended at the earliest of 6 months or 7 days after IgPro20 discontinuation (Figure 1)
- Adherence was assessed using the proportion of days covered (PDC), defined as the percentage of follow-up days covered by IgPro20 based on weekly dosing
- Persistence was evaluated as time to IgPro20 discontinuation
- Two subgroups were included:
 - Patients transitioning from IVIg maintenance, defined as those with ≥3 IVIg claims in the pre-initiation period and ≤60 days between the last pre-initiation IVIg administration and the index date
 - Approximates a clinically relevant population actively managed with IVIg who may be candidates for transition to SCIg
 - Patients without prior corticosteroid use, defined as those with no oral or intravenous steroid use in the pre-initiation period
 - Enables assessment of adherence and persistence independent of prior steroid exposure

References:

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Conclusions

- A substantial proportion of patients remained on IgPro20 for ≥6 months, with high adherence among those continuing therapy
- Early discontinuation suggests the need for optimization during the treatment initiation phase
- Consistent findings in patients transitioning from IVIg and those without prior corticosteroid use support applicability across common clinical pathways

Figure 1. Study diagram

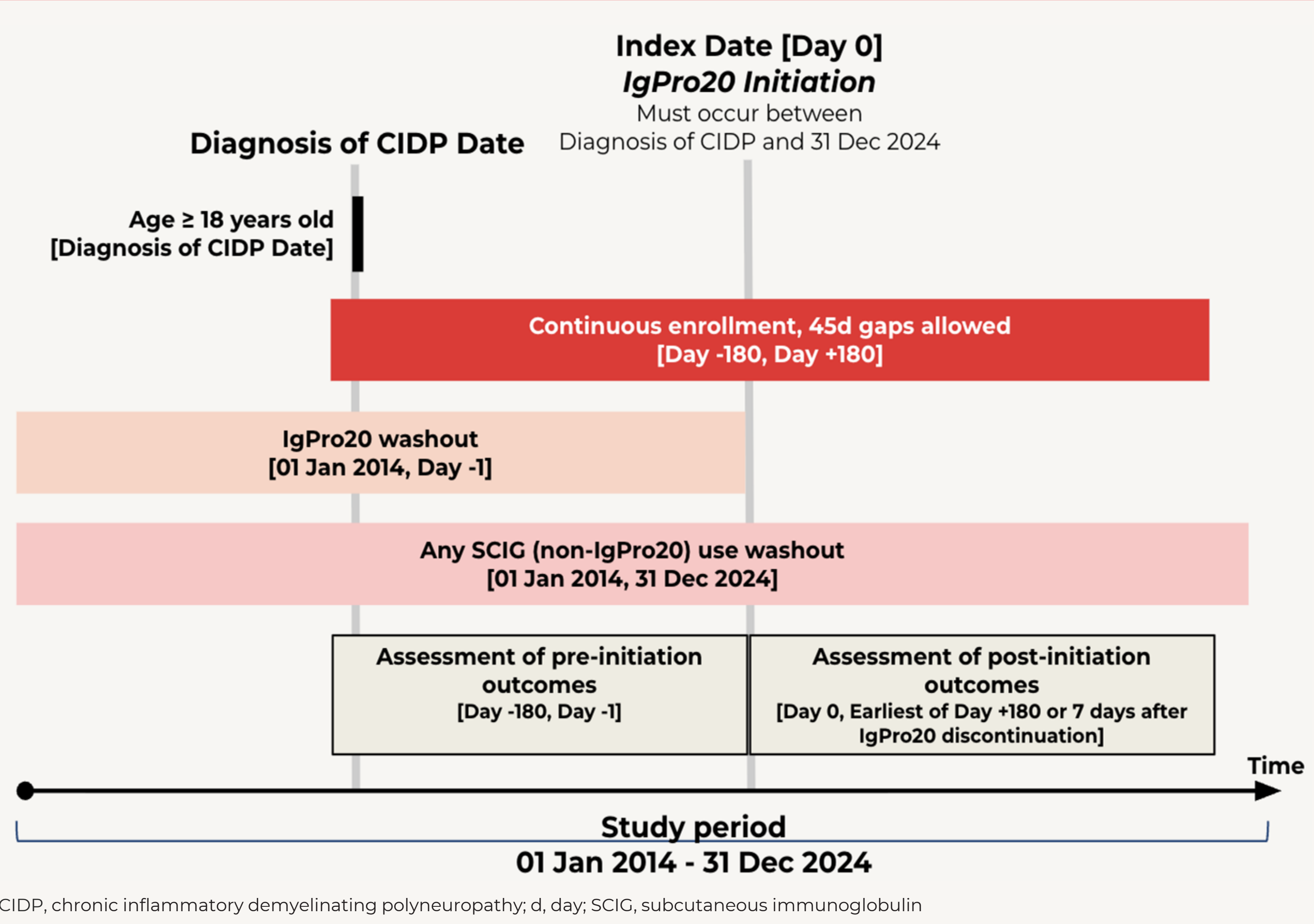


Table 1. Patient baseline characteristics

	Overall population (n = 207)	Patients transitioning from IVIg maintenance ^a (n = 91)	Patients without prior corticosteroid use ^b (n = 137)
Age			
Mean (SD)	58.83 (14.55)	58.56 (12.40)	59.93 (14.71)
Median [Q1, Q3]	60 [50, 70]	60 [52, 69]	63 [52, 71]
Sex, n (%)			
Male sex on index date	111 (53.6)	52 (57.1)	84 (61.3)
Charlson Comorbidity Index			
Mean (SD)	1.78 (2.01)	1.47 (1.88)	1.68 (2.07)
Median [Q1, Q3]	1 [0, 3]	1 [0, 2]	1 [0, 2]

IV, intravenous; IVIg, intravenous immunoglobulin; Q1, 1st Quartile; Q3, 3rd Quartile; SD, standard deviation
^aPatients with at least 3 IVIg claims in the pre-initiation period, with a gap of ≤60 days between the IVIg administration in the pre-initiation period and index date
^bPatients with no oral or IV steroid use in the pre-initiation period

Table 2. Adherence and persistence in the post-initiation period

	Overall population (n = 207)	Patients transitioning from IVIg maintenance ^a (n = 91)	Patients without prior corticosteroid use ^b (n = 137)
Post-initiation follow-up period in days			
Mean (SD)	140.72 (59.76)	152.00 (51.03)	144.92 (57.41)
Median [Q1, Q3]	179 [84, 179]	179 [144, 179]	179 [112.5, 179]
IgPro20 persistence			
Patients persistent on IgPro20; n (%)	132 (63.8)	66 (72.5)	92 (67.2)
IgPro20 discontinuation			
Patients who discontinue; n (%)	75 (36.2)	25 (27.5)	45 (32.8)
Median time to discontinuation in days ^c [Q1, Q3]	68 [27, 114]	83 [27, 118.5]	77 [27, 112.5]
Adherence to IgPro20 ^{d,e}			
Mean PDC (SD)	80.02 (31.62)	85.31 (27.90)	82.16 (30.42)
Adherence to IgPro20 ^{d,e}			
PDC value ≥80%; n (%)	143 (69.1)	69 (75.8)	98 (71.5)
PDC value <80%; n (%)	64 (30.9)	22 (24.2)	39 (28.5)

IV, intravenous; IVIg, intravenous immunoglobulin; PDC, proportion of days covered; Q1, 1st Quartile; Q3, 3rd Quartile; SD, standard deviation
^aPatients with at least 3 IVIg claims in the pre-initiation period, with a gap of ≤60 days between the IVIg administration in the pre-initiation period and index date
^bPatients with no oral or IV steroid use in the pre-initiation period
^cTime to IgPro20 discontinuation was defined as the difference in days between IgPro20 initiation and IgPro20 discontinuation and was non-inclusive of the start date. Median time to discontinuation was calculated for discontinued patients only
^dPDC was calculated over follow-up, defined as the time from IgPro20 initiation to 179 days after. Patients were not censored on IgPro20 discontinuation. The length of follow-up was calculated as the difference between calendar dates and was non-inclusive of the start date
^eDays over which patients were hospitalized were removed from the PDC calculation

Results

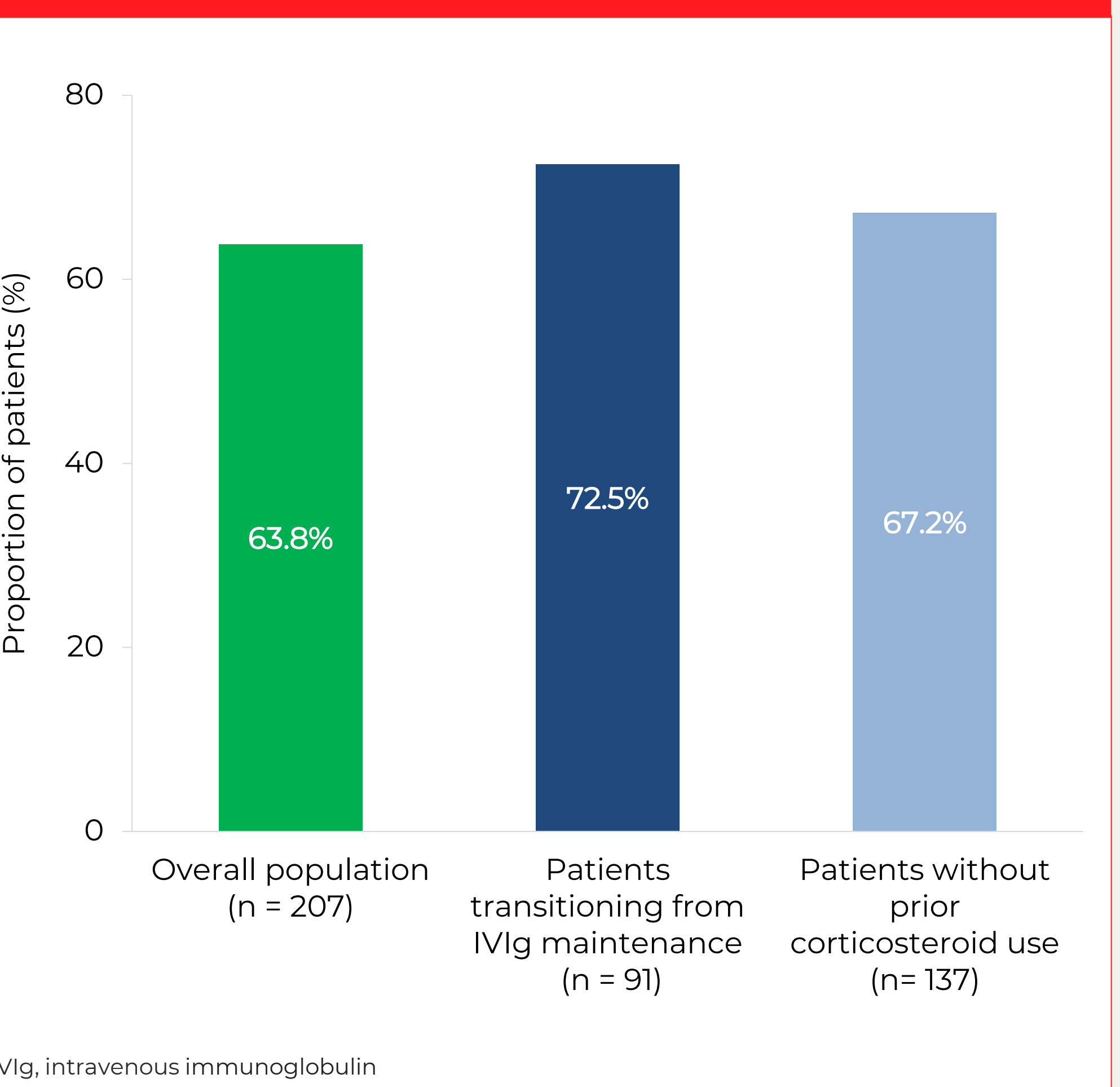
Patient baseline characteristics

- 207 patients with CIDP initiated IgPro20 between Jan 2014 and Dec 2024 (Table 1)
- Median age was 60 years and 54% of patients were male
- Patients transitioning from IVIg maintenance had similar average age and a slightly higher percentage were male (57%)
- Patients without prior corticosteroid use were slightly older (median age 63) and a higher proportion were male (61%)

Adherence and persistence

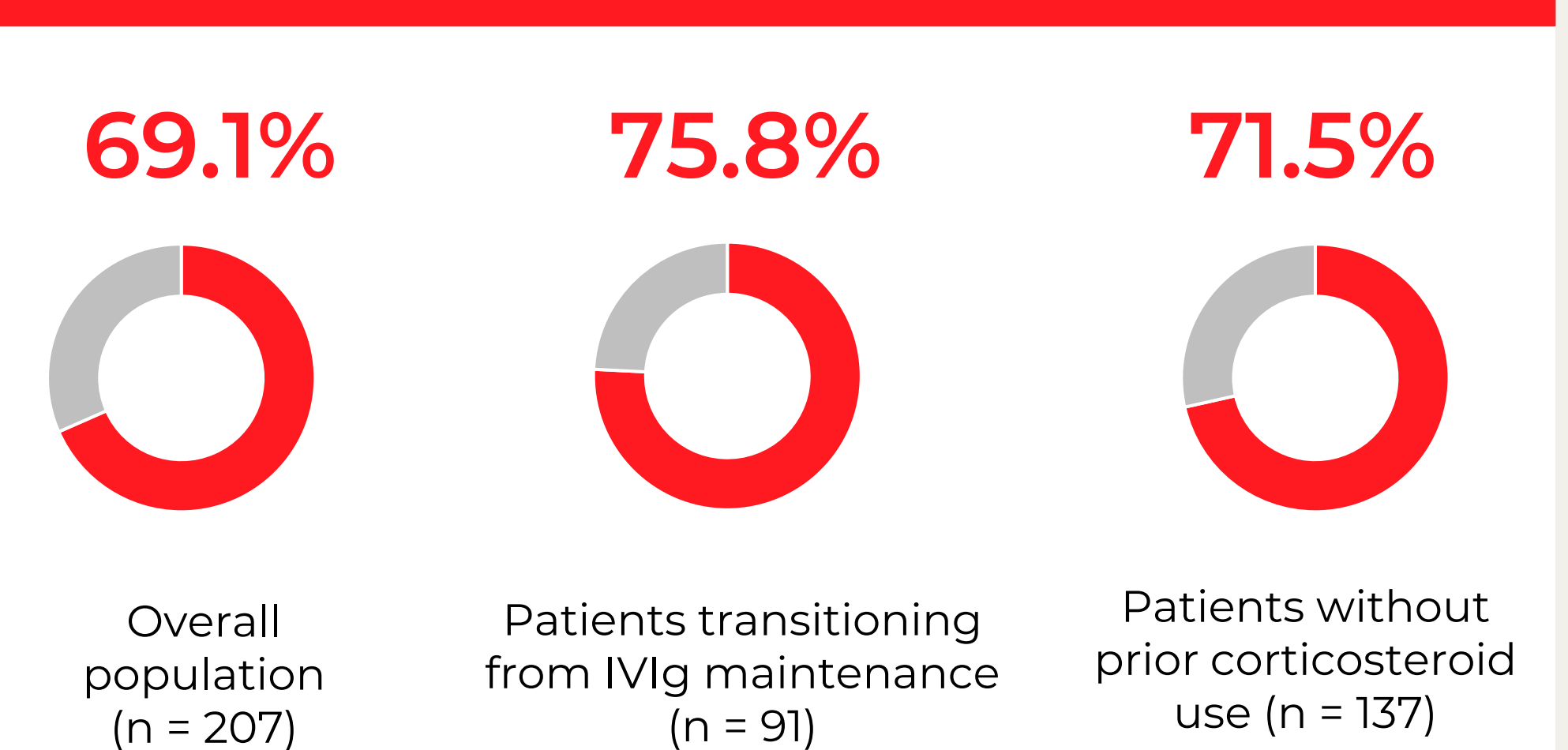
- The mean duration of the variable post-initiation follow-up period was 141 days (~4.7 months) (Table 2)

Figure 2. IgPro20 persistence at 6 months post-initiation



- Among the 36.2% of patients who discontinued IgPro20, the median time to discontinuation was 68 days (approximately 2 months)
- Approximately one-quarter of those who discontinued IgPro20 received IVIg within 4 weeks (median time to initiation was 8.5 days)
- Few patients (n<5) who discontinued had CIDP-related hospitalizations or emergency department visits between discontinuation and 6 months post-initiation

Figure 3. Adherence to IgPro20



- Most patients, overall and in the subgroups, were highly adherent (PDC ≥80%), indicating consistent treatment use among those remaining on therapy (Figure 3)