

Electronic Supplementary Material

Online Resource 4

Table 3. Summary of data identified related to economic burden of CIDP

Publication	Country	Patient sample	Total cost of illness	Direct costs	Indirect costs	Health resource utilisation
Alexandrescu <i>et al.</i> 2014 [24]	UK	<p>n=15</p> <ul style="list-style-type: none"> Sample derived from the UKROC database, which collates the national clinical dataset for in-patient specialist rehabilitation in England 	NR	NR	NR	<p>Estimated care requirements</p> <p>Upon patient admission to neurorehabilitation centres (hours/week, mean): 35.0</p> <p>Upon patient discharge from neurorehabilitation centres (hours/week, mean): 22.5</p>

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Krishnarajah <i>et al.</i> 2017 [59]	US	<p>Cases: n=790</p> <p>Controls: n=790</p> <ul style="list-style-type: none"> Sample derived from QuintilesIMS PharMetrics Plus Health Plan Claims Database 	<p>Median, CIDP vs. controls without CIDP</p> <p>Total healthcare costs six-months prior to diagnosis: \$4,751 vs. \$2,209 (p<0.0001)</p> <p>Total healthcare costs two years after diagnosis: \$47,827 vs. \$5,823 (p<0.0001)</p>	<p>CIDP-related therapy costs (% of total healthcare costs): 51.4%</p>	NR	NR

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Divino <i>et al.</i> 2018 [56]	US	<p>n=790</p> <ul style="list-style-type: none"> Sample derived from US managed care enrollees identified in IQVIA RWD Adjudicated Claims database based on >1 medical claim with a diagnosis for CIDP 	<p>Mean, CIDP vs. controls without CIDP (p<0.0001)</p> <p>Two-year total costs: \$116,330 vs. 15,586</p>	<p>Mean, CIDP vs. controls without CIDP (p<.00001)</p> <ul style="list-style-type: none"> Outpatient Pharmacy 2-year costs: \$11,186 vs. \$3,953 Medical 2-year costs: \$105,144 vs. \$11,633 Inpatient 2-year costs: \$16,357 vs. \$2,862 ER 2-year costs: \$1,188 vs. \$468 Physician office 2-year costs: \$5,122 vs. \$2,208 Outpatient surgery 2-year costs: \$3,204 vs. \$1,157 Lab/pathology 2-year costs: \$2,907 vs. \$1,903 Outpatient ancillary, radiology and HCPCS drugs 2-year costs: \$76,366 vs. \$4,292 <p>Total CIDP therapy: \$59,619</p>	NR	<p>CIDP patients vs. controls without CIDP (mean), (p<0.0001)</p> <ul style="list-style-type: none"> ≥ 1 Hospitalisation: 26.2% vs. 9.0% Outpatient prescription fills: 62.8 vs. 32.0 Physician office visits: 34.7 vs. 13.0 ER visit: 42.2% vs. 21.9% Outpatient surgical visit: 77.1% vs. 45.9% ≥1 neurologist office visit: 67.0% vs. 3.9% Physical therapy visits: 14.7% vs. 2.8%

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Guptill <i>et al.</i> 2014 [57]	US	n=73 <ul style="list-style-type: none"> • Sample included patients with a diagnosis of CIDP between January 1, 2011, and December 31, 2011 whose primary health plan was eligible for the AHS care management program • Patients must have had at least 1 health insurance claim during the study period 	NR	<p>Mean cost, per patient per year</p> <ul style="list-style-type: none"> • Health plan paid costs: \$56,953 (95% CI \$36,457–77,450) • Medical costs (mean): \$25,546 (95% CI \$11,419–\$38,690) • Pharmacy claims (mean): \$31,899 (95% CI \$17,197–\$46,600) • Nerve conduction and EMG studies (mean): \$913 • Healthcare costs women vs. men (mean): \$47,094 vs. \$64,648 (P=0.38) • Health plan paid costs for patients treated with IVIG: \$108,016 • Cost per IVIG infusion: \$8,598 ± \$476 <p>Costs for IVIG administration according to setting</p> <ul style="list-style-type: none"> • At home: \$9,720 • Outpatient: \$9,718 • Clinic: \$2,610 <p>Distribution of health plan costs:</p>	NR	<p>IVIG infusion setting:</p> <ul style="list-style-type: none"> • Home: 72% • Physician office: 16% • Outpatient hospital: 11% • Other place of service: 1%

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				<ul style="list-style-type: none"> • Injectable drugs billed using HCPCS codes: 51% • Inpatient hospital: 18% • Outpatient hospital: 16% • Physician office: 3% • ER: 1% • Other: 2% • Prescription pharmacy billed using NDC codes: 6% • Home: 3% 		

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Le Masson <i>et al.</i> 2018 [55]	France	<p>CIDP: n=8</p> <p>LSS: n=7</p> <ul style="list-style-type: none"> Patients currently treated with IVIG in a hospital outpatient setting were recruited for a before–after study from two tertiary referral care centres 	<p>Annual costs (extrapolated)</p> <p>Typical CIDP:</p> <p>€102,296 (Hospital IVIGs)</p> <p>€47,823 (Home IVIGs)</p> <p>Atypical CIDP:</p> <p>€106,867 (Hospital IVIGs)</p> <p>€62,592 (Home IVIGs)</p>	NR	NR	NR

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Mahdi-Rogers <i>et al.</i> 2014 [25]	UK	n=43 <ul style="list-style-type: none"> An epidemiological study in the administrative areas of South East London, Kent and East Sussex 	Annual costs per patient (mean): Total: £22,086	Estimated UK annual economic costs: <ul style="list-style-type: none"> Hospital services: £4,845,301 Primary care services: £319,451 Social services: £4,327,290 Treatment: £17,489,517 Investigation: £174,701 	Indirect cost (i.e. loss of productivity): £5,815 Overall economic cost: £36,0860,892 Loss of productivity: £9,704,631	Six-month usage of healthcare and social services (% patients): <ul style="list-style-type: none"> Hospital out-patient: 62.8% Hospital in-patient or day case: 39.5% Primary care (GP): 69.8% Social services: 48.9% Number of hours spent with healthcare workers (mean per month): <ul style="list-style-type: none"> Neurologist: 0.40 General practitioner: 0.36 Physiotherapist: 0.27 Occupational therapist: 0.38

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Mengel <i>et al.</i> 2018 [9]	Germany	n=108 <ul style="list-style-type: none"> Patients who were treated in specialized neuroimmunology outpatient clinics in Marburg, Göppingen, and Düsseldorf at the time of or prior to the study 	Annual total cost (extrapolated): €45,000	Direct 3-month costs (mean per patient) <ul style="list-style-type: none"> Total: €9,423 (83% of all costs) Inpatient care: €721 Outpatient care: €153 Stationary rehabilitation: €35 Ancillary therapy: €121 Special equipment: €20 Drugs: €7,897 <ul style="list-style-type: none"> - IVIG: €7,606 - Cyclophosphamide: €4 - Rituximab: €34 - Azathioprine: €4 - Mycophenolate mofetil: €30 - Glucocorticoids: €4 - Other: €115 	3-month indirect costs (mean per patient) <ul style="list-style-type: none"> Total: €1,910 (17% of total costs) Premature retirement: €945 Disability: €276 Unemployment: €189 Sick leave: €283 Reduction of labour time: €217 	NR

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Rosier <i>et al.</i> 2018 [58]	France	n=134 <ul style="list-style-type: none"> An e-mail invitation was sent to 411 neurologists registered on a voluntary basis both from neuromuscular reference centres and outside of those centres. The neurologists provided four patient case reports (diagnosis, follow-up and treatment) 	NR	NR	NR	IVIG-associated resource use (% of cases): <ul style="list-style-type: none"> Full hospitalisation: 43% Day care: 49% Home care: 8%

AHS: Accordant Health Services; CI: Confidence interval; CIDP: Chronic inflammatory demyelinating polyneuropathy; EMG: Electromyography; ER: Emergency Room; GP: General practitioner; HCPCS: Healthcare Common Procedure Coding System; IVIG: Intravenous immunoglobulin; LSS: Lewis-Sumner syndrome; NDC: National Drug Code; NR: Not reported; RWD: Real world data; UKROC: UK Rehabilitation Outcomes Collaborative