ABSTRACT NUMBER: 556

Treatment Initiation and Duration in DMARD Naïve Rheumatoid Arthritis Patients: Analysis of US Health Plan Claims

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Meeting: 2018 ACR/ARHP Annual Meeting

Keywords: DMARDs and rheumatoid arthritis (RA)

SESSION INFORMATION

Date: Sunday, October 21, 2018

Session Title: Rheumatoid Arthritis – Treatments Poster I: Strategy and Epidemiology

Session Type: ACR Poster Session A

Session Time: 9:00AM-11:00AM

Background/Purpose:

The ACR treat-to-target approach for rheumatoid arthritis (RA) recommends regular assessments of disease activity and adjustment of medication regimen until efficacy goals are met. Given recent advances in pharmacologic therapy, this study assessed recent treatment patterns in RA patients (pts) who had newly initiated a DMARD.

Methods:

Adult pts with ≥2 claims for RA, initiating first DMARD between 1/2012–9/2016 (index date; ID) were identified in fully-adjudicated commercial medical and pharmacy health insurance claims, including self-insured, full-risk, and Medicare policies for approximately 40 million lives annually. Those with 12-months continuous enrollment pre- and post-ID and without DMARD claims 12 months pre-ID were selected. Initial utilization of conventional synthetic DMARDs (csDMARDs), TNF inhibitors (TNFi), anti-IL6 pathway antibodies, other biologic DMARDs (bDMARDs), and JAK inhibitors (JAKi), as monotherapy and in combination with csDMARDs, was summarized with descriptive statistics. Median therapy duration was assessed with Kaplan-Meier method. End of treatment was defined as drug discontinuation, switch to a new therapy, or addition of another DMARD.

Results:

Among 26,808 identified pts (74.2% female; mean age 51.9±11.0 yrs), 97.7% of pts initiated monotherapy and 2.3% started combination therapies. The most commonly-prescribed monotherapies were csDMARD (91.3%) and TNFi (6.6%). The most commonly-prescribed treatments in combination with csDMARDs included TNFi (88.0%) and other bDMARDs (7.3%). The median duration of csDMARD monotherapy was 230 days. The median treatment duration (combination vs monotherapy) was: 225 vs. 206 days (TNFi), 227 vs. 203 days (anti-IL6), 198 vs. 182 days (other bDMARDs), and 347 vs. 301 days (JAKi). JAKi treatment had the longest therapy duration when combined with csDMARDs (347 days), and other therapies lasted for a median of 182-230 days. As monotherapy, JAKi duration was 301 days, and other therapies lasted for a median of 198-227 days.

Conclusion:

Real-world data from US longitudinal healthcare claims showed that in RA pts newly initiating DMARDs, the median duration of therapy was less than a year, suggesting a need for a treatment with improved response durability. Duration of JAKi therapy was longer than median duration of other therapies. Further research is needed to determine the reasons for the longer persistence of JAKi therapy and why persistence is low with RA therapies overall.

Therapy initiated by DMARD naïve patients	N	% within monotherapy and combination therapy subgroups	Median length of therapy (days)[1]	% of subjects still on index therapy at day 360	Mean Age (SD)	Female (N, %)	Mean CCI (SD)
Monotherapy	26182		227	38.3%	51.9 (11.0)	19429 (74.2)	1.3(1.1)
initiating csDMARD	23852	91.1%	230	38.6%	52.0 (10.9)	17730 (74.3)	1.3(1.1)
initiating TNFi	1739	6.6%	205	35.8%	50.6 (12.2)	1237 (71.1)	1.5(1.0)
initiating anti-IL6	99	0.4%	196	30.3%	54.5 (11.0)	75 (75.8)	1.5(1.0)
initiating other bDMARDs	398	1.5%	182	32.7%	53.2 (11.8)	312 (78.4)	1.6(1.2)
initiating JAKi	94	0.4%	301	46.8%	52.2 (9.3)	75 (79.8)	1.7(1.1)
		100.0%					
Combination therapy	626		224.5	37.1%	51.1 (11.0)	460 (73.5)	1.3 (1.0)
initiating csDMARD in combination with TNFi	551	88.0%	225	37.0%	51.2 (10.9)	401 (72.8)	1.3 (0.9)
initiating csDMARD in combination with anti-IL6	16	2.6%	227	43.8%	48.2 (14.7)	15 (93.8)	1.1(0.9)

initiating csDMARD in combination with other bDMARDs	46	7.3%	198	32.6%	49.2 (11.5)	37 (80.4)	1.5(1.5)
initiating csDMARD in combination with JAKi	13	2.1%	347	46.2%	54.7 (8.8)	7 (53.9)	1.7 (1.0)
		100.0%					
Total monotherapy + combination therapy[2]	26808				51.9 (11.0)	19889 (74.2)	1.3(1.1)

[1] Median days were derived from Kaplan-Meier analysis. LOT = length on therapy. Median days on 1st LOT were longer for patients on combination than on monotherapy ($p<0.0001$).

[2] One patient initiating csDMARD in combination with other biologic DMARDs and TNFi, two patients initiating other biologic DMARDs in combination with TNFi, and two patients initiating TNFi in combination with JAKi were removed from the analysis due to insufficient sample size to form cohorts.

Disclosure: R. K. Dore, None; **J. Antonova**, Gilead Sciences, 3; **J. Hill**, Gilead Sciences Inc., 5.

To cite this abstract in AMA style:

Dore RK, Antonova J, Hill J. Treatment Initiation and Duration in DMARD Naïve Rheumatoid Arthritis Patients: Analysis of US Health Plan Claims [abstract]. *Arthritis Rheumatol.* 2018; 70 (suppl 10). https://acrabstracts.org/abstract/treatment-initiation-and-duration-in-dmard-naive-rheumatoid-arthritis-patients-analysis-of-us-health-plan-claims/. Accessed September 14, 2018.
