



Describing medication switching patterns among adults with rheumatoid arthritis from 2016-2022 using real-world data.

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Methods

- A retrospective analysis was conducted using administrative claims from 01/01/2016 to 12/31/2022 for adult (≥18 years) Aetna members with RA.
- Incident use of targeted immunomodulators or less commonly used DMARDs were identified via HCPCS codes and NDCs. Five DMARDs used as combination therapy- gold salts, hydroxychloroquine, methotrexate, minocycline, and sulfasalazine were excluded
- Patients were followed from incident use through end of study period, disenrollment (including death), or medication discontinuation.
- RA medication initiation and switching i.e., adding or switching to a new medication, were described for incident users.

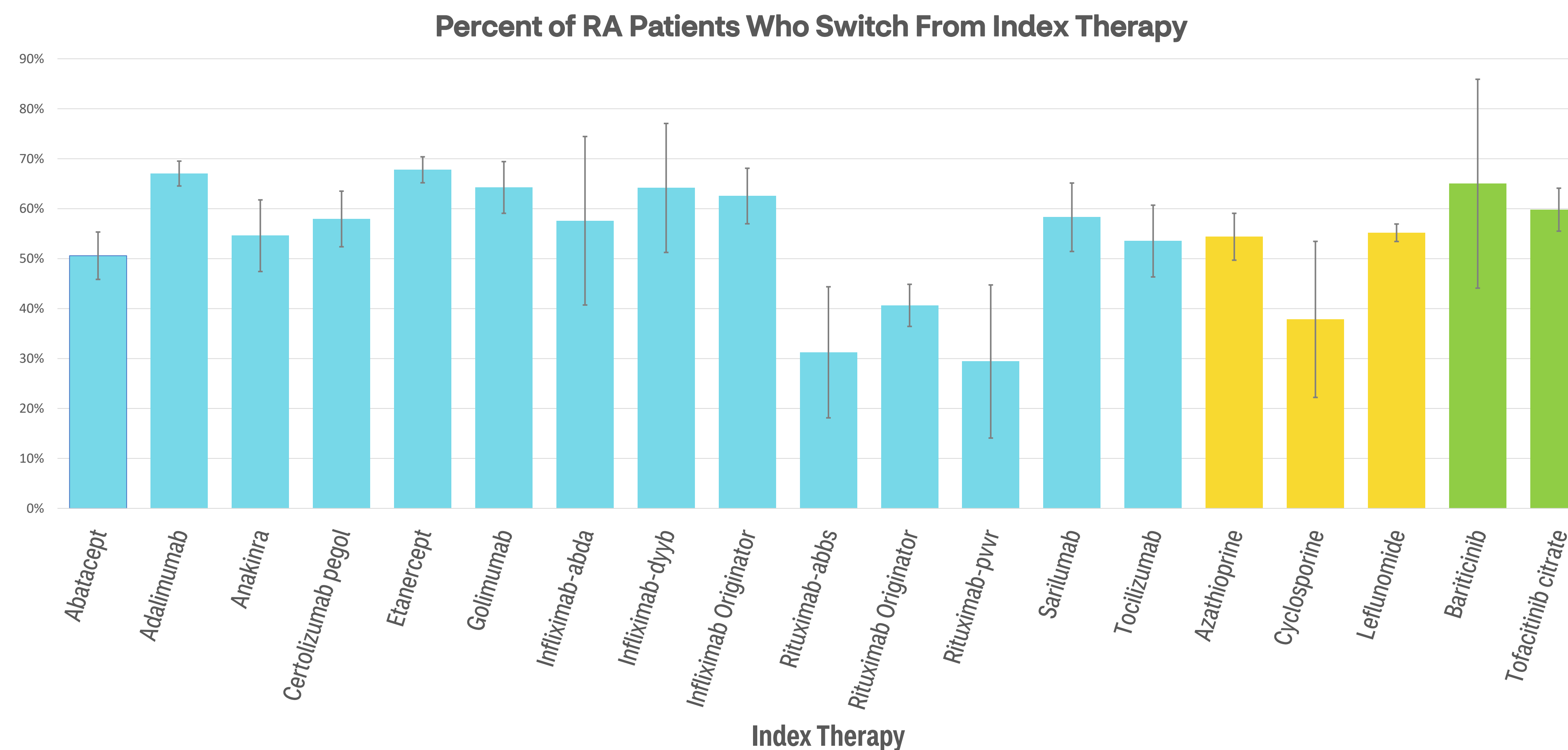
Results

- In total, 9,155 incident RA users were identified.
- Most initiated biologics (n=5,058, 55.2%) or DMARDs (n=3,577, 39.1%). Just 5.7% (n=520) began on JAKs.
- Median follow-up after index use was 446 days.
- DMARD users tended to be older (65.1 [SD=12.7] years) than biologic users (58.4 [SD=14.4] years) and JAK users (59.5 [SD=12.8] years).
- Across all medication classes, gender distribution was predominantly female (78.0% of DMARD, 75.8% of biologic, and 77.3% of JAK users).
- The presence of a first medication switch following initiation was much more common for JAK (58.5%) and biologic (53.6%) users, compared to those on DMARDs (12.7%).

Background & Objective

Rheumatoid arthritis (RA) is challenging to treat: Traditional first-line therapies, including disease-modifying anti-rheumatic drugs (DMARDs), are often insufficient, and many patients require other targeted immunomodulators, such as biologics, biosimilars, and Janus Kinase inhibitors (JAKs).

We aim to characterize RA treatment patterns for targeted immunomodulators in a large cohort of commercially insured individuals.

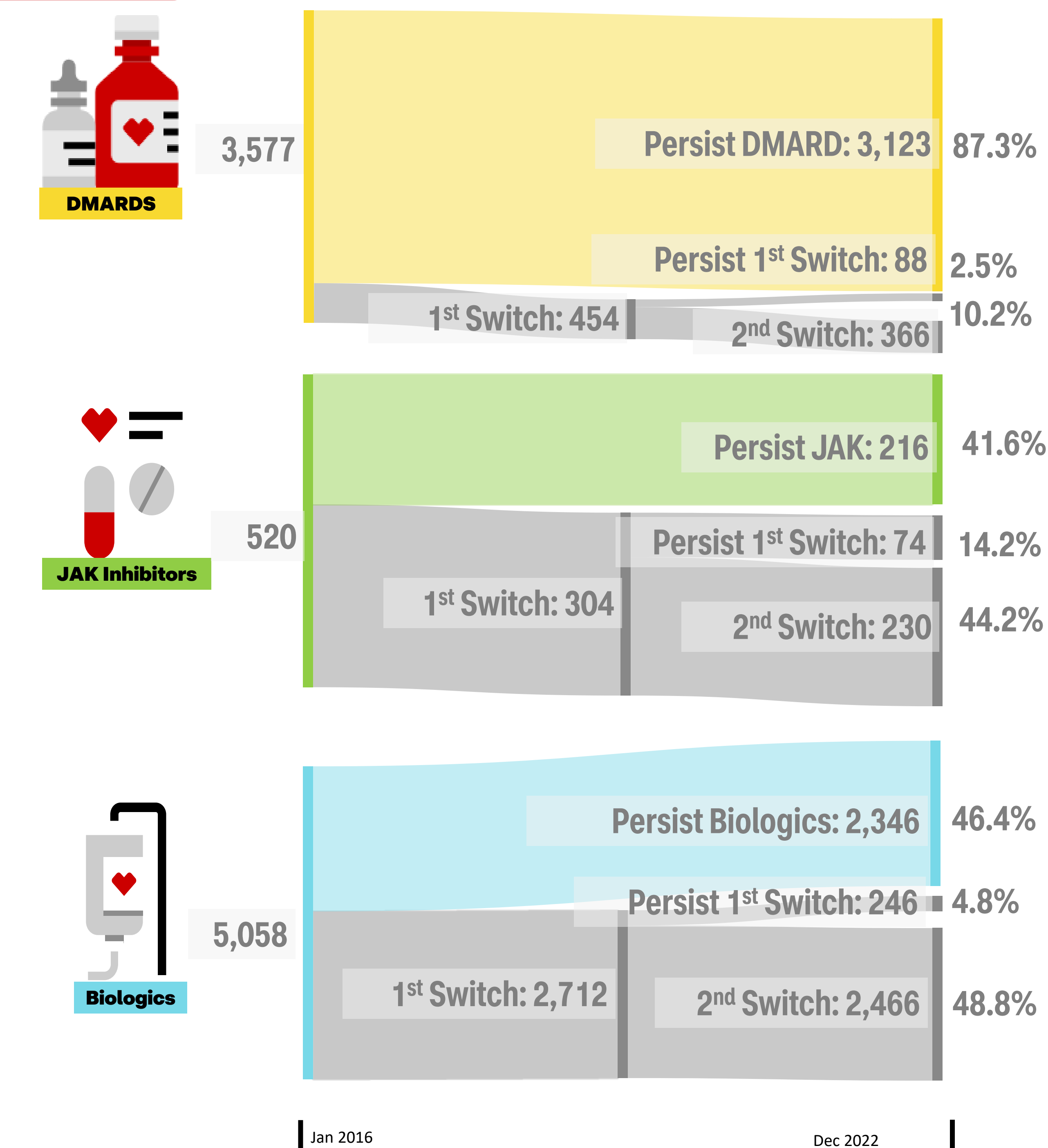


Discussion

In our commercially insured population, DMARDs and biologics were commonly used targeted immunomodulators. Those initiating DMARD therapy were older than those indexed on JAKs and biologics, and substantially fewer medication switches were observed in the DMARD group. Future research could explore switching and adherence within these medication classes and identify optimal treatment scenarios.

First + Second Switch by Drug Group

Incident set to first time trying any RA drug



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