

COMPARISON OF BIOLOGIC DISEASE-MODIFYING ANTI-RHEUMATIC DRUG RHEUMATOID ARTHRITIS TREATMENT DYNAMICS ACROSS FIVE EUROPEAN UNION COUNTRIES

Peter C. Taylor¹, Rieke Alten², Juan J. Gomez-Reino³, Roberto Caporali⁴, Philippe Bertin⁵, Emma Sullivan⁶, Robert Wood⁶, James Piercy⁶, Radu Vasilescu⁷, Dean Spurdin⁸, Jose Alvir⁹ and Miriam Tarallo¹⁰

¹Botnar Research Centre, University of Oxford, Oxford, UK, ²Schlosspark-Klinik, University Medicine Berlin, Berlin, Germany, ³Medicine, Unit Hospital Clinico Universitario, Santiago, Spain, ⁴IRCCS Foundation Policlinico S. Matteo, University of Pavia, Pavia, Italy, ⁵Rheumatology, CHU Dupuytren, Limoges, France, ⁶Adelphi Real World, Adelphi, Macclesfield, UK, ⁷Regional Medical Europe, Pfizer, Brussels, Belgium, ⁸Global Health and Value, Pfizer, Tadworth, UK, ⁹Global Innovative Pharma, Pfizer, New York, NY, USA and ¹⁰Global Health and Value, Pfizer, Rome, Italy

Background: The benefits of biologic DMARD (bDMARD) treatments in RA are well reported; however, less is known about the extent and nature of their use in specific countries. The aim of the current analysis is to describe and compare the RA treatment approach associated with bDMARD use or lack of use across five major European Union (EU) countries. **Methods:** Data were drawn from the Adelphi 2014 RA Disease Specific Programme, a survey of rheumatologists and their consulting RA patients in France, Germany, Italy, Spain and the UK. Rheumatologists provided treatment histories for all patients, including conventional synthetic DMARD (csDMARD), sequence of bDMARD treatments received and reasons for not prescribing a bDMARD if applicable.

Results: A total of 2536 patients were included in the analysis; 86.4% had moderate or severe RA on initiation of current therapy. Of these, 40.4% had received bDMARD therapy at some point, with the highest use in France (52.4%) and the lowest in Germany (25.9%). bDMARD patients in France were most likely to have progressed to a second or later bDMARD therapy (41.5%), with patients in Germany least likely (15.5%). The first bDMARD treatment in all countries was overwhelmingly TNF inhibitor (TNFi) based (88.4%), with a second or later bDMARD treatment most likely to be non-TNFi based (67.6%). Differences in the number of csDMARDs received prior to bDMARD initiation were also seen across countries, with only 48.3% of patients in France receiving more than one csDMARD before bDMARD initiation vs 97.5% in the UK. When asked about their bDMARDnaive patients, rheumatologists reported that large numbers were candidates for bDMARD therapy (47.2% Germany, 34.7% France, 29.0% Italy, 24.2% Spain, 17.2% UK). The most frequently reported reasons for patients with a duration of RA disease >5 years not having been prescribed a bDMARD were the patient being in remission (30.5%), concerns regarding infection (15.5%), non-bDMARD treatment is safe and tolerable for this patient (15.5%) and patient dislikes injections/infusions (14.4%).

Conclusion: Results show that while bDMARDs are now an established treatment option in RA, a large and widely differing proportion of patients across the countries surveyed remain bDMARD naive, although they might potentially benefit from such treatment. Furthermore, of those patients who have progressed onto bDMARD therapy, many remain on their first bDMARD, with only limited numbers progressing to a second or third bDMARD option. This pattern is broadly consistent across the five EU countries assessed. Further research is required to understand the causes of national variations in bDMARD prescribing and the extent to which guidelines have been adopted in the management of patients on bDMARD therapy.

Disclosure statement: P.C.T. has received consulting fees from Pfizer, UCB Pharma, Eli Lilly, BMS, AbbVie, Celltrion, Hospira, Merck, Janssen, Galapagos and Sandoz and has received research funding from UCB Pharma and GSK. R.A. has received consulting fees from Pfizer, has participated in the speakers bureau for Pfizer and has received research funding from Pfizer. R.C. has received

consulting fees from AbbVie, Pfizer and MSD and has participated in speakers bureaus for UCB and Roche. P.B. has received consulting fees from MSD, Pfizer, Reckitt Benckiser and Roche. E.S. is an employee of Adelphi Real World and Pfizer. R.W. is an employee of Adelphi Real World and Pfizer. J.P. is an employee of Adelphi Real World and Pfizer. R.V. is an employee and shareholder of Pfizer. D.S. is an employee and shareholder of Pfizer. J.A. is an employee and shareholder of Pfizer. M.T. is an employee and shareholder of Pfizer. J.J. G.-R. has declared no conflicts of interest.