Incidence Rate of Biologic/Targeted Synthetic (b/ts) Disease Modifying Antirheumatic Drugs (DMARDs) for Rheumatoid Arthritis (RA), Preceding Therapy and Time to Discontinuation in a Commercially Insured Population

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55 56 51 162 4.2% 4.5% 4.1% 4.3%

Incidence Rate of Biologic/Targeted Synthetic Disease Modifying Antirheumatic Drugs (DMARDs) for Rheumatoid Arthritis (RA) in 2014

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Background

In order to determine, in a commercially insured population, the incidence rate of new RA DMARDs and the percentage of members who switched or discontinued therapy within two years of a DMARD claim, we evaluated claims data from 1,000,000 members from January 1, 2014 to December 31, 2014.

Methods

We identified members who had at least one 2014 DMARD claim, were continuously enrolled throughout 2014, did not have another claim for a DMARD before January 1, 2014, and were continuously enrolled from January 1, 2014 to December 31, 2014. We excluded members younger than 18 years old and those who had a diagnosis code for RA in 2014, excluding members with a concurrent diagnosis of other inflammatory diseases.

Results

- Of the 26,098 members with RA, 1,245 members initiating b/tsDMARD therapy in 2014: 443 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014.
- In the subset of members with at least one month of continuous enrollment following their first b/tsDMARD claim, 345 (14.3%) within 24 weeks, 300 (12.3%) within 3 months, and 258 (10.9%) within 6 months after their first claim for a b/tsDMARD.
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Conclusions

- The incidence rate of new b/tsDMARD therapy was very high in 2014, with 25% of members initiating therapy less than 24 weeks after their first claim for a csDMARD therapy, which would appear to be too soon to indicate the true potential of b/tsDMARD therapy.
- Of the 1,245 members initiating b/tsDMARD therapy in 2014, 443 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014; 413 (11.7%) had another b/tsDMARD initiation in 2014.
- The validated cost effective triple csDMARD therapy, defined as MTX+HCQ+SSZ, was found to be rarely attempted, at only 5%, in the 6 months prior to b/tsDMARD start.
- Because of the high b/tsDMARD cost and response variability to individual agents, initiating, discontinuing or switching therapy may be critical decisions from the perspectives of drug costs and potential indirect RA costs. Health plans should evaluate whether their existing disease management guidelines are consistent with best practice recommendations and use and cost-effective alternative treatments.

References