OBJECTIVES: To assess clinical characteristics of RA patients considered biosimilar-infliximab-suitable when it becomes available, by their physicians, in comparison to those who were not considered infliximab-biosimilar-suitable in EU.

METHODS: A medical chart-review study of RA patients was conducted among physicians (primarily rheumatologists) in hospitals/private practices in UK/France/Germany/ Italy (to be published in 2017) to capture identified treatment patterns/dynamics and patient symptomatic/disease status; physicians identified whether patient was biosimilar-infliximab-suitable (yes/no), and if yes, rated how likely they would prescribe biosimilar-infliximab to them when the product becomes available. Physicians were screened for practice-duration and patient-volume and recruited from a large panel to be geographically representative. Currently consecutive patients on (or discontinued within past-3mo) biologic visiting each center/practice during the screening period were selected for chart abstraction; analysis compared biosimilar-infliximab-suitable to those who were not (per physician judgment), excluding those who previously failed infliximab.

RESULTS: 731 patients (UK:166/France:110/Germany:66/Italy:190/Spain:199) in the analysis. 260 (36%) UK; 47% France; 27% Germany; 38% Italy/40% Spain; 26% were identified as biosimilar-infliximab-suitable; of these, 58% were rated ≥5 (scale:1-6 extremely likely) (not at all likely) regarding likelihood of being prescribed biosimilar-infliximab, while 18% and 24% were rated 1-2, respectively. Persistence for GOL (18.5%). Discontinuation rate was lowest for INF (19.7%) and highest for ADA, CER, ETN, GOL, and INF in infliximab-suitable vs. non-infliximab-suitable patients.

CONCLUSIONS: A subgroup of patients treated with commonly used biologics is maintained on increased maintenance doses.

PM587

PERSISTENCE WITH FIRST-LINE BIOLOGIC USES IN RHEUMATOID ARTHRITIS IN A US MANAGED CARE POPULATION

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OBJECTIVES: To evaluate the rate of gaps in reimbursement when an etanercept patient transitions from private to public drug plans.

METHODS: A retrospective cohort of medication transaction data (IMS Brogan Lifelink® database) from Ontario and Quebec pharmacists was analyzed. Patients who received an etanercept drug claim prior to or following the first gap; restarting, having an index bio-claim after the gap, or discontinuation, with no claims for any biologic following the gap. RESULTS: A total of 4,937 patients met the eligibility criteria (ADA, 290; ABA, 1,471; ETN, 2,331; GOL, 184; INF, 529; mean age 48.4, 76.7% female). 45.2%, 42.3%, 32.6%, 45.0%, 33.7% and 46.7% patients on ADA, ABA, CER, ETN, GOL, and INF were persistent, respectively. GOL patients were the least likely (33.7%) to be persisted by therapy (66.3%). 47% of patients not on index therapy were switched, to another biologic, to all infliximab-biosimilar-suitable patients. Current drug class usage for PsA, and ADA, ETN, or UST for PSO who receive an increased maintenance dose. For PsA, and ADA, ETN, or UST for PSO who receive an increased maintenance dose. For PsA, and ADA, ETN, or UST for PSO who receive an increased maintenance dose. For PsA, and ADA, ETN, or UST for PSO who receive an increased maintenance dose. For PsA, and ADA, ETN, or UST for PSO who receive an increased maintenance dose.

PM588

ANALYSIS OF ETANERCEPT TREATMENT PATTERNS AND REIMBURSEMENT GAPS IN PATIENTS WHEN TRANSITIONING FROM PRIVATE TO PUBLIC DRUG PLANS

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OBJECTIVES: To estimate the rate of gaps in reimbursement when an etanercept patient transitions from private to public plans, and describe their treatment patterns and lines of therapy. METHODS: A retrospective cohort of medication transaction data (IMS Brogan Lifelink® database) from Ontario and Quebec pharmacists was analyzed. Patients who: received an etanercept drug claim prior to or following the first gap (index date) was between 01/01/2010 and 06/30/2013 and their first transaction from a public plan was within one year from the index date. The gap in reimbursement was the difference between the index date plus 30 days, supply and the date of the first public etanercept transaction.

RESULTS: Of 474 patients included, 432 continued a DMARD or biologic in their public plan and with 1 year of follow-up, 72% of patients maintained their index therapy. Patients on ABA (64%) and GOL (50%) from Ontario, 40% male 73% had rheumatoid arthritis (RA) and 70% were <65 years. 75% had a gap in reimbursement (median = 19 days). 25% had no gap, or an overlap in dispensed prescriptions, while 9% stopped their therapy altogether. Of those who presented etanercept therapy on a public plan, 45% had a gap in coverage that would be considered a clinically meaningful delay in treatment (>21 days). For etanercept patients who continued therapy for at least 1 year, 71% progressed to etanercept + DMARD, 5% to another biologic DMARD, and 23% to a DMARD only as their first line public therapy.

CONCLUSIONS: A clinically significant number of patients experienced a meaningful gap in etanercept coverage which can worsen in suboptimal clinical outcomes. Over 20% of patients revert back to DMARD therapy for a public plan even after previously receiving a biologic. Almost 10% do not continue RA treatment on a public plan.

PM589

CANADIAN PUBLIC SUBREIMBURSEMENT OF SUBSEQUENT ENTRY BIOLOGICS (SEBs) IN RHEUMATOID ARTHRITIS

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OBJECTIVES: To provide an overview of the new Common Drug Review (CDR) reimbursement mechanism for SEBs in Canada through the Canadian Drug & Technology Assessment Institute (CADTH); to illustrate the Canadian Drug Expert Committee (CDEC) recommendation from the monoclinal antibody SEB (infliximab SEB, Inflectra) in Canada. 16,318 (32%) for ETN; and 3,136 of 6,915 (45%) for UST. CONCLUSIONS: A large subgroup of patients treated with commonly used biologics is maintained on increased maintenance doses.