BACKGROUND

TREATMENT PATTERNS OF ANTI-TUMOR NECROSIS FACTOR AND INTEGRIN THERAPIES IN INFLAMMATORY BOWEL DISEASE (IBD): ANALYSIS OF U.S. INSURANCE CLAIMS

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METHODS

Study design and data source

• Retrospective study using the IQVIA® Real-World Data Aligned Claims - U.S. database from 1/1/2013 to 6/30/2015

• Patients (≥18 years) with IBD diagnosis (ICD-9-CM B50.x, ICD-10-CM K50.x) and one or more claims for IBD medications (adalimumab, infliximab, certolizumab, golimumab, or vedolizumab) during the identification period (1/1/2013-6/30/2015)

• Patients had to have a qualifying diagnosis of CD or UC occurring within 6 months prior to the baseline period or on the index date

• For patients with CD, having ≥2 claims for UC or ≥2 claims for UC patients during study period

• Patients with ≥60 days of use during study period

• Index date

• IBD treatment for at least 6 months

• At least 30 days of use at or after index date

• Follow-up time up to 12 months after index date

• Patients followed 23 months after index until enrollment or study end, whichever came first (mean follow-up time: 17.3 days (CD) and 67.3 days (UC))

• Additional identification

• For CD patients, having ≥2 claims for UC or ≥2 claims for UC patients during study period

• No baseline use of IBD therapy

• Induction therapy defined as at least 30 days of use at or after index date, and use of first anti-TNF (adalimumab, infliximab, certolizumab, golimumab) or anti-I (vedolizumab) medication following a washout period

• CD and UC patients were analyzed separately

• Graphviz, a visual tool, was used to examine patterns of medication use for individual patients over time. Colored segments denote use of different therapies

• Of patients who newly start aTNF or aI therapy after discontinuing treatment

• Patients were classified as having treatment failure if their previous index therapy was an AS, chronic OCS, or immunosuppressants

• Descriptive statistics were reported for each aTNF or aI index therapy

RESULTS

• CD and UC patients had mean (SD) age of 39.3 (13.9) years and were 55.6% female, 46.8% male

• Mean (SD) duration of use was about 8 months

• Approximately 35% of CD patients and 20% of UC patients continued their index therapy after discontinuing treatment

• More than 40% of CD patients initiating anti-TNF monotherapy new therapy or switched to a different therapy (i.e., signs of treatment failure)

• More than 60% of UC patients initiating anti-TNF monotherapy new therapy or switched to a different therapy, again, signaling unsuccessful treatment

• In nearly all cases (98% of CD and 97% of UC patients) symptoms not alleviated

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