RACIAL DIFFERENCES IN PRESCRIPTION PATTERNS OF DISEASE MODIFYING ANTI-RHEUMATIC DRUGS, NARCOTICS AND GLUCOCORTICOIDS AMONG MIDDLE-AGED PATIENTS WITH DISABILITY AND RHEUMATOID ARTHRITIS

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Background: Many patients with rheumatoid arthritis (RA) become disabled. While racial/ethnic differences in RA treatment have been described in RA patients without disability, less is known about racial/ethnic differences in RA treatment among middle-aged individuals with RA receiving disability benefits.

Objectives: To determine if racial/ethnic differences exist in the prescription patterns of conventional synthetic (CS) and biologic (B) disease modifying anti-rheumatic drug medications (DMARD), glucocorticoids, and opioids.

Methods: We conducted cross-sectional analyses in the calendar year 2014 using Medicare and Medicaid claims data of individuals receiving Social Security Disability Income (SSDI). To be included, patients had to be continuously enrolled over one year, aged <65 years, eligible for both Medicare and Medicaid, and have RA, defined as: 1) two RA diagnoses (ICD-9-714.xx) by a rheumatologist between 7 to 365 days apart; OR 2) one RA diagnoses by a rheumatologist and at least 1 prescription for a DMARD. We examined the proportion of patients with CS-DMARD, B-DMARD, glucocorticoid (>7.5 mg prednisone daily for >30 days), or opioid (either a prescription for opioids with 3 refills or at least one 90 day supply) prescriptions in each year by race/ethnicity. Generalized estimating equation (GEE) models was used to report adjusted differences in prescription rates for Blacks, Hispanics, and Other using Whites as the reference group, adjusting for age, gender, and medical comorbidities.

Results: The were 9,265 patients in 2014 out of which 60% were White, 21% were Black, 15% were Hispanic, and 5% were Other race. The proportion of female patients by race/ethnicity was >75% for each group. Hispanics had a 6.6% point higher rate of B-DMARD prescriptions and a 10.7% point lower rate of opioid prescriptions compared to Whites. Blacks had a 3.4% point higher rate of glucocorticoid prescriptions, and a 3.3% point lower rate of opioids prescriptions compared to Whites.

Conclusion: We observed racial differences in arthritis-related treatment patterns, among disabled RA patients, with Blacks receiving less biologic treatment and Whites receiving more opioids. Hispanics received the highest prescription rates of biologics and the Other race received lowest prescription rates of opioids among the three racial/ethnic groups. Further studies are needed to examine the reasons for such differences.

Table: Adjusted differences (95% CI) in rates of prescription for CS-DMARD, B-DMARD, glucocorticoids or opioids among Blacks, Hispanics, and Other compared to Whites

| Year | Black | Hispanic | Other | White
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<td>2014</td>
<td>0.3 (-3.3, 6.8)</td>
<td>17.3% (16.1 - 24.1)</td>
<td>6.9 (-2.4, 15.2)</td>
<td>0.3 (-1.8, 2.4)</td>
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*Adjusted for age, sex, and Charlson comorbidity index. CS-DMARD = conventional synthetic disease modifying anti-rheumatic drug; B-DMARD = biologic disease modifying anti-rheumatic drug; SQ = subcutaneous

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SA0576 ETANERCEPT BIOSIMILAR SWITCH: CAN IT BE SUCCESSFUL WITHOUT CLINIC REVIEW?

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Background: Since the introduction of anti-TNF biologics in routine clinical practice, there has been a drive to implement the switch program for all biosimilars at the point of availability. Etanercept biosimilar (SB4) was granted marketing authorisation by the EMA in January 2016. Our Trust was one of the leading centres to switch all patients within one year of the drug’s availability. The aim of the non-medical switch was to obtain significant savings for the NHS whilst achieving similar clinical outcomes.

Objectives: We report patient experience after a year of completing the switch program.

Methods: A list of all patients prescribed etanercept was extracted through our database. The original strategy included a ‘switch’ letter sent to all patients including SB4 information sheet. Patients were given the opportunity to contact nurse helpline for information or if disease control worsened/adverse effects developed. We reviewed all relevant records and collected data on any adverse events and disease outcome on either side of the switch.

Results: 84 patients were prescribed reference etanercept. 41 (49%) had RA, 17 (20%) had PsA, 18 (21%) had AS and remaining eight had JIA. One person declined the transfer to the biosimilar and one patient with JIA was on 37.5mg weekly dose which was unavailable. 82 agreed to the switch that was completed by March 2017. Median age of switchers was 59.6 (range 14-74 years). 25 (30%) were men and remaining 59 (75%) were women. 76 patients remain on SB4 biosimilar a year after switch. Seven patients described concerns within the first five months of switching. One was found to have concurrent severe Vit D deficiency which upon correcting allowed him to continue with the biosimilar. Six patients had side effects with corresponding worsening of respective disease activity scores. Four returned to the originator with resolution of adverse effects and disease control was regained. Two continued to have uncontrolled disease and were moved to alternative mode of action.

Conclusion: Overall patient experience following etanercept biosimilar switch has been positive. 90% continue with SB4 originator a year later with no adverse outcomes. All were happy to switch after receiving a...