REFERENCES:

- [1] Mazurov V, Zotkin E, Ilvanova E, et al. FRI0114 EFFICACY OF LEVILIMAB, NOVEL MONOCLONAL ANTI-IL-6 RECEPTOR ANTIBODY, IN COMBINATION WITH METHOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS: 1-YEAR RESULTS OF PHASE 2 AURORA STUDY. *Annals of the Rheumatic Diseases* 2020;79:637-638.

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POS0625

ASSOCIATIONS OF REMISSION AND PERSISTENCE OF BIOLOGICS AT 1 AND 12 YEARS

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Background: Biologic therapies have greatly improved outcomes in rheumatoid arthritis (RA) and psoriatic arthritis (PsA). Yet, our ability to predict long-term remission and persistence or continuation of therapy remains limited.

Objectives: To compare RA and PsA outcomes at 1 and 12 years after commencing biologic DMARDs and to identify predictors of remission and persistence of therapy.

Methods: RA and PsA patients were prospectively recruited from a biologic clinic. Outcomes on commencing therapy, at 1 year and 12 years were reviewed. Demographics, medications, morning stiffness, patient global health score, tender and swollen joint counts, antibody status, CRP and HAQ were collected. Outcomes at 1 and 12 years are reported and predictors of EULAR-defined remission (DAS28-CRP <2.6) and biologic persistence are examined with univariate and multivariate analysis.

Results: A total of 403 patients (274 RA and 129 PsA) were analysed. PsA patients were more likely to be male, in full-time employment and have completed higher education. PsA had higher remission rates than RA at both 1 year (60.3% versus 34.5%, $p < 0.001$) and 12 years (91.3% versus 60.6%, $p < 0.001$). This difference persisted when patients were matched for baseline disease activity ($p < 0.001$). Biologic continuation rates were high for RA and PsA at 1 year (49.6% versus 58.9%) and 12 years (38.2% versus 52.3%). In PsA, patients starting on etanercept had lower CRP at 12 years ($p = 0.041$). Multivariate analysis showed 1-year continuation [OR 4.28 (1.28–14.38)] and 1-year low-disease activity [OR 3.90 (95% CI 1.05–14.53)] was predictive of a 12-year persistence. Persistence with initial biologic at 12 years [OR 4.98 (95% CI 1.83–13.56)] and male gender [OR 4.48 (95% CI 1.25–16.01)] predicted 12 year remission.

Conclusion: This is the first real world data to show better response to biologic therapy in PsA compared to RA at 12 years. Long-term persistence with initial biologic agent was high and predicted by biologic persistence and low-disease activity at 1 year. Interestingly, PsA patients had higher levels of employment, educational attainment, and long-term remission rates compared to RA patients.

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POS0626

MONEY MATTERS: ASSESSING THE VALUE OF THE ADALIMUMAB BIOSIMILAR SWITCH FOR RHEUMATOLOGY PATIENTS

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Background: The adalimumab biosimilar switch plan, actioned 2018-19 was one of the most complex of all biologic switches across several specialties. Non-medical switches are considered to ensure the best value medicines are prescribed for patients in line with NICE Technology Appraisals.

Objectives: This 2 year follow up review explores the value of the switch for Rheumatology (R) patients in comparison to two other major specialisms; Dermatology (R) and Gastroenterology (G).

Methods: 403 homecare (HC) patients had been identified as eligible for switch to a citrate containing biosimilar (R;189, G;176, D;38) between April-December

2019. 35 hospital FP10 patients receiving the citrate-free originator biologic were also identified for switch to the citrate containing biosimilar and prescription processing via HC (R; 24, G; 9, D;2). Biosimilar switch information was communicated via patient letters/clinic reviews. FP10 patients also received remote pharmacist telephone support, as part of a PDSA (Plan, Do, Study, Act) quality improvement pilot. Data in regard to switch refusal, treatment cessation, withheld treatment and patient satisfaction ratings for pharmacist phonecalls (1 = unsatisfactory, 5=very satisfied) was documented.

Results: 235/403 HC patients successfully switched (R;99, G;107, D;29). 64/403 HC patients switched back to the originator (R;47, G;12, D;5). Of the 64 switch back HC patients; 52% = reported lack of efficacy; 27% = injection site pain and 21% = various other factors such as blepharitis, insomnia and hair loss. 38/403 HC patients refused the switch and remained on the originator biologic (R;11, G;27, D;0). 31/403 HC patients switched to an alternative biologic (R;19, G;9, D;3). 32/403 HC patients stopped treatment (R;13, G;19, D;0). Treatment was withheld for 3/403 HC patients (R;0, G;2, D;1). 100% of FP10 patients switched to HC. 31/35 FP10 patients switched to the biosimilar (R; 22, G; 7, D; 2). 3/31 patients switched back to the originator due to lack of efficacy or side effects. 4 patients refused the switch to biosimilar (R;3, G;1, D;0). 89% of patients were very satisfied with the pharmacist telephone support.

Conclusion: In summary, 58% of all eligible HC patients switched in comparison to 89% of FP10 patients who received pharmacist telephone support; total cost saving following HC and FP10 switch = £270,000. Rheumatology demonstrated the least success in HC switching (52%) and the highest HC switch back figure (25%). Injection site pain and subjective lack of efficacy appear to be the main reasons for ongoing switch backs. The PDSA project demonstrates that a thorough pharmacist assessment of patient concerns in rationalising the use of a biologic agent versus biosimilar can be valuable for patients. Further cost effective adalimumab biosimilars have recently been launched. This seminal review emphasises the ongoing need for robust critical appraisals of biosimilars, with consideration for both clinical and cost effective parameters, before establishing their placement in treatment pathways.

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POS0627

SHORT-TERM EFFECT OF ANTI-IL-6 THERAPY ON ADIPONECTIN SERUM LEVELS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Adiponectin is an adipokine with anti-inflammatory, anti-atherosclerotic and cardioprotective effects that also contributes to the pathogenesis of metabolic syndrome (MetS) [1]. MetS is frequently observed in patients with rheumatoid arthritis (RA), increasing the risk of cardiovascular (CV) morbidity and mortality in these patients [1-3]. A recent study of our group disclosed a short-term effect of anti-IL-6 therapy on serum levels of leptin (another adipokine with pro-inflammatory functions, related with MetS and CV diseases) in RA patients [4]. Accordingly, it is plausible to think that such treatment may also have an effect in adiponectin levels.

Objectives: To determine the short-term effect of the anti-IL-6 receptor tocilizumab (TCZ) administration on circulating adiponectin serum levels in patients with RA, as well as the potential association of adiponectin with demographic and clinical features of these patients.