Table 1. Demographic and Rheumatic disease specific data of COVID-19 patients

	All patients (n=52)	Hospitalized (n=19)	Non-hospitalized (n=33)	p-value		All patients (n=52)	Hospitalized (n=19)	Non-hospitalized (n=33)	p-value
Age - n (%)	45.73 (10.829)	50.53 (10.905)	42.97 (9.923)	0.018	Duration - n (%)	>2 years 14(26.9)	3(15.8)	11(33.3)	0.147
Gender (Male/Female)	21 (40.4)/ 31 (59.6)	7 (36.8) / 12 (63.2)	14 (42.4)/ 19 (57.6)	0.462	Corticosteroids - n (%)	>2 years 38(73.1)	16(84.2)	22(66.7)	
BMI - n (%)	Normal 27 (51.9)	8 (42.1)	19 (57.6)	0.528		No steroids 18(34.6)	5(26.3)	13(39.4)	0.294
	Pre-obese 19 (36.5)	8 (42.1)	11 (33.3)			Low dose steroids 33(63.5)	13(68.4)	20(60.6)	
	Obesity 6 (11.5)	3 (15.8)	3 (9.1)			Moderate dose 1(1.9)	1(5.3)	0(0.0)	
Disease - n (%)	RA 18(34.6)	8(42.1)	10(30.3)	0.287	DMARDS (CS) - n (%)	MTX 25 (48.1)	8 (42.1)	17 (51.5)	0.358
	SPA 17(32.7)	5(26.3)	12(36.4)	0.335		HQC 13 (25)	5 (26.3)	8 (24.2)	0.560
	SLE and other 11(21.2)	3(15.8)	8(24.2)	0.364		LEF 4 (7.7)	3 (15.8)	1 (3)	0.132
	CTD'S 6(11.5)	3(15.8)	3(9.1)	0.380		SSZ 10 (19.2)	6 (31.6)	4 (12.1)	0.090
Comorbidities -n (%)	DM2 12(23.1)	9(47.4)	3(9.1)	0.003		Azathioprine 2 (3.8)	2 (10.5)	0 (0)	
	HTN 13(25)	8(42.1)	5(15.2)	0.035	DMARDS(B) - n (%)	Iguratimod 3 (5.8)	1 (5.3)	2 (6.1)	0.129
	CKD 2 (3.8)	2 (10.5)	0 (0)	0.129		Combination 13 (25.0)	6 (31.6)	7 (21.2)	0.701
	Hypothyroidism 12 (23.1)	4 (21.1)	8 (24.2)	0.537		Adalimumab 1 (20.0)	0 (0)	1 (25.0)	0.659
	Multimorbidity 8(15.4)	6(31.6)	2(6.1)	0.021	CO RADS -n (%)	Etanercept 1 (20.0)	0 (0)	1 (25.0)	
						Rituximab 3 (60.0)	1 (100.0)	2 (50.0)	
						0 11 (21.2)	0 (0)	11 (33.3)	<0.001
						1 9 (17.3)	0 (0)	9 (27.3)	
						2 3 (5.8)	0 (0)	3 (9.1)	
						3 3 (5.8)	2 (10.5)	1 (3)	
						4 11 (21.2)	7 (36.8)	4 (12.1)	
						5 15 (28.8)	10 (52.6)	5 (15.2)	

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3137

POS1236 IMPACT OF COVID-19 ON INITIATION AND RENEWAL OF BIOTHERAPIES AND TARGETED SYNTHETIC TREATMENTS

P. Richette¹, M. Allez², V. Descamps³, L. Perra⁴, S. Pilet⁵, M. Maravic⁶.

¹Lariboisiere Hospital, Rheumatology, France, France; ²St Louis Hospital, Gastroenterology, Paris, France; ³Bichat Hospital, Dermatology, Paris, France; ⁴IQVIA, Ai & Data engine, Courbevoie, France; ⁵IQVIA, Analytic solutions, Courbevoie, France; ⁶IQVIA, Real World Solutions, Courbevoie, France

Background: During the epidemic's peak of COVID-19, scientific societies published recommendations on biotherapy and targeted synthetic treatment (B/TST) use in patients with chronic articular inflammatory diseases, inflammatory bowel diseases, and psoriasis.

Objectives: The objective was to evaluate the impact of COVID-19 in France on initiation and renewal of B/TST.

Methods: LRx contains all anonymized medication dispenses prescribed in outpatient care in a representative panel of French retail pharmacies, including data of near 40 million patients. The impact of B/TST initiation and renewal were studied using 2019 as reference and dispense deliveries data of pharmacies with regular flow in order to perform the comparison. B/TST considered were abatacept, anti-TNF, anti-IL6, anti-IL17, anti-IL12/23 or anti-IL23, JAK inhibitors (JAKi) and other classes such as aprelimast, aminosalicylates (AS), hydroxychloroquine (HCQ), and methotrexate (MTX). A treatment initiated was defined as a treatment not delivered in the past 12 months, and conversely for a treatment renewal. Results were presented as raw one and expressed in percentage of patients having at least one B/TST delivery in each therapeutic classes of interest in 2020 compared to 2019 used as reference year (period from week 12 to week 19 considered and corresponding to the lockdown period in France).

Results: During the lockdown period, a decrease in initiation was observed for patients treated with: abatacept (405 in 2019 vs 227 in 2020: -44%, p<0.001), anti-TNF (1156 vs 1058, -31%, p<0.001), anti-IL17 (415 vs 206, -50%, p<0.001), anti-IL12-23 (395 vs 339, -12%, p=0.16), JAKi (289 vs 174, -39%, p=0.006), contrasting with an increase for Tocilizumab (117 vs 445, +152%, p=0.01). We found a decrease of 7% (2171 vs 2015, p=0.35), 44% (405 vs 227, p<0.001), 30% (3430 vs 2390, p<0.001) of AS, aprelimast and MTX initiation, respectively, and an increase of 173% (1708 vs 4671, p=0.11) of HCQ initiation. No decrease for the renewal of B/TST was observed.

Conclusion: During the epidemic's peak, initiation of AS, MTX, biotherapies (except for tocilizumab), and JAKi dramatically decreased without impacting their renewal. Two treatments were mainly initiated, tocilizumab probably due to a switch from intravenous to subcutaneous injection and HCQ in relation to its presumably effect on COVID-19. Overall, recommendations from scientific societies have been followed.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3146

POS1237 ALGORITHM IDENTIFYING CHRONIC INFLAMMATORY DISEASES TREATED BY BIOTHERAPY AND/OR TARGETED SYNTHETIC TREATMENTS IN OUTPATIENT CARE IN FRANCE: FEASIBILITY, PRELIMINARY RESULTS, AND IMPACT OF COVID-19

P. Richette¹, M. Allez², V. Descamps³, L. Perra⁴, S. Pilet⁵, M. Maravic⁶.

¹Lariboisiere Hospital, Rheumatology, Paris, France; ²St Louis Hospital, Gastroenterology, Paris, France; ³Bichat Hospital, Dermatology, Paris, France; ⁴IQVIA, Ai & Data engine, Courbevoie, France; ⁵IQVIA, Analytic Solutions, Courbevoie, France; ⁶IQVIA, Real World Solutions, Courbevoie, France

Background: Discriminating chronic inflammatory diseases under biotherapy and/or targeted synthetic treatments (B/TST) using medico-administrative databases are challenging but required for medico-economic analyses focusing on these diseases.

Objectives: The objective was to evaluate the feasibility of using a medication dispense data in order to identify patients with chronic inflammatory diseases under B/TST in outpatient care setting and evaluate the impact of COVID-19 in France

Methods: LRx contains all anonymized medication dispenses prescribed in outpatient care in a representative panel of French retail pharmacies, including data of near 40 million patients. Patients having at least one B/TST delivered in 2019 were selected. An algorithm was constructed using different steps, including a machine learning step by transfer learning applied in patient classified as having a rheumatologic condition in order to differentiate rheumatoid arthritis (RA) from spondyloarthritis (SA). We numbered 190,640 patients, of which 878% were classified in one of the following diseases: RA, SA, psoriatic arthritis (PA), psoriasis, inflammatory bowel diseases (IBD) (extrapolated data to France). Descriptive analysis was performed. The impact of COVID-19 on biotherapy initiation was evaluated during the lockdown period (W2-W19 2020) in these different conditions.

Results: Among the 167,468 patients under B/TST, 20.7%, 18.4%, 6.5%, 37.9% and 16.5% were considered as having a psoriasis, IBD, PA, RA, and SA, respectively. Female patients were more frequent in RA and PA (> 60%); younger (< 20 years) and older patients (74 years) were found in patients with IBD (5.7%) and RA (12.6%), respectively. Contrasting with IBD, SA, and RA patients were mainly under anti-TNF treatment (> 90% for IBD and SA, 73.5% for RA), psoriasis and PA patients received a range of broadly well-balanced of B/TST. Among the immunosuppressant, methotrexate was mostly prescribed in RA (58.4%), PA (34.1%), and psoriasis (14.1%), and azathioprine in IBD (19.9%). Oral corticosteroid delivered at least 4 times in 2019 were mostly found to be associated with a RA condition (28%). A significant decrease of biotherapy initiation was observed during the lockdown in France in patients with IBD (-20%, p=0.03) and psoriasis (-54%, p<0.0001), not significant decrease in patients with SA (-6%) and increase in RA patients (+23%).

Conclusion: The algorithm was able to identify patients with chronic inflammatory diseases under B/TST delivered in outpatient care and will allow to follow-up its management and study the COVID-19 impact on biotherapy initiation. An external validation needs to be performed

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3165