status (31.4% vs 17.2% p <0.01), better mean HAQ at diagnosis (1.1 vs 1.3, p <0.05) an association was observed with monotherapy. In addition, an association was observed with the use of monotherapy in patients in the 2nd biological line or higher vs 1st line (53% vs 33%, p <0.01), lower polypharmacy (45.6% vs 60%, p <0.02) and a shorter mean time of biological treatment (47 months vs 39 months, p <0.01). These variables were entered in a logistic regression model, the results of the independently associated variables are shown in Table 1.

Table 1. Effectiveness and Cost per Effectively Treated Patient with RA

<table>
<thead>
<tr>
<th>Variable</th>
<th>p</th>
<th>OR</th>
<th>CI 95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment status (active)</td>
<td>0.191</td>
<td>1.327</td>
<td>0.868</td>
</tr>
<tr>
<td>Socioeconomic level (medium-high stratum)</td>
<td>0.002</td>
<td>2.15</td>
<td>1.323</td>
</tr>
<tr>
<td>HAQ at diagnosis, M (SD)</td>
<td>0.019</td>
<td>0.704</td>
<td>0.524</td>
</tr>
<tr>
<td>First Line of biological treatment or Jaki (yes)</td>
<td>0.02</td>
<td>0.459</td>
<td>0.3</td>
</tr>
<tr>
<td>Polypharmacy (4 drugs) (yes)</td>
<td>0.08</td>
<td>0.603</td>
<td>0.395</td>
</tr>
</tbody>
</table>

Conclusion: The frequency of monotherapy, since the Jaki’s emergence, was 49% (all follow-up) and 41% (current-last visit). Intolerance to cDMARDs doctor and the patient decision were the main cause. The monotherapy use pattern was greater in those who received JAKi and anti IL6. The use of monotherapy was associated with work activity, socioeconomic status, and functional capacity at diagnosis. An association was also observed with less polypharmacy.

REFERENCES:

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AB0390

COST-EFFECTIVENESS OF IGRUATIMOD IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA) BY USING A CLAIMS-BASED ALGORITHM: RETROSPECTIVE ANALYSIS OF REAL-WORLD DATA

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Background: Igruatimod (IGU), as one of the conventional synthetic disease-modifying antirheumatic drugs (csDMARDs), has been approved by National Medical Products Administration (NMPA) to treat Rheumatoid arthritis (RA).

Objectives: This study aimed to compare the cost-effectiveness of well-established RA therapies using a claims-based algorithm in RA patients.

Methods: An electronic medical record (EMR) database from Zhijiang Hospital was utilized to estimate the cost-effectiveness of medication for RA patients. Inquiry was made using ICD codes, medical history and medication record. Principal diagnosis: Rheumatoid arthritis (ICD-10 M05.2).

Results: A total of 4836 RA patients were included in the analysis. The results of the statistically significant variables are shown in Table 1. Among them, 22 JAK inhibitor ir RA patients were investigated for clinical effectiveness.

Table 1. Cost of all medication per effectively treated patient with RA

<table>
<thead>
<tr>
<th>Criteria</th>
<th>All patients (n=263)</th>
<th>IGU with MTX group (n=96)</th>
<th>bDMARDs with MTX group (n=62)</th>
<th>MTX alone (n=105)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of all medication per effectively treated patient (SD)</td>
<td>$892.75 (911.57)</td>
<td>$383.46 (252.67)</td>
<td>$2554.54 (1273.13)</td>
<td>$1714.10 (1103.33)</td>
</tr>
</tbody>
</table>

Conclusion: IGU with MTX therapy was revealed to be both effective and modestly priced, which seemed to be a cost-effective strategy for RA therapy and warranted further cost-effectiveness investigation.

REFERENCES:

Disclosure of Interests: None declared


AB0391

ANALYSIS OF CLINICAL IMPROVEMENT BY 5 JAK INHIBITORS AGAINST JAK INHIBITOR IR RA PATIENTS IN JAPANESE CLINICAL PRACTICE

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Background: Recently, Eular recommended different mode of therapeutic tool to get clinical remission. JAK inhibitors are considered to be one of candidates. Several JAK inhibitors have been used, however there are almost little informations about selection of JAK Inhibitors, especially, informations about secondary JAK for JAK inhibitor ir RA patients.

Objectives: To analyze clinical response by second JAK inhibitors against JAK inhibition therapy in Japanese clinical practice.

Methods: In Japan, five JAK inhibitors have been mainly used in MTX ir or biologics ir patients from 2013 (tocilizumab, JAK1,2), 2017 (baricitinib, JAK 1,2), 2019 (Peficitinib, Pan JAK, in Asia, Japan), 2020.April (upadacitinib, JAK1,2, mainly JAK1) and 2020.Nov (filgotinib, JAK1). In our clinic, these JAK inhibitors were sequentially used to get clinical remission. JAK inhibitors are considered to be one of candidates. Several JAK inhibitors have been used, however there are almost little informations about selection of JAK Inhibitors, especially, informations about secondary JAK for JAK inhibitor ir RA patients.