The Use of Tumor Necrosis Factor (TNF) Inhibitors in the Second-Line Biologic/Small Molecule Setting: A Cross-Specialty Comparison

Through a cross-specialty comparison of biologic/small molecule switching practices, this research sought to understand the extent to which biologics and small molecules with a different mechanism of action (MOA) are prescribed after an initial TNF inhibitor, and how this varies across psoriasis (PSO), psoriatic arthritis (PsA), rheumatoid arthritis (RA), Crohn’s Disease, and ulcerative colitis (UC).

Spherix Global Insights collaborated with US specialists to conduct retrospective chart reviews of patients diagnosed with various autoimmune conditions who had switched from one biologic/small molecule therapy to another in the prior twelve weeks.

Analysis of patients recently switched from one biologic or small molecule to a different brand revealed that the vast majority of patients were treated with a TNF-inhibitor in the first-line biologic/small molecule setting, though this does vary by indication.

Further inconsistencies across the indications were revealed when examining the second-line switch-to-agent. Gastroenterologists were significantly more likely to practice TNF-sequencing, while dermatologists varied the most from the observed habits of their gastroenterology and rheumatology counterparts.

RealWorld Dynamix™ Switching Audits

n = 187 gastroenterologists
Fieldwork: May 2017

n = 176 rheumatologists
Fieldwork: September 2017

n = 200 rheumatologists
n = 1,008 patient charts
Fieldwork: April 2017

n = 201 dermatologists
n = 950 patient charts
Fieldwork: September 2017

A recent study fielded in March 2018 revealed that alternate MOAs accounted for majority of new start initiations in PSO patients.
Despite widespread use of TNF inhibitors in the first-line setting across autoimmune specialties, analysis of specific first-line TNF agents reveals that prescriptions of certain brands have been recently declining, though this does vary by indication as well. Use of infliximab as a first-line biologic agent in both Crohn’s and UC has decreased significantly over time.

For rheumatologists, use of first-line Enbrel has recently declined in both rheumatoid arthritis and psoriatic arthritis. For dermatologists, use of both Enbrel and Humira as first-line agents are on the decline in terms of length of time since initiation of first-line biologic/small molecule. Specifically, there were significantly more psoriasis patients initiated on Enbrel in the first-line biologic/small molecule setting 24 months or more prior to the study compared to those initiated within 12 months of the study.

TNF inhibitors have long been a mainstay for adult moderate to severe patients suffering from various autoimmune and inflammatory conditions. Though the position of TNFs as first-line biologic/small molecule agents remains dominant, the treating specialist and indication have large influences on how widespread and continuous TNF use is. For more information, contact: info@spherixglobalinsights.com

Does your team get it? Contact info@spherixglobalinsights.com or call (484) 879-4284 to find out if you have access our audits.
There’s No “Y” in Claims Data

But there is in RealWorld Dynamix™

Study Design

RealWorld Dynamix™ blends physician self-reported data with actual patient chart records to uncover differences in how physicians report managing their patients and how specific populations are managed differently. It augments claims data by providing the “why” behind the initiation/switching behavior and by providing essential details not available in claims data that may be driving the initiation/switch, such as co-morbid conditions or specific lab values. In addition to the PowerPoint report, a copy of the de-identified patient record database is available for additional analysis.

Objectives

- Understand how prevalent biologic and small molecule switching is in the target disease
- Assess the profile of the typical patient including co-morbid conditions, labs and other demographic information
- Understand what drives biologic initiation/switching and how this differs by drug class and specific brands
- Understand the degree of patient influence in the decision to initiate/switch or restart
- Understand how physicians will determine “success”, over what time frame and what the next step is in the treatment algorithm
- Highlight the areas of opportunity and threat for each brand

Details

- Brief survey on practice background, self-reported use and disease awareness and attitudes
- Each respondent submits 3-7 patient records for disease patients switched from one biologic to a different brand in the past three months
- Participants are paid an honorarium for participating

Screening Criteria

- In practice at least 2 and no more than 35 years
- Must be a board-certified specialist
- Must have at least 50 target patients under management (can vary by report)
- Must spend at least 50% of professional time in clinical practice seeing patients

Each audit includes ~1,000 patient records submitted by ~200 specialists

Focused on recent patient dynamics

New Starts Switches Restarts Special patient populations

Physician Profile

- Practice demographics
- Approaches to treatment
- Brand preferences and perceptions
- Unmet needs

Patient Chart Analysis

- Patient clinical and social demographics
- Treatment history and involvement in decisions
- Symptoms, concomitant medications
- Lab and test data
- Reasons for brand choice
- Next likely progression

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