

Rheumatoid Arthritis Patient Profile



Meet “Rachel” RA

Rachel is a **55 year old Hispanic female** patient. She was referred from her **PCP** to her current rheumatologist who diagnosed her with RA **24 months ago**.

It has been **8 months** since her **first biologic/JAK initiation**. She has seen her current rheumatologist **5 times this year**.

Weight: **135 lbs.**
Height: **5'2"**

Primary insurance:
Commercial HMO

Physician Global Assessment
of **4** (0-10 scale)

She presented with **3 swollen/tender joints** at diagnosis.

She was reported as having **moderate impairment** of quality of life metrics – pain, fatigue, activities of daily life, work performance, social leisure and family activities, and sleep quality.



Her comorbidities include **depression/anxiety, average cardiovascular risk, and low malignancy risk**.

Rachel was switched from...



She was switched from **Xeljanz** after **5 months of treatment**. Xeljanz was the **FIRST biologic/JAK** she had ever been prescribed.

She is now on a **Kevzara monotherapy regimen without any concomitant tDMARDs**, though she previously was on MTX and has since discontinued after beginning Kevzara.

She switched from Xeljanz largely due to primary **efficacy issues with failure/little-to-no response**. **Tolerability** was also a factor in the decision to switch.

Rachel was switched to...



Kevzara was chosen due to the **desire for the specific MOA**. Rachel had **minimal input** into the decision to switch.



She presented with **8 swollen/tender joints** at the most recent switch.



Her RA disease was classified as **severe at first biologic initiation** and was still **severe at the most recent switch**.

Rachel would have been placed on **Actemra SC** if **Kevzara was not available**—Kevzara was ultimately selected in place of Actemra SC **due to her insurance plan**.



She will be seen within the next month, and her rheumatologist will assess the **number of swollen/tender joints** and will see if there is a **change in her CRP, ESR, and RAPID 3 lab values to assess** if Kevzara is working, though her physician still plans to “give it more time” before making another switch.



She is considered to be **very adherent** with regard to her biologic/JAK **treatment** and also with keeping her **office visits**.

“Rachel” is an actual patient record from our third annual RA audit, **RealWorld Dynamix: Biologic/JAK Switching in Rheumatoid Arthritis US**.

Imagine if you had **1,074** de-identified patient records from the US and **1,312** from the EU5 to analyze the implications for your RA brand!



If Kevzara is ultimately **unsuccessful**, her rheumatologist intends to place her on Rituxan next.