Impact of New Biologic Agent Approval for Ulcerative Colitis on Tumor Necrosis Factor Inhibitor Prescribing: Results from a National Patient Chart Audit

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Introduction

Tumor Necrosis Factor inhibitor (TNF) therapy was approved for use in moderately active ulcerative colitis (UC) in 2005. This research sought to understand the extent to which newly approved biologics with a different mechanism of action (MOA) have been adopted for the treatment of UC and their impact on the use of well-established TNFs.

Methods

An independent market analytics firm collaborated with US gastroenterologists (n=187) to conduct a retrospective chart review of patients with either ulcerative colitis (UC) (n=475) or Crohn’s disease (CD) (n=566), who had switched from one biologic therapy to another in the prior twelve weeks. Gastroenterologists were able to submit up to seven IBD patient charts. Data were collected in April 2017 and included clinical and non-clinical patient demographics, as well as physician demographics and attitudinal survey responses.

Results

75% of the participating gastroenterologists reported recent changes to the management of their patients with UC. The two most commonly recalled treatment shifts were 1) more aggressive use of biologics and 2) an increased use of vedolizumab (Fig. 1). Among audited UC patients, use of infliximab as a first-line biologic agent has significantly decreased over time. More than 24 months before the study commencing, 50% of first-line patients were initiated on infliximab, compared to 12 months prior to the study, where just 37% of patients were initiated on infliximab. Over the same time, first-line use of adalimumab in UC patients remained consistent, and vedolizumab use increased from 0% to 7%, respectively (Fig. 2).

Patients initiated on infliximab as their first-line biologic were significantly more likely to be switched to a second TNF inhibitor compared to patients initiated on adalimumab as a first-line treatment (77% vs. 54%, respectively) (Fig. 3). The use of vedolizumab as a second-line agent was twice as likely in patients who started their biologic therapy on adalimumab versus those patients who started on infliximab (37% vs. 19%, respectively) (Fig. 3). In the three months prior to the audit, the two leading TNFs, adalimumab and infliximab, showed a net loss of patients as a result of switching therapy (Fig. 4).

Conclusion

TNF therapy continues to dominate biologic treatment for UC, however, vedolizumab is being used more and being used earlier. Infliximab use in new patients has steadily decreased, while adalimumab use has stayed constant. The use of TNFs as first-line biologic treatments appears to have an influence on the choice of vedolizumab as a subsequent treatment, with those previously on adalimumab more likely to be treated in the second-line setting with vedolizumab than those treated with infliximab.

Note: Spherix Global Insights is an independent healthcare market analytics company. All studies are independently funded and fielded by the organization. Final reports are developed from these studies which are then made available for purchase. For more information, contact info@spherixglobalinsights.com