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9. Experience with tofacitinib in Canada: Rheumatoid arthritis patient characteristics and treatment patterns from 2014 to 2016

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Objectives: Tofacitinib is an oral Janus kinase inhibitor for the treatment of rheumatoid arthritis (RA). This study characterizes patients with RA newly prescribed tofacitinib 5 mg twice daily (BID) in Canada and treatment patterns for tofacitinib use in Canadian clinical practice between June 2014 and August 2016.

Method: A descriptive analysis of patient-reported demographic and medication history was performed for patients with RA newly prescribed tofacitinib and enrolled in the Canadian eXel support program, which provides support to physicians and patients, by facilitating access and patient education during treatment with tofacitinib.

Results: Between June 2014 and August 2016, 2749 patients with RA were newly prescribed tofacitinib and enrolled in the eXel support program. As of 31 August 2016, 1739 patients (63.3%) were actively receiving therapy, 200 (7.3%) were in the process of initiating therapy, 647 (23.5%) were no longer active in the program following treatment initiation, and 163 (5.9%) did not initiate therapy. Reasons for treatment discontinuation included: lack/loss of efficacy (251/647 [38.8%]), other health issues (179/647 [27.7%]), and patient decision to try another therapy (91/647 [14.1%]). Based upon patient-reported information at baseline, the mean (standard deviation [SD]) age was 59 (12) years, the majority of patients were female (80.4%) and the mean (SD) disease duration was 14 (11) years. The majority of patients receiving tofacitinib were resident in Ontario (35.4%), Québec (23.1%), Alberta (9.9%), and Nova Scotia (7.9%), with 23.8% from the remaining provinces of Western and Atlantic Canada. Of the 2183 patients with available medication history, 439 (20.1%) were biologic disease-modifying antirheumatic drug (bDMARD)-naïve and 1744 (79.9%) had used bDMARDs in the past. Of the patients who had received prior bDMARD therapy, the mean number was 2.2. Over 2014, 2015, and 2016, the use of tofacitinib in patients who had received ≤1 prior bDMARD had increased (36.2%, 37.9%, and 47.1%, respectively).

Conclusion: Among Canadian patients with RA prescribed tofacitinib, most had received prior bDMARD treatment and had a long disease duration. Approximately 20% were bDMARD-naïve patients and an increase in the prescribing of tofacitinib to patients with ≤1 prior bDMARD failure was observed. Utilization of tofacitinib has been changing in Canada over the 2 years of observation.