

## Biologic/JAK Switching in Rheumatoid Arthritis (EU)



### OVERVIEW

There are currently nine branded biologics, multiple TNF biosimilars and two oral janus kinase (JAK) inhibitors approved for the treatment of rheumatoid arthritis (RA) in the European Union. With the recent introduction of several agents with alternative MOAs, a multitude of more affordable biosimilars, and the approvals of two JAK inhibitors, the EU RA treatment landscape is in a state flux. RA treatment protocol and other factors tend to dictate use of TNF-inhibitors as first-line biologics. However, rheumatologists estimate that every year, roughly one-quarter of their RA patients treated with biologics or JAKs are switched from one biologic/JAK to another. Treatment protocols for second-line (and subsequent line) therapies are less stringent, resulting in a dynamic switching segment. This study provides independent analysis of the switching segment, as the key driver and predictor of future brand share, delivering intelligence that is critical to informing commercial decisions.

### SAMPLE & METHODOLOGY

**RealWorld Dynamix™: Biologic/JAK Switching in RA (EU)** is based on a robust and deep patient chart analysis of ~1000 RA patients who were switched from one biologic or JAK-inhibitor to a different brand in the past three months. Each physician completes an in-depth medical history of their last five patients who met the study inclusion criteria. An excellent augmentation to claims data, **RealWorld Dynamix™** also captures the clinician's perspective on why the switch was made and the new brand chosen as well as future intentions should the response be suboptimal. In addition to patient demographics and treatment history, clinical assessments, diagnostic tests, and laboratory values are included to provide insight into the clinical course of the disease.

### KEY QUESTIONS ANSWERED

- What is the patient profile of the typical RA "switch" patient, including demographics, co-morbid conditions, risk factors, concomitant treatments, lab values, and other information?
- What drives biologic switching in RA and how does it differ by drug class and specific brands?
- What do switch segment dynamics and physician intended use tell us about the future market share of approved brands?
- How much influence does the patient have in the decision to switch biologic/JAK brands?
- How do physicians determine success, over what time frame, and what are the next steps in the treatment algorithm?
- What are the areas of opportunity and threat for the RA biologic and JAK brands?
- What is the awareness of the drugs in development and perceived positioning relative to others in the market?
- Which patients are candidates for the drugs in the RA pipeline?

### Products Profiled

#### Commercial Products

Roche (RoActemra, MabThera), UCB (Cimzia), Pfizer (Enbrel, Xeljanz), AbbVie (Humira) BMS (Orencia), Janssen (Remicade, Simponi), Incyte/Lilly (Olumiant), Regeneron/ Sanofi (Kevzara), Biogen/Bioepis (Benepali, Flixabi), Hospira (Inflectra), Celltrion (Remsima, Truxima), Amgen (Amgevita)

#### Pipeline Agents

Gilead/Galapagos (filgotinib), AbbVie (upadacitinib), Lilly (LY3337641), EMD Serono (evobrutinib)

### Key Dates

- October Publication

### Deliverables

- PowerPoint report with brand specific sections
- Frequency Tables and Summary Statistics
- On-site or web-based presentation
- Copy of de-identified database
- Proprietary questions

### Related Reports 2017

- RealTime Dynamix™: Rheumatoid Arthritis EU
- RealWorld Dynamix™: Biologic/JAK Switching in Rheumatoid Arthritis US
- RealTime Dynamix: Rheumatoid Arthritis US
- RealWorld Dynamix™: Biologic/Otezla Switching in Psoriatic Arthritis US
- RealTime Dynamix™: Psoriatic Arthritis US

### Pricing

- \$99,500