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Patterns Of Use Of Biologic Dmards And Small Molecules In Patients With Inflammatory Arthritis: Combined Data From Four Countries Of Latin America

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Background/Objectives: Availability of biological (b) DMARDs and small molecules differ in countries from Latin America, which affects physicians' prescription. Additionally, in the last few years, biosimilars and generic targeted synthetic (ts) DMARDs have been introduced. The aim of this study was to describe the initiation patterns of b/ts-DMARDs in patients with immune-mediated inflammatory arthritis (IIA) in four countries of Latin America (LA) and compare the situation between countries.

Methods: Data from four BIOBADA (Adverse Events of Targeted Therapies in Rheumatic Diseases) Registries from LA were collected, including patients from Argentina, Mexico, Paraguay and Uruguay. For this analysis, those with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and axial spondyloarthritis (axSpa) who had started at least one biological or small molecule drug until October 2023 were included.

Results: A total of 7727 treatments in 4767 patients have been included, 5448 (70.5%) from Argentina, 1085 (14.0%) from Mexico, 706 (9.1%) from Paraguay, 488 (6.3%) from Uruguay. Most of them were female (78.3%) with a mean age of 50.8 years (SD12.2). The most frequent IIA was RA (3920,82.2%), followed by PsA (454,9.5%), axSpa (393,8.2%).

Regarding biosimilars, they were introduced in Mexico in 2012 and in Argentina in 2019, including TNFi and RTX biosimilars. In Paraguay and Uruguay only TNFi biosimilars have been commercialized since 2016 and 2019, respectively. JAKi generics are available only in Argentina from 2020. Argentina and Mexico have a greater variety of drugs. The most frequently used drugs in all countries were TNF inhibitors, particularly as the first line of treatment. Globally, ABA was used in 9.5% of the treatments, JAKi original in 8.6% and IL-6i in 8.3%, and its frequency increases as 2nd and 3rd line (Table 1). When drug initiation was analyzed in time, the frequency of TNFi original decreased gradually when new drugs were introduced in each country. The use of JAKi has increased over time since its launch in each country. In Argentina a clear increase in the use of generic tofacitinib was observed since 2020, while the frequency of new regimens with original JAKi decreased (Figure 1).

Image 1:

Table 1. Types of b/ts-DMARDs used in each country in the BIOBADA registry.

	Argentina (n=5448)	México (n=1085)	Paraguay (n=706)	Uruguay (n=488)	Total (n=7727)
Abatacept	580 (10.6%)	144 (13.3%)	-	1 (0.2%)	725 (9.4%)
Apremilast generic	1 (0.0%)	-	-	-	1 (0.0%)
Apremilast original	2 (0.0%)	-	-	-	2 (0.0%)
IL-12/23, 23, 17 inhibitors	96 (1.8%)†	22 (2.0%)††	-	4 (0.8%)†††	122 (1.6%)
IL-6 inhibitors	312 (5.7%)	157 (14.5%)	122 (17.3%)	42 (8.6%)	633 (8.2%)
JAK inhibitors generic	102 (1.9%)	-	-	-	102 (1.3%)
JAK inhibitors original	537 (9.9%)	78 (7.2%)	13 (1.8%)	33 (6.8%)	661 (8.6%)
TNF inhibitors biosimilar	72 (1.3%)†	16 (1.5%)††	61 (8.6%)†††	-	149 (1.9%)
TNF inhibitors original	3425 (62.9%)	578 (53.3%)	469 (66.4%)	345 (70.7%)	4817 (62.3%)
Rituximab biosimilar	54 (1.0%)	8 (0.7%)	-	-	62 (0.8%)
Rituximab original	264 (4.8%)	82 (7.6%)	40 (5.7%)	63 (12.9%)	449 (5.8%)

*n: number; IL: interleukin; JAK: janus kinase; TNF: tumor necrosis factor

† etanercept, adalimumab and infliximab biosimilars; †† infliximab biosimilar; ††† adalimumab and infliximab biosimilar

† ustekinumab, secukinumab, ixekizumab, risankisumab, guselkumab; ††† ustekinumab, secukinumab, ixekizumab

Image 2:

Figure 1. Drug initiation in time in each BIOBADA registry



Conclusion: The availability of biologic DMARDs and small molecules differs in countries of LA. TNFi are the most frequently used. The inclusion of new drugs, biosimilars and generics have changed the pattern of drug initiation.

Disclosure of Interest: None Declared

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