



EAHP CONGRESS

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ERSON CENTRED PHARMACY AVIGATING DIGITAL HEALTH

PERSISTENCE AND SAFETY OF BARICITINIB IN A REAL-WORLD SETTING OF RHEUMATOID ARTHRITIS PATIENTS

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Background and Importance

Baricitinib is a Janus kinase (JAK) inhibitor used for moderate to severe rheumatoid arthritis (RA). Real-world data on its persistence and discontinuation are crucial to understanding its long-term efficacy and safety.

Aim and Objectives

Evaluate the persistence of baricitinib in RA patients in a real-world clinical setting and determine the main reasons for treatment discontinuation.

Materials and Methods

Retrospective observational study (patients treated up to 31 August 2024) of RA patients treated with baricitinib.

Variables Collected:

- Demographic data (sex, age)
- Previous treatments
- Start and discontinuation dates
- Reasons for discontinuation

Persistence: Time (months) from treatment start to discontinuation (Kaplan–Meier survival curves, log-rank test). **Discontinuation** Reasons: Ineffectiveness, adverse events (AEs), comorbidities, and others.

Results: (N=143 patients)

> Patient Demographics:

- Women: 78.3%
- Median age: 59 years (IQR: 29–86)

Graph 1. Kaplan-Meier survival estimates

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> Treatment History:

- No prior treatment: 50.3%
- One prior treatment: 28.7%
- Two or more prior treatments. 21%

> Adverse Events:

- Gastrointestinal: 36.8%
- Infections: 31.6%

> Persistence:

- Median persistence: 59 months (95% CI: 45.6– 78.5) Graph 1
- Discontinued treatment: 46.9% (67 patients)

> Discontinuation Reasons:

- Ineffectiveness: 25.2%
- Adverse events: 13.3%
- Comorbidities: 3.5%
- Other causes: 4.9%



Conclusion and Relevance

- Nearly half of the patients remained on baricitinib for a median of 59 months.
- Discontinuation occurred mainly due to ineffectiveness or AEs.
- Long-term monitoring of efficacy and safety is essential for baricitinib.
- Future studies comparing baricitinib with other JAK inhibitors could provide valuable insights.



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