

Effectiveness of Additional Risk Minimization Measures when using Baricitinib (Risk-Bari) - Preliminary analysis



EPH3

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INTRODUCTION

Baricitinib is a selective and reversible inhibitor of Janus kinase (JAK) 1 and JAK2, which is approved for the treatment of moderate to severe active rheumatoid arthritis and atopic dermatitis, as well as severe alopecia areata, in adult patients.[1] Additional risk minimization measures (aRMMs) include educational materials to mitigate the risks of malignancies, major adverse cardiovascular events (MACE), serious infections, venous thromboembolism (VTE), and mortality.[2] These educational materials include a Healthcare Professionals (HCP) Guide, a Patient Alert Card (PAC), and Direct Healthcare Professional Communications (DHPC).

AIM

To assess awareness and knowledge among professionals most involved in prescribing this product in Portugal about the risks associated with the use of this product in Portugal, as well as to determine the accessibility of educational materials.

METHODS

Cross-sectional and non-interventional study. Dermatologists, rheumatologists, and immunoallergologists were invited to complete an online questionnaire in order to assess their awareness, knowledge, and adherence to aRMMs. The recruitment strategy for completing the questionnaire included professional and social networks, and collaboration with professional associations. Data collection occurred over a period of 105 days between 09/2023 and 12/2023. A descriptive analysis was performed with software Statistical Package for the Social Sciences® (IBM SPSS Statistics) 29.0 version.

RESULTS



77 questionnaires

Excluded:

- 5 not valid
- 2 because physicians did not provide medical appointments to patients with rheumatoid arthritis/ atopic dermatitis/ alopecia areata



70 questionnaires

Excluded:

- 4 for belonging to other medical specialties



Of the 66 valid questionnaires:

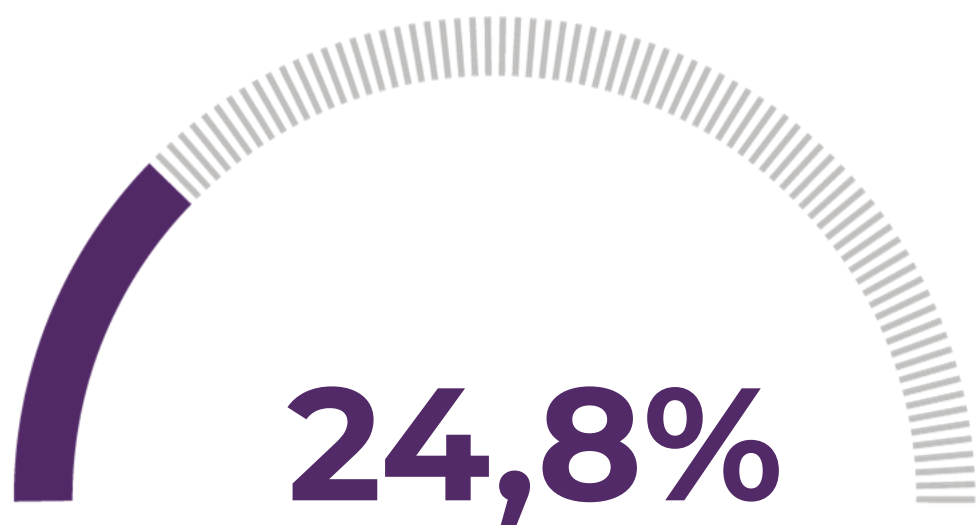
- 50% of the responses were from immunoallergologists
- 25.8% from dermatologists
- 24.2% from rheumatologists



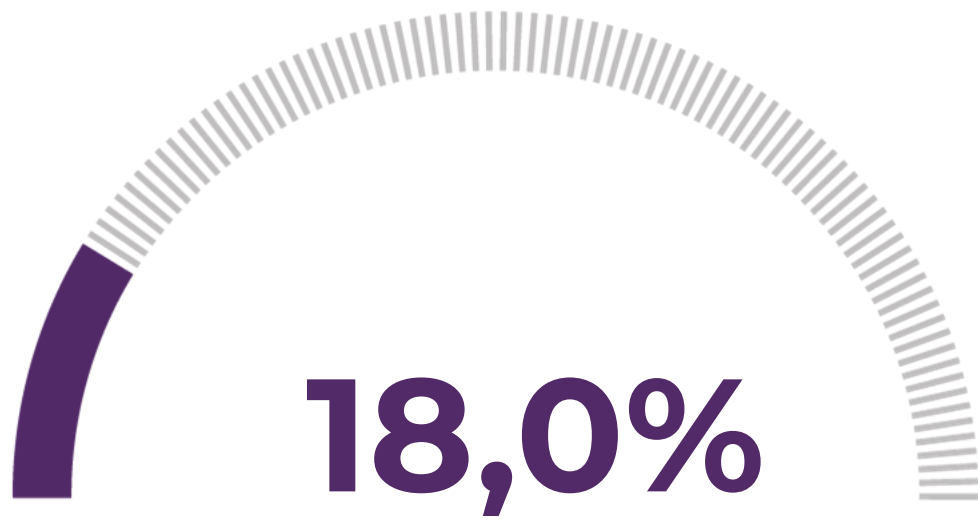
53 complete questionnaires

1 Malignant Neoplasms

Respondents demonstrated that they were aware of most of the risks addressed by the aRMMs, with the exception of malignant neoplasms

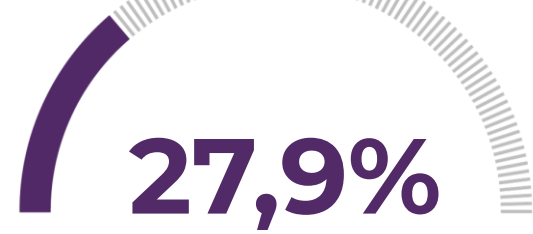


Of respondents answered incorrectly



18,0% were unaware of this information

2 aRMMs Aware



Of the respondents were aware of aRMMs when answering the questionnaire in this study

3



63,5%

Where Physicians Find Out aRMMs

Recognized the Pharmaceutical Industry as the primary source of information



39,9%

Followed by symposia/ conferences

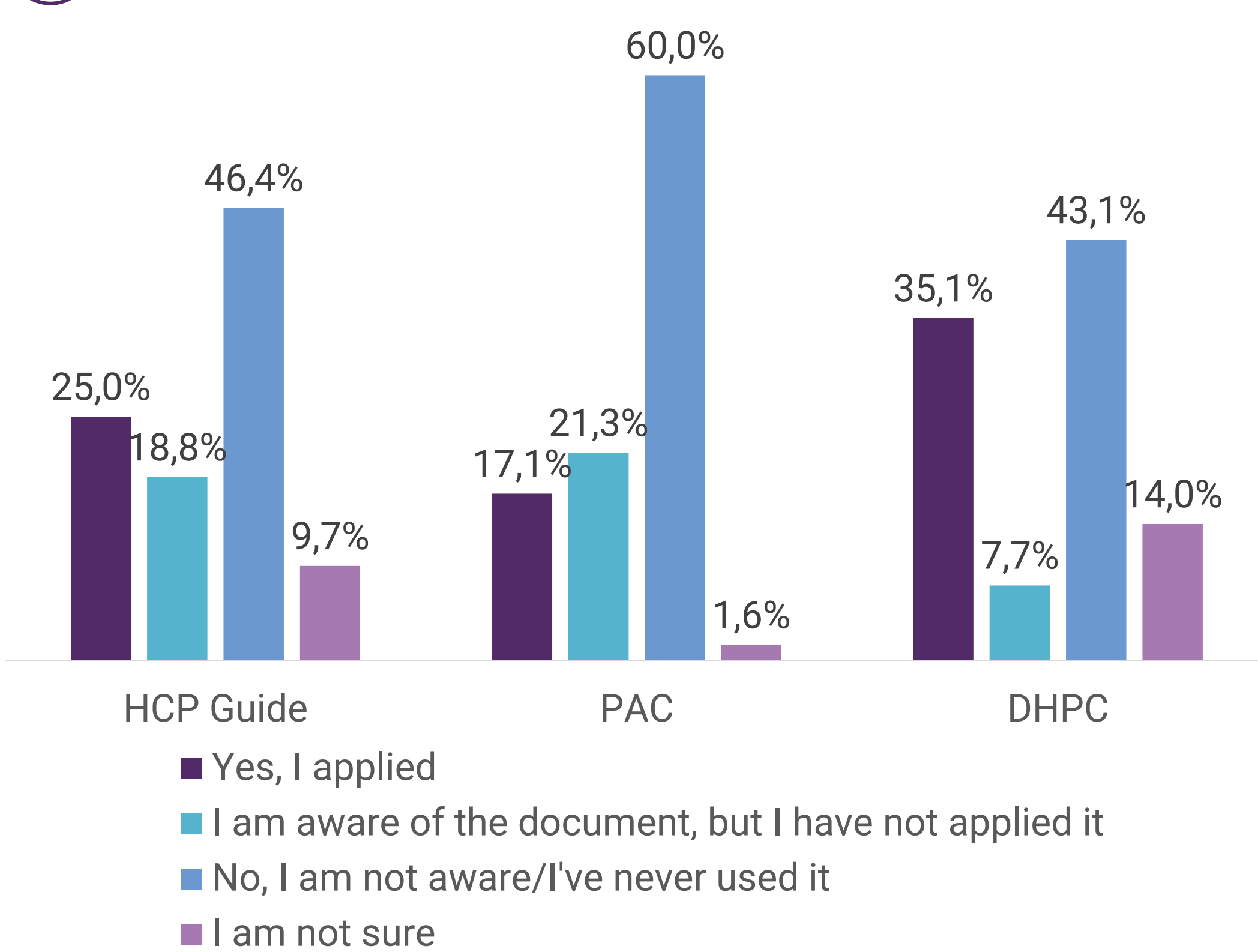


37,9%

And scientific journals

5

aRMMs Use



4

Educational Materials Access



Most physicians considered educational materials accessible



Are unaware that they are available through the national medicines database (INFOMED)

6

Barriers to Implement aRMMs

39,2%
Lack of time

32,1%
Insufficient dissemination

12,3%
Difficulty communicating with the patient

CONCLUSION

The scientific evidence gathered from this study could be used to optimize communication and educational strategies, making aRMMs more accessible, understandable, and implementable. Thus, it ensures that healthcare professionals are fully informed and equipped to manage the risks associated with baricitinib, consequently improving patient safety and the quality of healthcare.

REFERENCES

[1]https://www.ema.europa.eu/pt/documents/product-information/olumiant-epar-product-information_pt.pdf

[2]https://extranet.infarmed.pt/web/fl/matedu/SEGURANCA/2023/1/60341/e0cbe17003c64a3398ff001aa5d1d87c_011.pdf (Accessed 02-06-2024)

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See all results here:

