3. RESULTS
Of 22,929 adults who initiated or switched to new biologics/JAKs in the study period, 2,943 (13%) received JAKs; of them, 2,253 (77%) were on tofacitinib, 203 (7%) on baricitinib, and 467 (17%) on upadacitinib.

Compared to patients on biologics, JAK group had significantly higher proportion of patients with commercial insurance (57% vs 49%), lower proportion of patients on methotrexate (27% vs 36%) and glucocorticoids (44% vs 50%), patients with baseline remission/low disease activity [DAS] (50% vs 55%). JAK patients were younger (mean 57.8 vs 58.6), had shorter follow-up (mean 12 vs. 13.6 mo), duration of therapy (mean 7.9 vs 8.9 mo), and higher # of prior regimens (mean 2.9 vs 2.3). The difference between DAS at 6 mo since switch was not significant (61% vs 63%, p=0.152) (Figure 1). In multivariable analysis, patients with moderate/high DAS54, middle age (41-64 yrs vs 18-40) and those with higher # of prior regimens were more likely to receive JAKs, while patients with non-commercial insurance (Medicare/Medicaid vs commercial, other payer vs commercial) were less likely to receive JAKs (Figure 2).