Title: Ixekizumab Treatment Patterns and Health Care Resource Utilization Among Patients With Axial Spondyloarthritis: A Retrospective United States Claims Database Study

Abhijeet Danve[1], Aisha Vadhariya[2,*], Jeffrey Lisse[2], Arjun Cholayil[2], Neha Bansal[2], Natalia Bello[2], Catherine Bakewell[3]

[1]Yale School of Medicine, New Haven, CT, USA; [2]Eli Lilly and Company, Indianapolis, IN, USA; [3]Intermountain Healthcare Medical Group, Salt Lake City, UT, USA

***Corresponding author:**

Aisha Vadhariya

Eli Lilly and Company

893 S. Delaware Street

Indianapolis, IN 46285, USA

Email: vadhariya_aisha@lilly.com

Supplementary Table 1: Treatment patterns among biologic-experienced patients during the 12-month follow-up period

Variables		**Biologic-experienced patients with axSpA receiving ixekizumab** (N=140)
Concomitant medication[a], n (%)		
NSAIDs		50 (35.7)
Oral corticosteroids		32 (22.9)
csDMARDs		20 (14.3)
Opioids		10 (7.1)
Number of index drug prescription refills[b]	Mean (SD)	7.34 (4.1)
	Median (IQR)	6 (4–11)
Persistence[c] (days)	Mean (SD)	238.5 (126.2)
	Median (IQR)	272 (123.8-366)
Discontinuation[d], n (%)		75 (53.6)
Restart after discontinuation[e], n (%)		12 (16)
Switching to non-index medication after discontinuation[f], n (%)		45 (60)
Proportion of days covered (PDC)[g], mean (SD)		0.6 (0.3)
PDC among persistent patients, mean (SD)		0.9 (0.1)
Adherence (PDC ≥80%)[h], n (%)		51 (36.4)
Adherence (PDC ≥80%) among persistent patients, n (%)		50 (76.9)
Switching to non-index medication, n (%)		45 (32.1)

axSpA, axial spondyloarthritis; csDMARDs, conventional synthetic disease-modifying antirheumatic drugs; IQR, inter-quartile range; NSAIDs, nonsteroidal anti-inflammatory drugs; SD, standard deviation.

[a]Use of one or more other concomitant medications during the first 90 days after receiving ixekizumab.

[b]The total number of unique, paid prescription claims of ixekizumab during the follow-up period.

[c]Days of continuous therapy from ixekizumab initiation until the end of the follow-up period, allowing for a maximum fixed gap of 90 days between prescription refills.

[d]Failure to refill ixekizumab within 90 days after the depletion of the previous days' supply or presence of an alternative advanced drug. For the remaining 18 patients who discontinued ixekizumab, there was no evidence of restarting ixekizumab or switching to non-index medication during the follow-up period.

[e]Proportion of patients who had ixekizumab prescription refills after the discontinuation date until the end of the study period.

[f]Presence of alternative advanced drug in the follow-up period.

[g]Adherence was measured using PDC: number of days with ixekizumab on-hand or exposure to ixekizumab divided by the number of days in the follow-up period, regardless of discontinuation.

[h]PDC ≥80% was defined as "adherent".