

Early Post-Approval Surveillance of New Molecular Entity Uptake in the Sentinel Distributed Database



Nicole R. Haug, MPH¹, Talia J. Menzin, BS¹, Tiffany S. Woodworth, MPH¹, Judith C. Maro, PhD¹, Jeffrey S. Brown, PhD¹, Michael D. Nguyen, MD²

¹ Dept. of Population Medicine, Harvard Medical School & Harvard Pilgrim Health Care Institute, Boston, MA, USA; ² US Food and Drug Administration, Silver Spring, MD, USA

BACKGROUND

- Each year, the US Food and Drug Administration (FDA) approves a wide range of new drugs and biologic products
- New molecular entities (NMEs), containing active ingredients not previously approved, provide innovative treatment options and advances in healthcare
- Despite intensive pre-market safety research, no drug is risk-free, making the monitoring of newly approved drugs a public health priority
- Post-market active surveillance studies benefit from sufficient power, and are consequently restricted by variable sample size reflecting inconsistent uptake across NMEs
- The Sentinel System, FDA's medical product monitoring system, can rapidly access drug utilization information from electronic healthcare data for a large number of patients from a diverse group of commercial health plans

OBJECTIVE

To characterize the rate of uptake and market attributes for NMEs approved in 2013 and 2014, during their first 1-2 years on the market, using the Sentinel System

METHODS

Study Period: January 1, 2013 – December 31, 2015

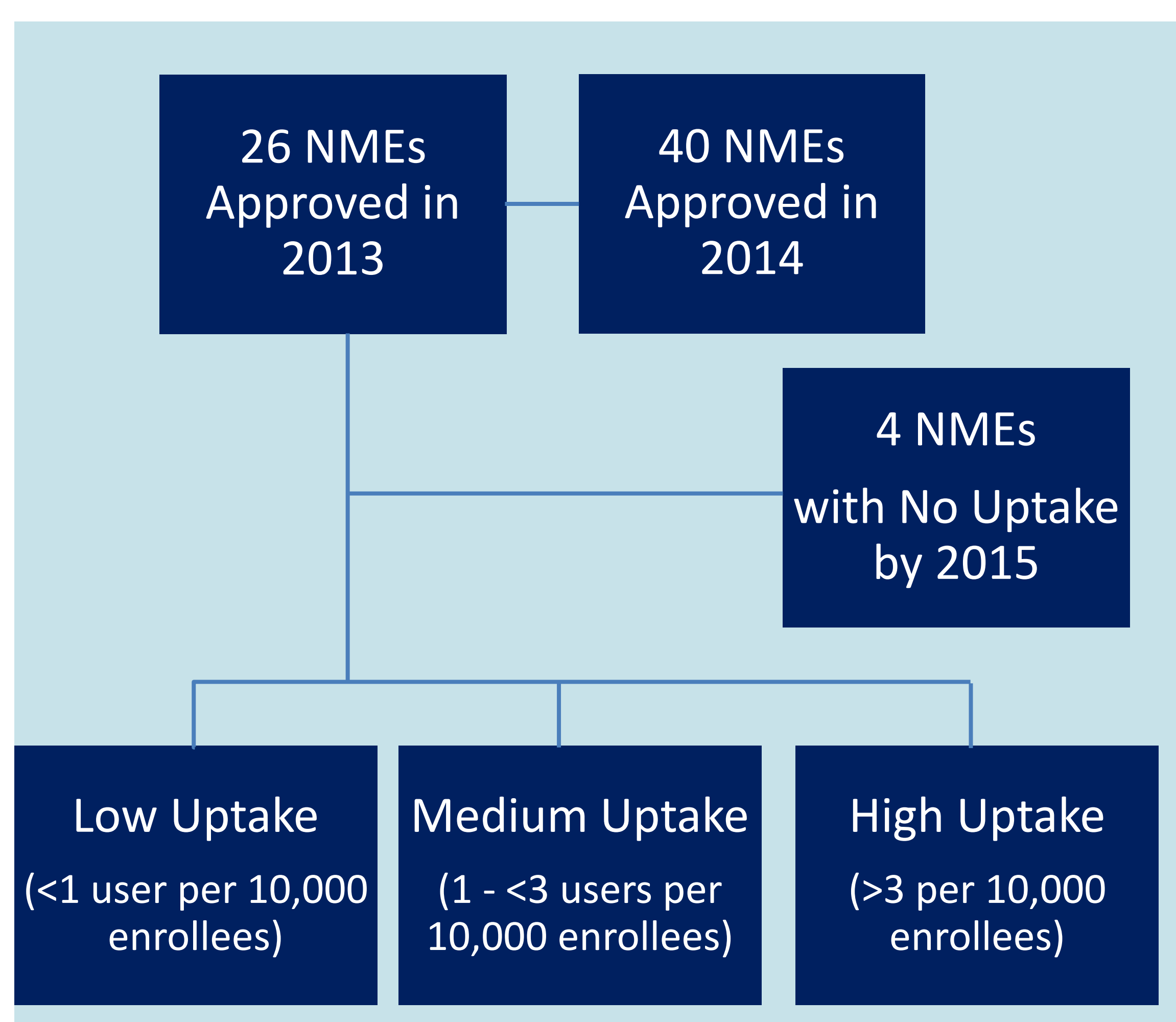
Sentinel Distributed Database (SDD)

- 16 Sentinel Data Partners
- Health plan insurance claims
- Over 42 million enrollees of all ages with medical and drug coverage, within the query period

NME Identification

- Nature Reviews Drug Discovery Journal
- NMEs defined by generic name with:
 - National Drug Codes (NDCs)
 - Healthcare Common Procedure Coding System (HCPCS) codes, when applicable
- NMEs categorized into levels of uptake, by 2015 prevalence (**Figure 1**):
 - **Low**: less than 1 user per 10,000 enrollees
 - **Medium**: between 1 and 3 users per 10,000 enrollees
 - **High**: more than 3 users per 10,000 enrollees
- Indications and other drug market attributes reviewed for NMEs with high uptake

Figure 1. Collection and Categorization of NMEs



DISCLOSURE STATEMENT

This work was funded by FDA contract number HHSF223201400030I. The authors have no relationships to disclose.

REFERENCES

A. Mott K, Graham DJ, Toh S, et al. Uptake of new drugs in the early post-approval period in the Mini-Sentinel distributed database. *Pharmacoepidemiology and Drug Safety* 2016;25(9):1023–32.

RESULTS

- 62 (93.9%) of NMEs approved in 2013 and 2014 were observed in the SDD by 2015
- The majority, 44 NMEs (66.7%), had low uptake; 18 NMEs (27.3%) had medium to high uptake by 2015 (**Figure 2**)
- Greatest uptake was seen for a first-in-class NME indicated for type 2 diabetes, with 409,711 dispensings among 87,544 users captured in 2015, two years post-approval (**Figure 3**)

Figure 2. 2015 Prevalence of NMEs Approved in 2013 and 2014, with More than 1 User per 10,000

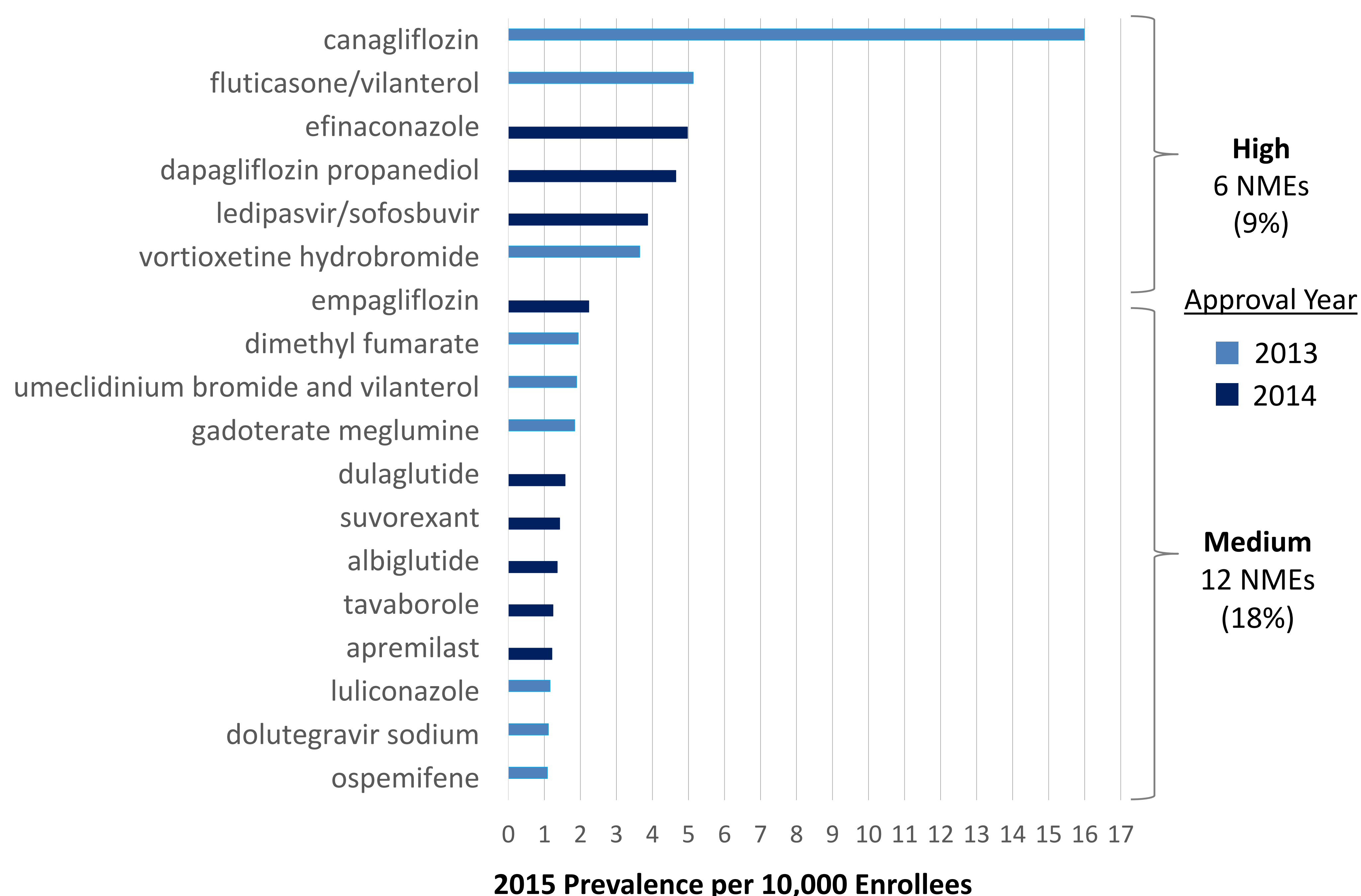
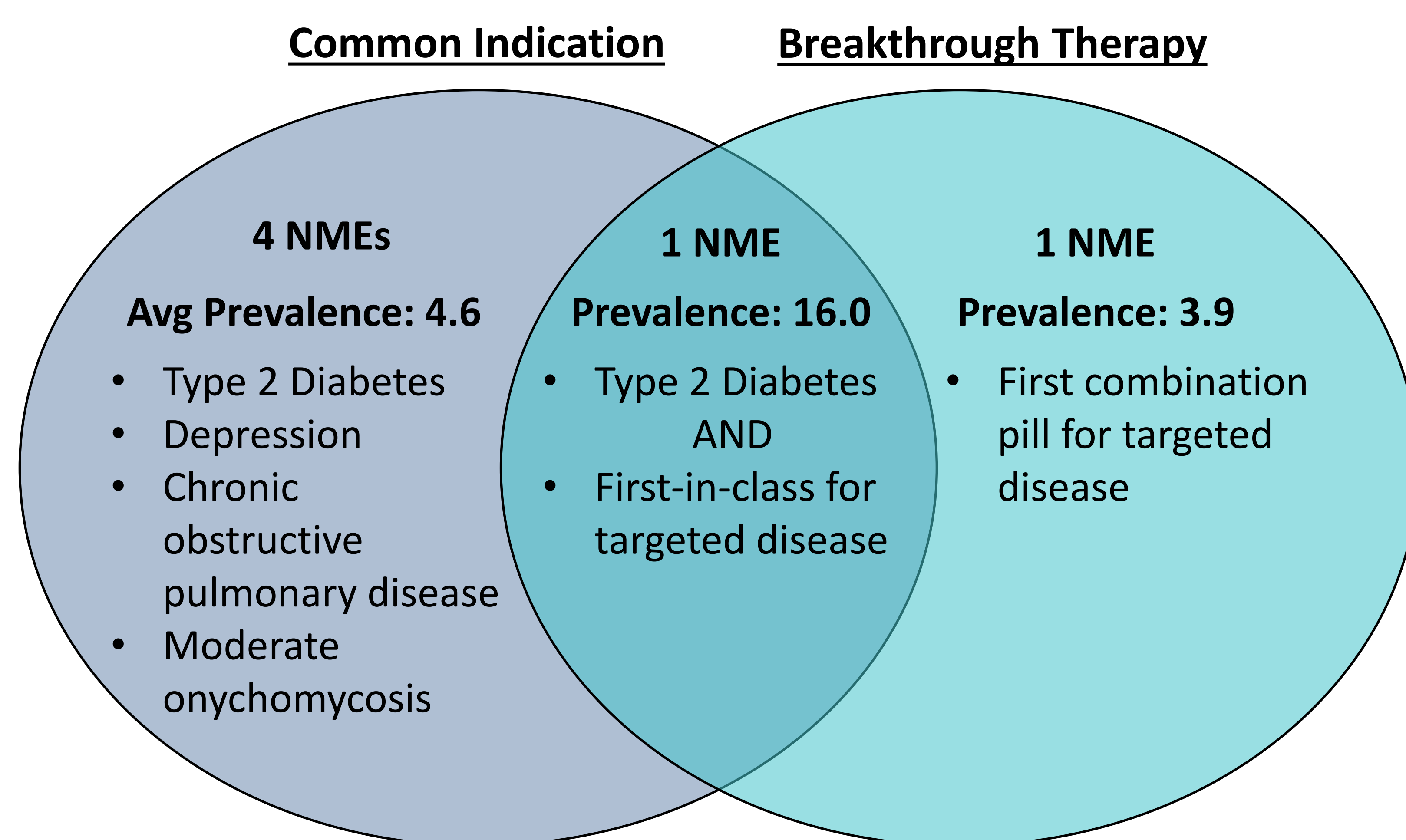


Figure 3. Market Attributes of the 6 NMEs with High Uptake



CONCLUSIONS

- Preliminary findings from NMEs approved in 2013 and 2014 are consistent with previous studies and indicate large variability in drug uptake^A
- Breakthrough therapy designation and prevalence of drug indication were common characteristics of high uptake drugs
- Due to relatively higher utilization, NMEs with these characteristics are more suitable for early post-market safety monitoring

ACKNOWLEDGMENT

Many thanks are due to Data Partners who provided data used in the analysis