A Post-Authorisation Safety Study of the Utilisation and Prescribing Patterns of Xeljanz® (tofacitinib) Using an Administrative Healthcare Database in France

First published: 09/08/2024

Last updated: 04/06/2025

Study Ongoing

Administrative details

EU PAS number

EUPAS1000000247

Study ID

1000000247

DARWIN EU® study

No

Study countries

France

Study description

Tofacitinib citrate (Xeljanz®) is an oral Janus kinase inhibitor approved by the European Commission (EC) for the treatment of adults with moderate-tosevere rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC) and other indications (i.e., ankylosing spondylitis and juvenile idiopathic arthritis).
To minimise important identified and potential risks associated with the use of tofacitinib, the Marketing Authorisation Holder (MAH) implemented additional risk minimisation measures (aRMMs).
This is a drug utilisation study to assess prescribing patterns of tofacitinib and whether prescribers are adherent to the screening and monitoring recommendations and limitations for use included in the aRMM materials for patients prescribed tofacitinib, as well as any potential off-label use of tofacitinib, contraindicated use and use with concomitant medications not compatible with tofacitinib.
Additionally, as a result of the 2019 benefit-risk reassessment requested by the EC pursuant to Article 20 of Regulation (EC) No 726/2004, the 2021 signal evaluation procedure, and the 2022/2023 Janus kinase inhibitors (JAKi) Article 20 referral, the MAH will evaluate healthcare professionals' adherence to the new Pharmacovigilance Risk Assessment Committee recommendations and limitations for use implemented after the 2019 Article 20 referral to minimise the risk of venous thromboembolism (VTE), use in elderly patients aged 65 years and older, and mortality, after the signal evaluation procedure to assess use in patients with cardiovascular (CV) risk factors and use in patients with malignancy risk factors, and after the latest JAKi referral to assess the updated recommendations for use in patients with VTE, CV and malignancy risk factors.

Study status

Ongoing

Research institutions and networks

Institutions

Pfizer

First published: 01/02/2024

Last updated: 01/02/2024

Institution

Evidence and Access/Analytica Laser, Certara

France

United Kingdom (Northern Ireland)

First published: 24/05/2021

Last updated: 06/03/2024

Institution | Non-Pharmaceutical company | ENCePP partner

Contact details

Study institution contact

Andrea Leapley andrea.leapley@pfizer.com

Study contact

andrea.leapley@pfizer.com

Primary lead investigator

Sampada Gandhi

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 26/03/2021

Actual: 26/03/2021

Study start date
Planned: 31/08/2024

Actual: 29/11/2024

Data analysis start date
Planned: 02/09/2026

Date of interim report, if expected
Planned: 31/05/2025

Date of final study report
Planned: 01/09/2027

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Pfizer 100%

Study protocol

A3921403_PROTOCOL- FRANCE DUS_V4.0_26FEB2024.pdf (1.85 MB)

Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 3 (required)

Other study registration identification numbers and links

A3921403

Methodological aspects

Study type

Study type list

Study topic:

Human medicinal product

Study type:

Non-interventional study

Scope of the study:

Drug utilisation

Safety study (incl. comparative)

Data collection methods:

Secondary use of data

Study design:

This is a retrospective cohort study to provide real-world evidence on the utilisation of tofacitinib in France.

Main study objective:

1. Describe the characteristics of patients treated with tofacitinib and by indication.
2. Evaluate prescribers’ adherence to the tofacitinib aRMMs for treating patients with RA, PsA and UC, specifically:
• Adherence to the recommended posology per indication (average daily dose [ADD]) and duration of use;
• Adherence to recommendations for patient screening and laboratory monitoring prior to and during tofacitinib treatment;
• Adherence to recommendations for limitations of use, including:
• Contraindicated use;
• Use with medications not compatible with tofacitinib.
3. Describe changes in the utilisation of tofacitinib following the updated recommendations and limitations for use implemented after the 2019 Article 20 referral and the 2021 signal evaluation procedure, specifically:
• Use in patients with risk factors for VTE;
• Use in patients aged 65 years and older;
• Use in patients with risk factors for CV;
• Use in patients with risk factors for malignancy.

4. Describe changes in the utilisation of tofacitinib following the updated recommendations and limitations for use implemented after the JAKi 2022/2023 Article 20 referral, specifically:
• UC maintenance treatment dosage for patients with CV and malignancy risk factors, in addition to VTE risk factors.

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Medicinal product name

XELJANZ

Study drug International non-proprietary name (INN) or common name

TOFACITINIB CITRATE

Population studied

Short description of the study population

The study population will be sourced from the French Système National des Données de Santé (SNDS) database.
SNDS contains healthcare utilisation data, including pharmacy data, with a coverage of 99% of the population in France.
The study population will consist of patients of all ages who newly initiated

tofacitinib in French routine clinical setting.

Age groups

- **Adult and elderly population (≥18 years)**

Study design details

Setting

The study population will be sourced from the French SNDS database. SNDS contains healthcare utilisation data, including pharmacy data, with a coverage of 99% of the population in France.
The study population will consist of patients of all ages who newly initiated tofacitinib in French routine clinical setting.

Outcomes

Detailed in protocol section 9.3.1 and Table 3

Data analysis plan

Descriptive statistics will be provided for all results.
Categorical variables will be reported using frequency distributions.
Ordinal variables will be reported using frequency distributions, means, standard deviations (SDs), minimums, 25th percentiles, medians, 75th percentiles and maximums, unless otherwise specified.
Continuous variables will be reported using means, SDs, minimums, 25th percentiles, medians, 75th percentiles and maximums, unless otherwise specified.
When relevant, 95% confidence intervals (CIs) will be calculated for the study outcomes outlined in protocol Section 9.3.1 (Outcomes) and Table 3.
All analyses will be stratified by the approved indication or indication groups (“RA or PsA” and “UC”), unless otherwise specified.

In addition, for the objective of “Describe prescribing patterns over time”, comparative statistical analyses will be conducted to describe changes in the use of tofacitinib across reporting periods to assess the statistical significance of reductions in the use of tofacitinib among patients with risk factors. P-value <0.05 indicates statistical significance.

Missing values will be reported as missing and no imputation will be undertaken.
Results will be summarised in tables and figures in Microsoft® Excel and/or Word format.

Detailed methodology for summary and statistical analyses of data collected in this study will be documented in a statistical analysis plan (SAP) which will be dated, filed and maintained by the sponsor.
The SAP may modify the plans outlined in the protocol; any major modifications of primary endpoint definitions or their analyses would be reflected in a protocol amendment.

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data source(s)

Système National des Données de Santé (French national health system main database)

Data sources (types)

Administrative healthcare records (e.g., claims)

Drug prescriptions

Electronic healthcare records (EHR)

Pharmacy dispensing records

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

Unknown