

Sub-cutaneous methotrexate Patient Preference Study¹

PATIENT PREFERENCE STUDY CONDUCTED BY WEXHAM PARK HOSPITAL, SWITCHING SUITABLE PATIENTS FROM ORAL METHOTREXATE THERAPY, COMPARING:

- A button-free auto-injector pen, Nordimet® (methotrexate)
- A button-activated auto-injector pen

STUDY METHOD:

Suitable patients shown dummy versions of both pens



Nordimet®
button-free device



vs. button-activated
device

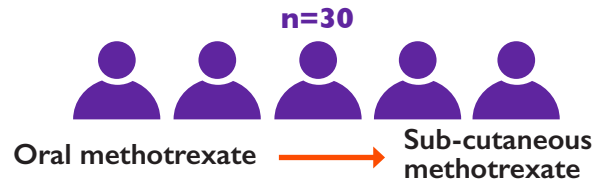
PATIENTS ASKED TO SHOW PREFERENCES ON A SCALE OF 1 (NOT IMPORTANT) TO 4 (VERY IMPORTANT) ACROSS 7 FEATURES.

- 1 Button/no button to press to activate injection
- 2 Easy to grip
- 3 Easy to uncup
- 4 Recognition system at start and end of injection process
- 5 Easy to use (injection)
- 6 Visibility/invisibility of needle during injection process
- 7 General appearance and feel of injector

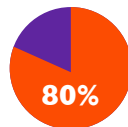
WHEN CONSIDERING NEW TREATMENTS, PATIENT CHOICE MAY LEAD TO IMPROVED COMPLIANCE²

PATIENT CHARACTERISTICS:

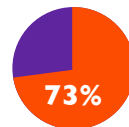
30 patients switched from oral methotrexate to an auto-injector device



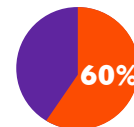
Gender: Age: Prescribing rationale:



Female

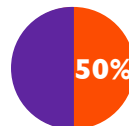


Over 40

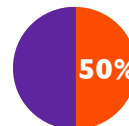


Rheumatoid arthritis

Reason for switching

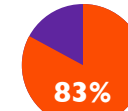


Side-effects

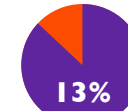


Treatment effectiveness

PATIENT PREFERENCES:



Button-free
n=25



Button-activated
n=4



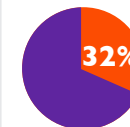
No preferences
n=1

Device activation mechanism	Important / very important	93% (n=28/30)
No button	Important / very important	79% (n=22/28)

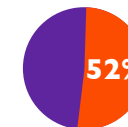
FEATURES CONSIDERED IMPORTANT/VERY IMPORTANT BY PATIENTS:

FEATURE	IMPORTANCE	PERCENTAGE OF PATIENTS
Indicators at start and end of injection process	Highly important	90%
Easy to grip	Highly important	90%
Easy to uncup	Highly important	90%
Visibility / invisibility of needle	Highly important	84%

PATIENT PREFERENCES FOR NORDIMET:



Ease of use
n=25



Simplicity
n=25

Conclusion:

Patient choice influenced by:

- Ease of use
- Absence of button



Nordimet® (methotrexate) prescribing information and adverse event reporting information can be accessed via the 'prescribing information' link at the bottom of the web page below.

References: 1. Lartey J. Rheumatology (2022); 61: Issue Supplement 1. Abstract P205 available at <https://doi.org/10.1093/rheumatology/keac133.204> 2. NHS England Shared Decision Making (2022); www.england.nhs.uk/personalisedcare/shared-decision-making/about/ UK-PEN-2400075 | March 2024

Comparison study supported by a research grant from

