The use of biologic drugs as Tocilizumab for rheumatoid arthritis (RA) has a high economic impact. However, some observational studies and recommendations from guidelines (BBF) suggest the possibility of reducing the dose of biologics to the minimum effective dose in patients with good control of the disease.

PURPOSE
Analyzing the economic impact, measured as direct costs, of the use of reduced doses of tocilizumab for the treatment of RA in a tertiary hospital.

MATERIALS AND METHODS
Observational, descriptive and retrospective study with patients diagnosed with RA. We included patients who received low doses of Tocilizumab, because they had achieved remission or low disease activity with standard doses of Tocilizumab (8mg/kg every 28 days).

RESULTS
7 patients were included, all of them treated with Tocilizumab 6 mg/kg every 28 days. The average weight was 75 kg (55-100). The average annual cost per patient with a dose of 6 mg/kg every 28 days was 9394 € (6647-13899). The average annual cost for the same patient in the previous year, with doses of 8 mg/kg every 28 days, was of 12.178 € (8863-16115). The average savings per patient/year were 2.784 € (2.2215-3.939). The use of reduced doses of Tocilizumab for these 7 patients resulted in annual savings for the hospital of 19.490 €.

CONCLUSIONS
The use of reduced doses of tocilizumab in patients who have achieved remission or low disease activity being previously treated with standard doses of Tocilizumab provide direct savings for the hospital. Therefore, we are aware of the need to implement optimization strategies in relation to the treatment of RA with Tocilizumab in selected patients. However, more studies should be performed in order to determine the effectiveness of these dose reduction strategies and its economic impact on both direct and indirect costs.

BACKGROUND
The use of biologic drugs as Tocilizumab for rheumatoid arthritis (RA) has a high economic impact. However, some observational studies and recommendations from guidelines (BBF) suggest the possibility of reducing the dose of biologics to the minimum effective dose in patients with good control of the disease.