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BACKGROUND:

Ustekinumab in Crohn's disease (CD) Ustekinumab dosage:

- 1st IV administration.
- Followed by 90mg SC every 8 (q8W) or 12 weeks (q12W) depending on response to treatment (EMA product information).



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PURPOSE:

Review the use of Ustekinumab in patients with CD in a third level hospital.

Identify those with sustained remission that are susceptible to optimization, evaluating the associated economic impact.

MATERIAL AND METHODS:

Descriptive cross-sectional study.

Patients included: adults with CD under active treatment with Ustekinumab in September-2019 and who were treated in the Hospital Outpatient Pharmacy.

VARIABLES COLLECTED:

- **Demographic:** sex and age.
- **Pharmacotherapeutic:** previous biological treatment, treatment time with Ustekinumab and dosage.
- **Clinical:** response to treatment according to the prescriber. Classified based on the presence or absence of a sustained response (> 4 months of symptomatic stability with the same dosage schedule).
- **Economic:** economic impact associated with the optimization of the administration interval in patients with sustained response was determined.



RESULTS:

90% men

48 years(18-75)

Average time in treatment 11months

No prior biological treatment: n=2



30 patients

Prior biological treatment:

Integrin $\alpha 4\beta 7$ -inhibitor drug n=8

1 anti-TNF n=15

2 anti-TNF n=3

Integrin $\alpha 4\beta 7$ -inhibitor drug and anti-TNF n=2

Potential saving*:

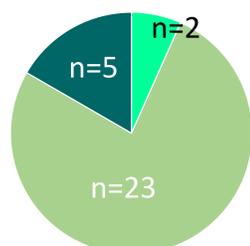
75.000€

(13% of economic impact)

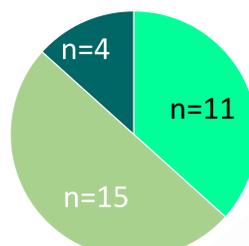
*estimated in the event that the recommendation to optimize treatment is followed in 100% of patients with sustained response.

Real dosage

- 90mg sc q12W
- 90mg SC q8W
- 90mg SC q4W



Potential dosage



30% patients were identified in whom clinical stability was observed in the last 4 months.

DISCUSSION AND CONCLUSION:

The most commonly drug regimen for ustekinumab in CD is 90mg q8W. However, 17% of the patients have required dosage intensification.

A significant number of the patients show clinical stability and could be candidates for a treatment optimization with a very close follow-up by the multidisciplinary team. The optimization could mean significant economic savings.