POSSIBLE OPTIMIZATION OF TREATMENT WITH USTEKINUMAB IN CROHN’S DISEASE

M. Llianares-Esquerdo1, S. Martinez-Pérez1, G. Mirailes-Andreu1, M. Pomares-Bernabeu1, J.P. Jiménez-Pulido1, A. Navarro Ruiz1.
1Hospital General Universitario De Elche, Pharmacy, Elche, Spain.

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:

Prior biological treatment:
Integrin α4β7-inhibitor drug n=8
1 anti-TNF n=15
2 anti-TNF n=3
Integrin α4β7-inhibitor drug and anti-TNF n=2

Real dosage

- 90mg sc q12W n=5
- 90mg SC q8W n=2
- 90mg SC q4W n=23

Potential dosage

- 90mg sc q12W n=4
- 90mg SC q8W n=11
- 90mg SC q4W n=15

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

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.

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.

Acknowledgements: Thank you to my workmates