TERIFLUNOMIDE AND DIMETHYLFUMARATE IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS

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Background

The local Pharmacy and Therapeutics Committee (PTC) approved Teriflunomide (TE) and Dimethylfumarate (DMF) for the treatment of Relapsing-Remitting Multiple Sclerosis (RRMS), in first line.

Objective

✓ To evaluate the use of TE and DMF in RRMS patients in a third level hospital.
✓ To assess the treatment adherence to oral drugs against RRMS.

Material and methods

✓ Descriptive, observational, retrospective study, from November-2013 to March-2018.
✓ Patients who received at least one dose of TE or DMF in our hospital were included.
✓ Collected data: sex, age, Expanded Disability Status Scale (EDSS), previous treatments, therapeutic failure, adverse reactions and adherence to medicines.
✓ Treatment adherence was calculated by consulting the electronic dispensing register.

Results

✓ Median time between start and end of the treatment with parenteral immunomodulatory drug was 3 [0-17.8] years.
✓ 40/56 patients had received RRMS parenteral treatments before starting oral RRMS drugs: interferon beta-1b 250 mcg (20.2%), interferon beta-1a 30 mcg (36%), glatiramer acetate (20.2%), interferon beta-1a 22 mcg (8%) and interferon beta-1a 44 mcg (15.6%). The average of previous treatments received per patient was 0.85 ± 0.63.
✓ The average EDSS at the start of oral treatment was 2.08 ± 0.87.
✓ 15/56 patients started oral RMSS drugs in first line.

Reasons to start oral treatments in the first line

✓ Treatment adherence to oral RRMS drugs was 99.9%.

Conclusion

✓ Teriflunomide and Dimethylfumarate are mainly prescribed for the treatment of RRMS after having received parenteral RRMS therapies, according to the protocol approved by the PTC.
✓ Adherence was optimal with the new oral medicines.

No conflict of interest
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