OPTIMISATION OF SUBCUTANEOUS BIOLOGICAL THERAPIES IN RHEUMATIC AND DERMATOLOGICAL DISEASES

Hospital Universitario Nuestra Sra. de Candelaria, Tenerife. Spain.

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BACKGROUND AND IMPORTANCE:

The optimisation strategies are based on dose reduction or increasing the dosing interval. In this way, patients have less adverse effects, more adherence and the same benefit.

AIM AND OBJECTIVES:

To analyze the optimisation of subcutaneous biological therapies (BT) by the Rheumatology and Dermatology Services, as well as evaluating the cost avoided, in a third level hospital.

MATERIAL AND METHODS:

January – December 2020: Retrospective, observational study

Statistical variables analyzed:

- Sex
- Previous BT
- Year of initiation with BT
- Current BT (biosimilar/reference)
- Dosage
- Drug cost

Inclusion criteria:
- Patients in treatment with BT and optimisation dosage, and with:
  - Rheumatoid arthritis (RA),
  - Ankylosing spondylitis (AS),
  - Psoriatic arthritis (PsA)
  - Plaque psoriasis
- The evaluation of the cost avoided was the difference between the cost with the usual dosage and optimisation dosage.

RESULTS:

100% of patients were on the therapeutic target for at least 6 months and the reduction of doses between 20-50% spacing the administration interval.

Sex: 57% men 43% women

Previous BT: 81% without previous BT

Time with BT: 77% same BT ≥ 4 years

Most common intervals:
- 21% Adalimumab every 21 days
- 17% Etanercept every 21 days

Biosimilars vs reference drugs:
- Adalimumab: 29% vs 71%
- Etanercept: 68% vs 32%

CONCLUSIONS:

The optimisation of biological therapies has managed to keep our patients in therapeutic objective. Optimisation is a beneficial strategy for the patient and for our health system, since we obtain significant savings in effects adverse effects and costs of therapy.