

OPTIMISATION OF SUBCUTANEOUS BIOLOGICAL THERAPIES IN RHEUMATIC AND DERMATOLOGICAL DISEASES

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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:

Inclusion criteria:

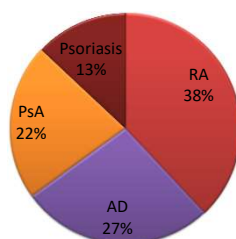
- Patients in treatment with BT and optimisation dosage, and with:
 - Rheumatoid arthritis (RA),
 - Ankylosing spondylitis (AS),
 - Psoriatic arthritis (PsA)
 - Plaque psoriasis

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

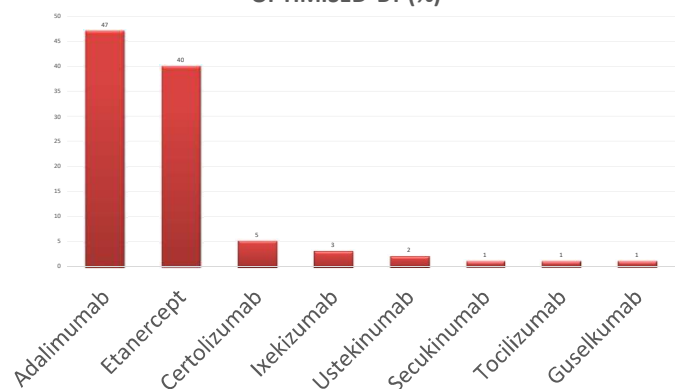
- The evaluation of the cost avoided was the difference between the cost with the usual dosage and optimisation dosage.

RESULTS:

95 patientes included

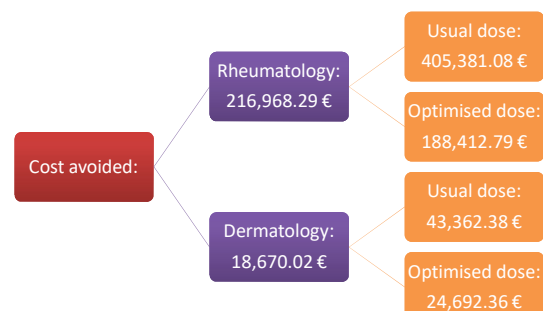


OPTIMISED BT (%)



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.