AMBULATORY SUBCUTANEOUS BIOLOGIC THERAPY OPTIMISATION IN RHEUMATOLOGY: IMPLEMENTATION OVER TIME

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Background

- Biologic treatment optimisation (BTO) consists in reducing the dose and/or increasing the interval between doses in patients who have maintained their therapeutic goal for at least 6 months.
- In 2013 our hospital created a BTO protocol for chronic inflammatory arthropathies, based on the consensus stablished between Spanish Rheumatology Society and Hospital Pharmacy Society.

Objectives

- To analyse the evolution of BTO percentage of subcutaneous biologic therapy (SBT) in patients with chronic inflammatory arthropathies and drugs involved after protocol implementation.

Materials and Methods

- Observational retrospective study comparing patients with chronic inflammatory arthropathies in treatment with SBT and BTO in 2016 and 2019

Optimisation: any prescription with a lower dose or a longer administration interval than usual.

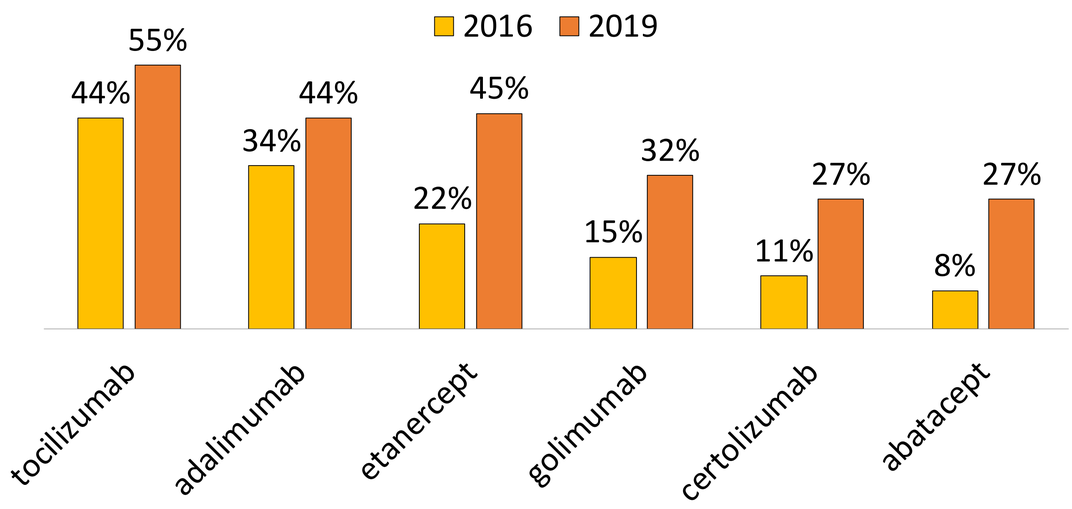
  - ✓ Variables measured:
    - number of patients in treatment with SBT
    - optimisation percentage (patients with optimised prescription/patients treated)
    - optimisation percentage of each drug (optimised prescriptions of a drug/prescriptions of that drug).
  - ✓ Data collection: electronic prescription software.

Results

- Evolution of SBT and BTO:

	2016	2019
Patients treated with SBT	246	337
Optimised prescriptions	22%	32%

- Evolution optimisation percentage of each drug:



Optimisation of secukinumab was very limited (2016: 0%, 2019: 3%). No prescriptions of ustekinumab or sarilumab were optimised.

Conclusions

- The rise in patients treated with SBT for chronic inflammatory arthropathies has been accompanied by a rise in the optimisation percentage over time, showing how rheumatologists consider BTO effective and safe. This strategy pursues the minimal effective dose with a consequent reduction of adverse effects events and economic savings.
- Optimisation is performed mainly in drugs that have been longer commercialised (adalimumab and etanercept) and drugs with a frequent dosing (etanercept y tocilizumab).
- Future comparisons would show if drugs with longer dosing intervals could be optimized too.

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