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 established between Spanish Rheumatology Society and Hospital Pharmacy Society.

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

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.

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 optimised too.

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

Background

Objectives

Materials and Methods

Results

Conclusions