Optimisation of Biological Therapy (BT) in patients with Rheumatoid Arthritis (RA) in remission, is a strategy employed in rheumatology practice in recent years consisting in dose reduction or enlargement dose interval. Some studies suggest that patients in sustained clinical remission (CR), could get the same benefit with a lower dose.

To assess the effectiveness and efficiency of optimisation strategy in patients with established RA in clinical remission treated with BT one year after following optimised therapy.

Observational prospective study of patients diagnosed of RA (ACR 1987/2010 criteria) in a tertiary referral hospital. From November 2013, patients with established AR and treated with any Biological Therapy (TB), after reaching sustained clinical remission (DAS28 value<2.6), were optimised by enlargement dose interval and followed for 12 months. Decision making involved a multidisciplinary team.

70 patients were optimised, 81% were women, mean age of 57 years, a DAS28 mean at baseline optimization 2.45± 0.94, mean time of CR before optimization of 17.5 ± 16.5 months.

Enlargement dose intervals were: etanercept: 50 mg/10-14 days, infliximab: 3 mg/9-10 weeks, adalimumab: 40mg /21-30 days golimumab: 50 mg/ 5-6 weeks, tocilizumab: 8 mg/kg/5-6 weeks, abatacept: 750 mg/5-6 weeks

Cost-effectiveness: Optimisation saved 23.75% of total direct healthcare costs. Combining saved cost and effectiveness, the most efficient drug was Adalimumab.

Optimisation of biological therapy can be a useful performance and a efficiency strategy to manage patients with established AR who have reached sustained clinical remission.