REAL-WORLD PERSISTENCE OF ANTI-IL5 THERAPIES IN **UNCONTROLLED ASTHMA**

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BACKGROUND AND IMPORTANCE

AIM AND OBJECTIVES

IL-5 signalling is a target in asthma, and has yielded three monoclonal antibodies: mepolizumab, reslizumab and benralizumab. Little is known about persistence of asthma anti-IL5 biologic use in clinical practice.





- Analyse the real-world **persistence** with anti-iL5 drugs over time in the treatment of uncontrolled asthma
- Reasons of treatment discontinuation.

MATERIALS AND METHODS





217 pacients

Mean age: **60,4** years

• **71%** women



All patients with uncontrolled asthma treated with mepolizumab benralizumab or reslizumab



- Sex
- Anti-IL5 drug
- Length of treatment
- Reasons for treatment

discontinuation.



Outcome variable: percentage of treatments that reached 12, 24 and 36 months persistence estimated from the first to the last drug dispensation



Follow up: Until **September** 2024

Treatment persistence was defined by the length of time that a person continuously used an asthma biologic.

RESULTS

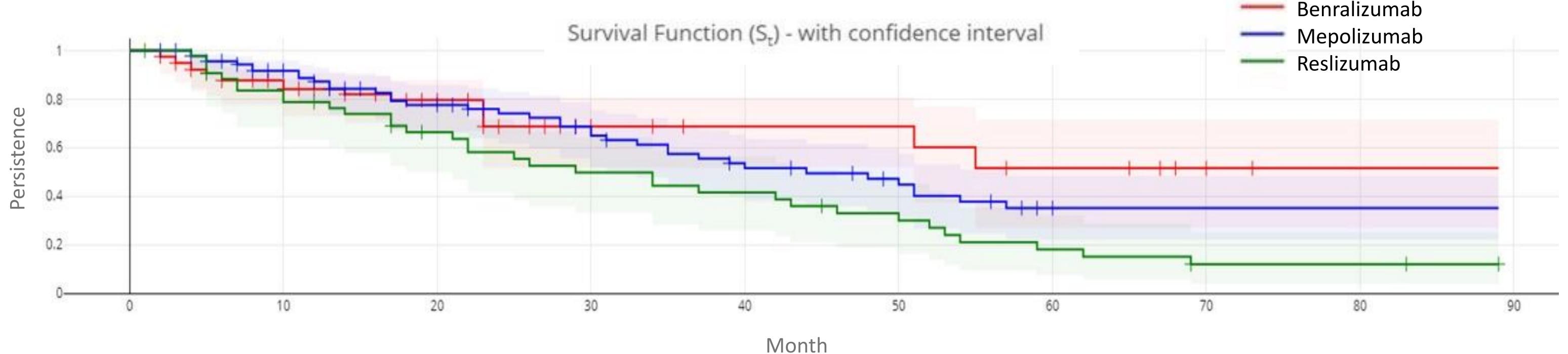
				Persistence rates (months)			
Drug	N patients	% censored	Median persistence (months)	12	24	36	
Mepolizumab	93	60%	44,5 (4-60)	87%	74%	56%	
Benralizumab	80	77,5%	62 (2-73)	84%	69%	69%	
Reslizumab	44	25%	29 (4-89)	79%	57%	41%	

Table 1. Percentage of censored patients, median persistence and persistence rates at 12, 24 and 36 months

Reason for treatment discontinuation	Total	Mepolizumab	Benralizumab	Reslizumab
Secondary failures	63	35	10	18
Adverse reaction	10	2	3	5
Drug shortage	8	0	0	8
Poor treatment adherence	4	0	2	2
Lost- follow up	2	0	1	1
Clinical trial	1	0	1	0
All discontinuations	88	37	17	34

- At the end of follow-up 88 (40,5%) treatments had finished.
- In all groups, the most common reason for treatment discontinuación was secondary failures.

Table 2.Percentages and reasons of drug discontinuation



Grafic 1. Persistence rates of mepolizumab, benralizumab and reslizumab

CONCLUSION AND RELEVANCE



- At 12 months all anti-IL5 persistence rates were high and reached 80%.
- Benralizumab seems to have better persistence rates at 36 months.
- Reslizumab persistence rates are influenced by drug shortage.
- Treatment with anti-IL5 drugs was generally well tolerated with low rate of discontinuation due to adverse reactions.
- A limitation is the high pertentage of censored data.







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