IMPACT OF PHARMACEUTICAL PROPOSALS IN MULTIDISCIPLINARY PROGRAMME FOR CLINICAL DECISION-MAKING IN IMMUNE-MEDIATED INFLAMMATORY DISEASES

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Section 4: Clinical Pharmacy Services

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BACKGROUND

Pharmaceutical proposals (PPs) in a multidisciplinary programme (MP) for immune-mediated inflammatory diseases could improve drug effectiveness and efficiency of clinical decision-making.

AIM

To evaluate the impact of PPs in a MP for the management of immune-mediated inflammatory dermatological and rheumatological diseases.

MATERIAL AND METHODS

MP during May 2021-September 2022

Patients



Patients with rheumatoid arthritis (RA), spondyloarthritis, psoriasis and psoriatic arthritis (PA) receiving etanercept or adalimumab for at least 6 months

Multidisciplinary programme (MP): internists, dermatologists, pharmacologists and pharmacists

- Bibliographic search on optimal therapeutic ranges (OTRs) of drugs
- PP protocol based on **biochemical** and **clinical criteria**.
- Pharmaceutical interviews (PIs) about disease evolution were conducted before PPs.

PPs were:

- Treatment optimisation (TO) based on extended dosing regimens or treatment discontinuations.
- Drug switching (DS) due to loss of effectiveness
- Unchanged therapy (UT)

Patients with accepted TO had telematic Pls after 1 and 3 months (answers: "good course"/"mild disease"/"poor course")

Recorded data: drugs, multidisciplinary meetings, biochemical test and Pls, drugs levels and anti-drug antibodies, type of accepted PPs and telematic PI answers.

RESULTS

- Total Patients: 645
- Drug distribution: 51.8% etanercept and 48.2% adalimumab
- Multidisciplinary meetings: 25
- Biochemical test and pharmaceutical interviews: 408
- Results of bibliographic search:
 - \rightarrow Adalimumab: OTRs of 5-8 µg/mL for RA and PA, 3.2-7 µg/mL for psoriasis and 4.6-12 µg/mL for spondyloarthritis.
 - Etanercept OTRs: 2-3 μg/mL for RA and spondyloarthritis, and 2-7 μg/mL for PA and psoriasis.
- Serum drug levels: outside the optimal therapeutic ranges in 72.9%
- Anti-drug antibodies: 18 patients.

Pharmaceutical proposals

PPs accepted: 305 Distribution:

→ Treatment optimisation: 183 (60%)

→ Drug switching: 52 (17%)

→ Unchanged therapy: 70 (23%)

Telematic Pls answers:

- → At 1 month after TO were: 81.8% "good course", 3.6% "mild disease" and 14.6% "poor course"
- → At 3 months were: 69.8% "good course", 5.7% "mild disease" and 24.5% "poor course".

CONCLUSION

Most of accepted PPs in our MP (DS and TO) can improve effectiveness and efficiency of treatments for immune-mediated inflammatory diseases in clinical decision-making. Almost three quarters of patients with TO presented good disease evolution.

CONTACT DATA

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