

OPTIMISATION OF BIOLOGICAL THERAPY IN ESTABLISHED RHEUMATOID ARTHRITIS PATIENTS IN REAL-LIFE CLINICAL PRACTICE

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BACKGROUND

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

PURPOSE

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.

METHODS

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

Effectiveness

% of patients maintaining CR (DAS28 value < 2,6) after one year of optimization regimen

Costs

Hospital perspective (Direct healthcare costs):
drug acquisition + diagnostic tests + medical services

Cost-effectiveness

Ratio Direct healthcare cost/
% patients maintaining clinical remission

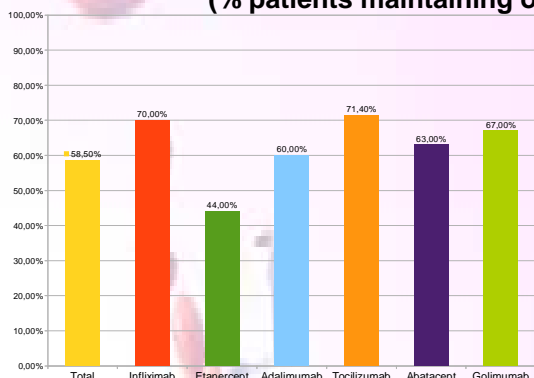
RESULTS

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 $17,5 \pm 16.5$ months.

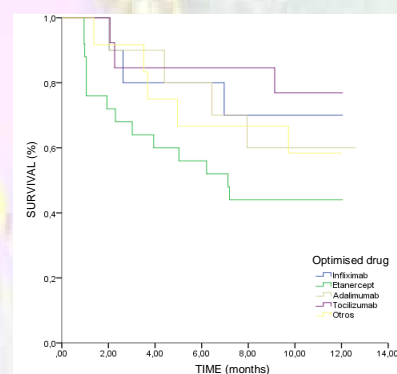
Enlargement dose intervals were: etanercept: 50 mg/10-14 days, infliximab: 3 mg/9-10 weeks, adalimumab: 40mg /21-30 days golimumab: 50 mg/ 5-6 weeks, tocilizumab: 8 mg/kg/5-6 weeks, abatacept: 750 mg/5-6 weeks

Effectiveness

(% patients maintaining optimized therapy at 1 year)



Survival at 1 year



Cost-effectiveness: Optimisation saved 23,75% of total direct healthcare costs. Combining saved cost and effectiveness, the most efficient drug was Adalimumab.

CONCLUSIONS

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.