

OPTIMIZATION OF INFLIXIMAB USE CAN SAVE MONEY

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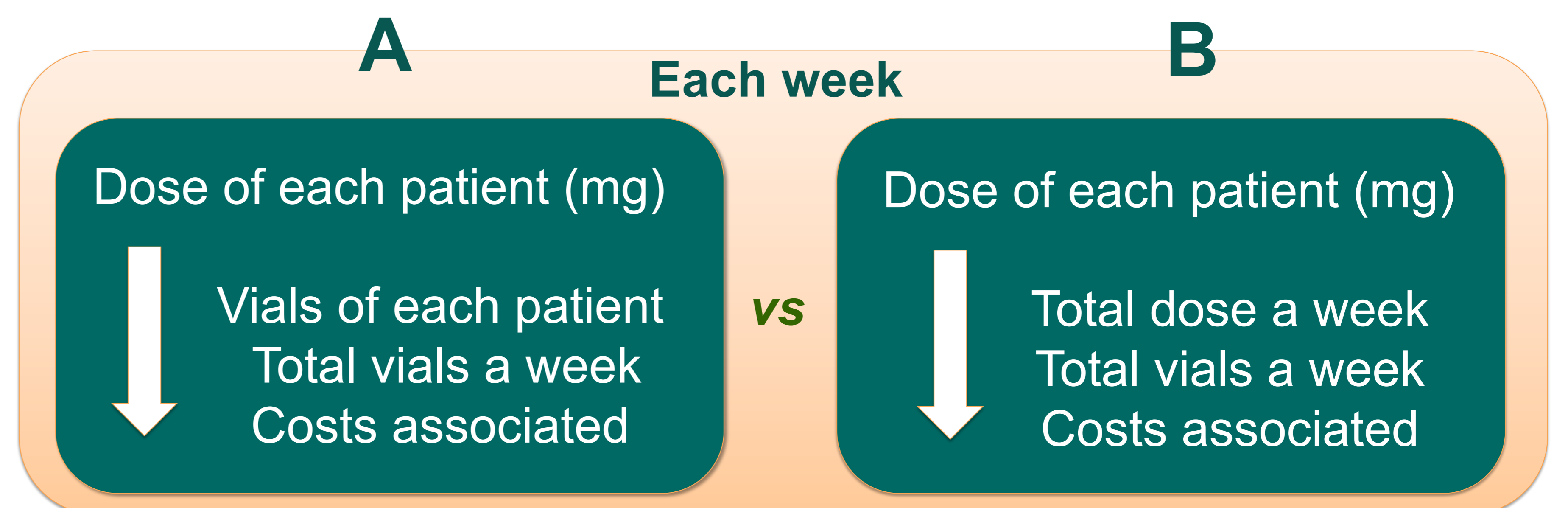
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OBJECTIVE

Our aim was to determine the saving costs associated with the optimization of infliximab use in the treatment of rheumatoid arthritis or Crohn's disease due to clustering the patients at the same day of the week.

METHODS

We collected data of patients treated with infliximab during the first two months of 2012. We calculated the total vials required weekly if the patients were clustered in the same day of the week (A, by adding the dose of each patient) or not (B). Infliximab was given at a dose of 3-5 mg/kg every 6-8 weeks.



RESULTS

- Eighteen patients received at least one infliximab infusion during a selected observation period.
- The mean infliximab dose administered to the patients was 342 ± 80 mg per patient.
- The following table shows the calculated number of vials used if we cluster patients or not, in the two months, and the extrapolation for a one year. The costs saved a year were 13.612 €.

	A	B	
Total vials in 2 months	71	67	
Total vials a year	486	458	Difference
Costs a year (€)	236.264	222.652	13.612

DISCUSSION

Intravenous mixtures with low physicochemical stability vials could generate economic loss by wasted medication in the case of expensive drugs with individualized dosing if we treated only a few patients on different days. This is the case of infliximab.

CONCLUSION

Clustering patients in an agreed day of week allows significant cost savings of infliximab in the context of a regional hospital. These results could be applied for the vial optimization of some monoclonal antibodies and cytostatic agents.