

# PHARMACEUTICAL INTERVENTIONS BASED ON A PROACTIVE THERAPEUTIC DRUG MONITORING STRATEGY FOR INFLIXIMAB, ADALIMUMAB AND USTEKINUMAB IN THE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE

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## BACKGROUND AND IMPORTANCE



## AIM AND OBJECTIVES

Therapeutic drug monitoring (TDM) is broadly used in the management of patients with inflammatory bowel disease (IBD). Proactive strategy, which involves regularly scheduled measurements of drug levels and anti-drug antibodies, even when the patient is asymptomatic, is increasingly used to guide dose adjustments, maintain optimal drug exposure, and prevent future treatment issues.

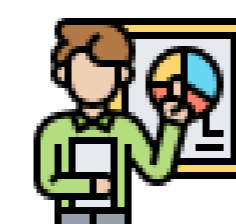
To analyze the experience of a proactive TDM approach for infliximab (IFX), adalimumab (ADA) and ustekinumab (UST) in patients with Crohn's disease (CD) or Ulcerative Colitis (UC), and to assess the acceptance of the pharmaceutical recommendations.

## MATERIAL AND METHODS



Prospective, single-centre study including patients with IBD treated with IFX, ADA or UST from April 2025 to September 2025. TDM was performed using the population pharmacokinetic models of Sánchez-Hernández (2019), Sánchez-Hernández (2020) and Xu et al (2020) for IFX, ADA and UST, respectively, through the software PKS. Variables recorded: demographic (sex and age), drug, sort of intervention (reinduction, dose change, shorten the dosing interval, treatment switch, and to measure a new trough serum concentration), and acceptance rate of the pharmaceutical interventions.

## RESULTS



- 48 patients included, 26 (54.2%) female.
- Median (interquartile range (IQR)) age was 47 (33-63) years.
- Most patients had CD (81.3%) and 9 had UC.
- 27 patients treated with IFX (56.3%), 12 with ADA (25.0%) and 9 with UST (18.7%).
- The main interventions are shown in Figure 1.



The total degree of acceptance of the recommendations was 79.2%.

## CONCLUSION AND RELEVANCE



Proactive TDM approach involves a range of pharmaceutical interventions, with a high degree of acceptance among prescribing physicians. Future research will be essential in our hospital to determine whether proactive strategies effectively have an impact on pharmacological treatment outcomes in patients with IBD.

