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COST SAVINGS IMPACT AND EFFECTIVENESS OF OMALIZUMAB OPTIMISATION IN REFRACTORY CHRONIC URTICARIA .

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Background and importance

More and more patients with chronic spontaneous urticaria (CSU) are being treated with omalizumab, making it a therapy with a high impact on our healthcare system. In patients good disease control: Urticaria Activity Score for 7 days (UAS7) ≤6, optimisation may be considered using more efficient dosing regimens or discontinuation due to clinical improvement.

Aim and objectives

To estimate the benefit of optimising omalizumab in CSU and evaluate whether optimized patients maintain good disease control.

Material and methods

-Retrospective
-Observational
-Level II hospital
-July 15-September 22

CSU patients with UAS7≤6

Variables collected: sex, age, percentage of patients with UAS7≤6 optimized and total direct cost of treatment. Maintenance of effectiveness was measured using UAS7 before and after optimisation.

- ✓ Digital clinical history and electronic prescription/dispensation programmes were used as sources of information.
- ✓ The savings obtained by optimization were estimated comparing direct costs between the use of omalizumab optimisation instead of omalizumab usual posology.

Results

- 30 patients
- 70% women
- 46 (25-69) years.
- Initial UAS7 ≥ 15 in all patients
- In 5 (16,7%) cases: UAS7 ≥25.

90% (27) of patients with UAS7≤6 were optimized: 70,37% (19) used more efficient dosing regimens, 7,41%(2) discontinued treatment due to clinical improvement and 22,2% (6) both of them.

Maintenance of effectiveness (UAS7≤6) : 88,9% (24) of patients.
In 3 patients UAS7 after optimisation was > 6 so that it was necessary to return to the usual regimen to keep disease control.

Total Economic savings associated : **237,252€.**

Conclusion and relevance

Omalizumab optimisation is an efficient measure to reduce hospital pharmaceutical expenses, maintaining the same effectiveness in most patients. To improve these results, collaboration between dermatologists, allergists and pharmacy would be necessary in the creation of a protocol for the optimization of omalizumab in CSU patients as well as the realization of an adequate follow-up to prevent non-responders and patients who have lost their response to continue with the treatment.

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