

SWITCHING BIOLOGIC TREATMENTS: EXPERIENCE OF A REGIONAL HOSPITAL

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Background:

Due to the approval of new biological treatments (BT) with innovative mechanisms of action, patients have more options to achieve clinical remission.

Purpose:

To analyse the reasons for switching BT, evaluate their effectiveness and the costs associated.

Material and methods:

Retrospective study conducted between January-December 2017 in a regional hospital with a reference area of 110000 inhabitants and 220 BT.

All patients who switch their BT were included. Data on relevant patient characteristics, diagnostics and treatment were collected.

Total drug costs were calculated from Botplus (September 2018). In case of weight-dependent doses a standard weight of 70 kg had been considered.

Statistical analysis was carried out with SPSS Statistics v.22.

Results

38 patients included
12 (31.6%) men
48.9 (12.5) years old

At the moment of the analysis

In 32 (84.2%) the specialist wait the minimum of 12 weeks to switch the BT (except in cases of adverse effects)

22(57.9%) BT remain active

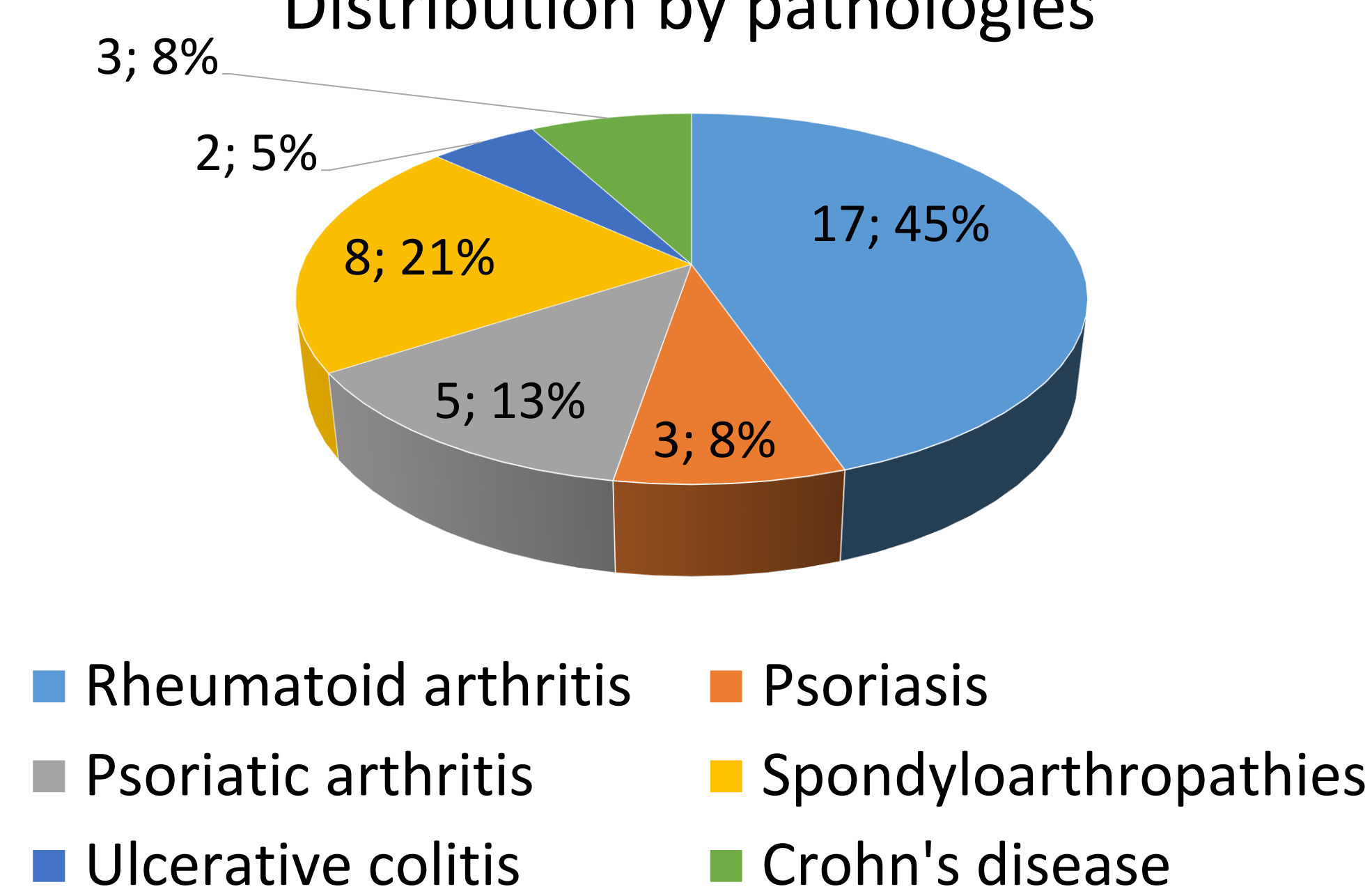
16 (42.1%) were stopped or switched again

10 (45.6%) in remission

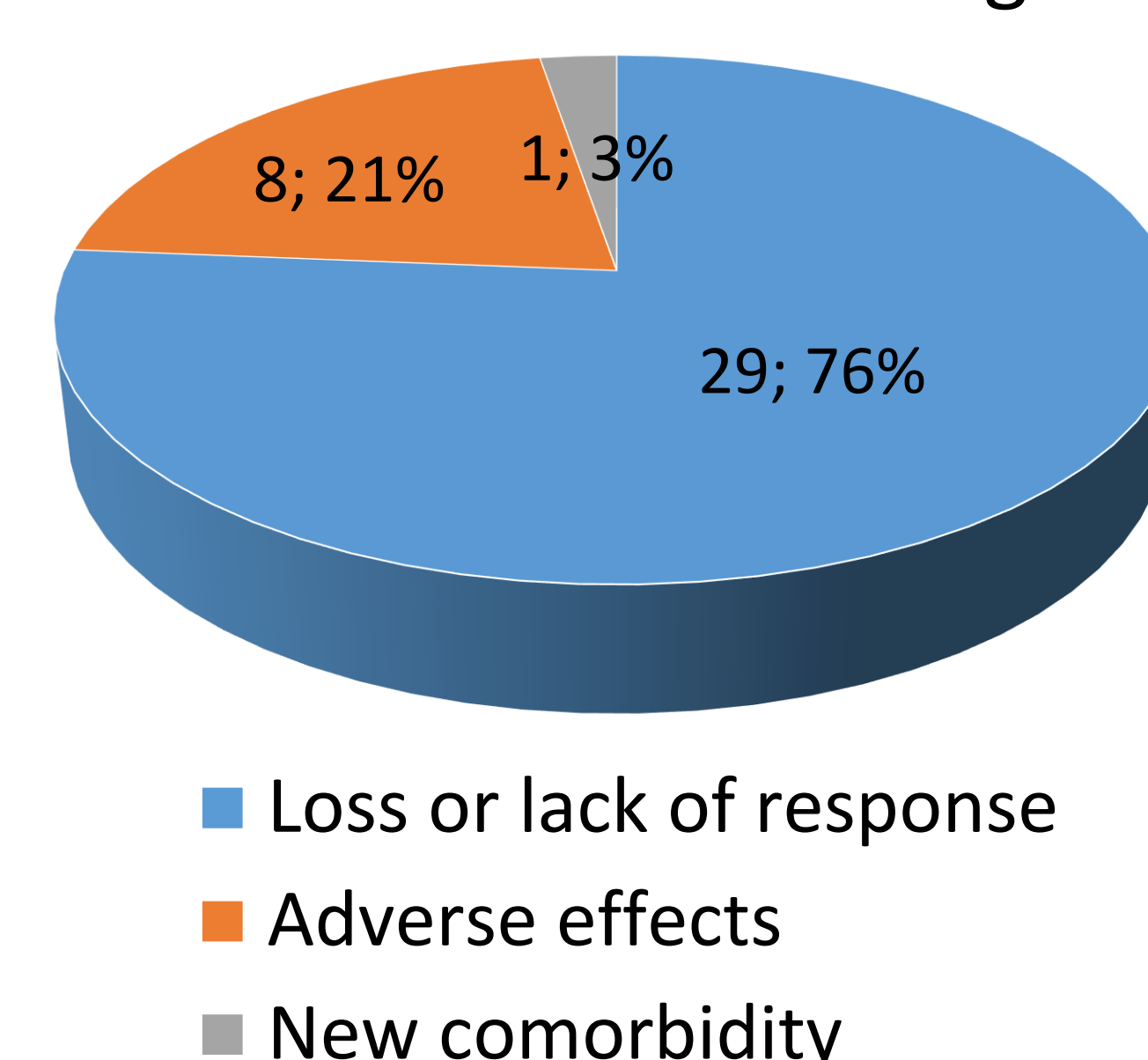
6 (27.2%) with low activity

6 (27.2%) with moderate activity

Distribution by pathologies



Reasons for switching



Nineteen (50.0%) patients had received more than one BT previously

2 BT (infliximab) vs 1 BT (etanercept) were biosimilars

Only 4 (10.5%) patients remained with an anti-TNFα after the switch

	Anti-TNF	Other mechanisms of action
Previous BT	31 81.6%	7 18.4%
New BT	14 36.8%	24 63.2%
Chi square 15.75; p<0,001		

Incremental cost of switching: 46,908.75€ annually

Conclusion:

Switching of BT in our hospital is common. The most frequent reasons were the loss or lack of response and the presence of adverse effects.

In most of the cases, there were a change in the pharmacological target, although in recent published studies the proportion of TNF cyclers and mechanism of action switchers was similar¹.

Despite the switching of BT the rate of response was high.

Switching BT meant an increase to our budget.

References

Adv Ther. 2017 Aug;34(8):1936-1952

