

SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS FORMULATION OF ABATACEPT IN A REAL WORLD SETTING

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BACKGROUND

The switch from the Intravenous (IV) formulation to the subcutaneous (SC) formulation of Abatacept (ABA) had been analyzed in clinical trials but there is not much data regarding the effectiveness and safety of the SC formulation in clinical practice.

PURPOSE

To evaluate the impact of switching from intravenous to subcutaneous Abatacept (SC ABA) among patients who are controlled on the IV formulation in a real-world setting.

MATERIAL AND METHODS

RETROSPECTIVE OBSERVATIONAL STUDY OF PATIENTS SWITCHED FROM IV TO SC ABA 125MG ONCE WEEKLY

September 2013 → April 2015

Measured variables were: age, sex, antiviral agent used and treatment costs.

Measured parameters were: Disease Activity Score at 28 joints (DAS28), treatment duration, reasons to withdrawal and new biologic agent introduced

Data were collected by reviewing patient's clinical records and the database of the local advisory committee for Rheumatoid Arthritis (RA).

RESULTS

19 patients were included in our study, 17 women (89,5%) and 2 men (10,5%), mean age was 59,6. All the patients had low activity RA at the time of the beginning with SC ABA (mean DAS 28 = 3.1).

Six patients (31.6%) discontinued, all of them experienced an arthritic flare (mean DAS28 = 4.21; p = 0.02 vs. baseline) no adverse effects were described. Five of them (83,3%) returned to IV administration after a mean of 7.1 months (range 2.7 – 10.8) (**Figure 1**). The other one (16,7%) switched to Etanercept (**Figure 2**). The other 13 patients (68.4%) continued the SC administration to date with a good disease control and no adverse reactions. All the five patients that returned to IV ABA had a good disease control to date too.

FIGURE 1

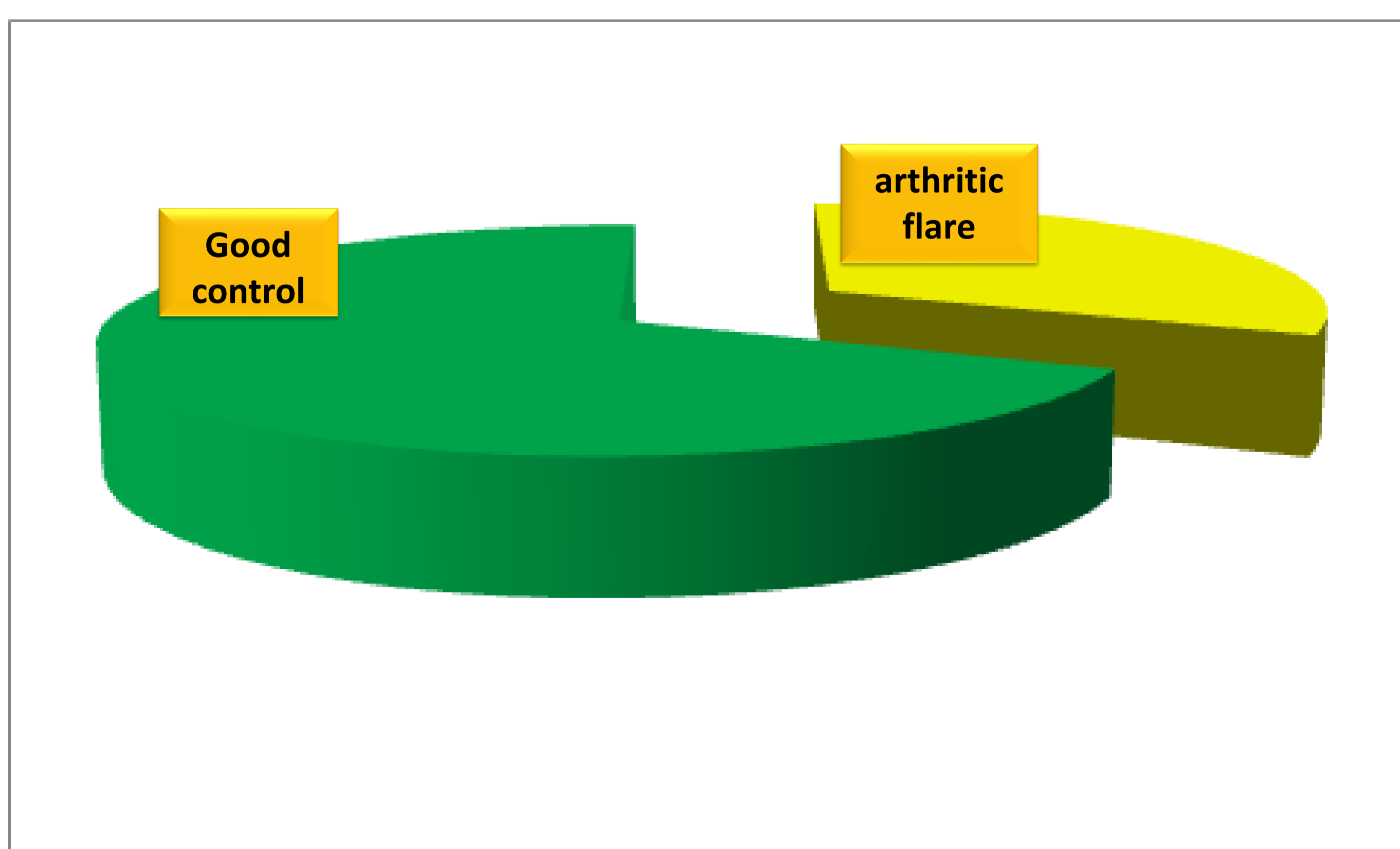
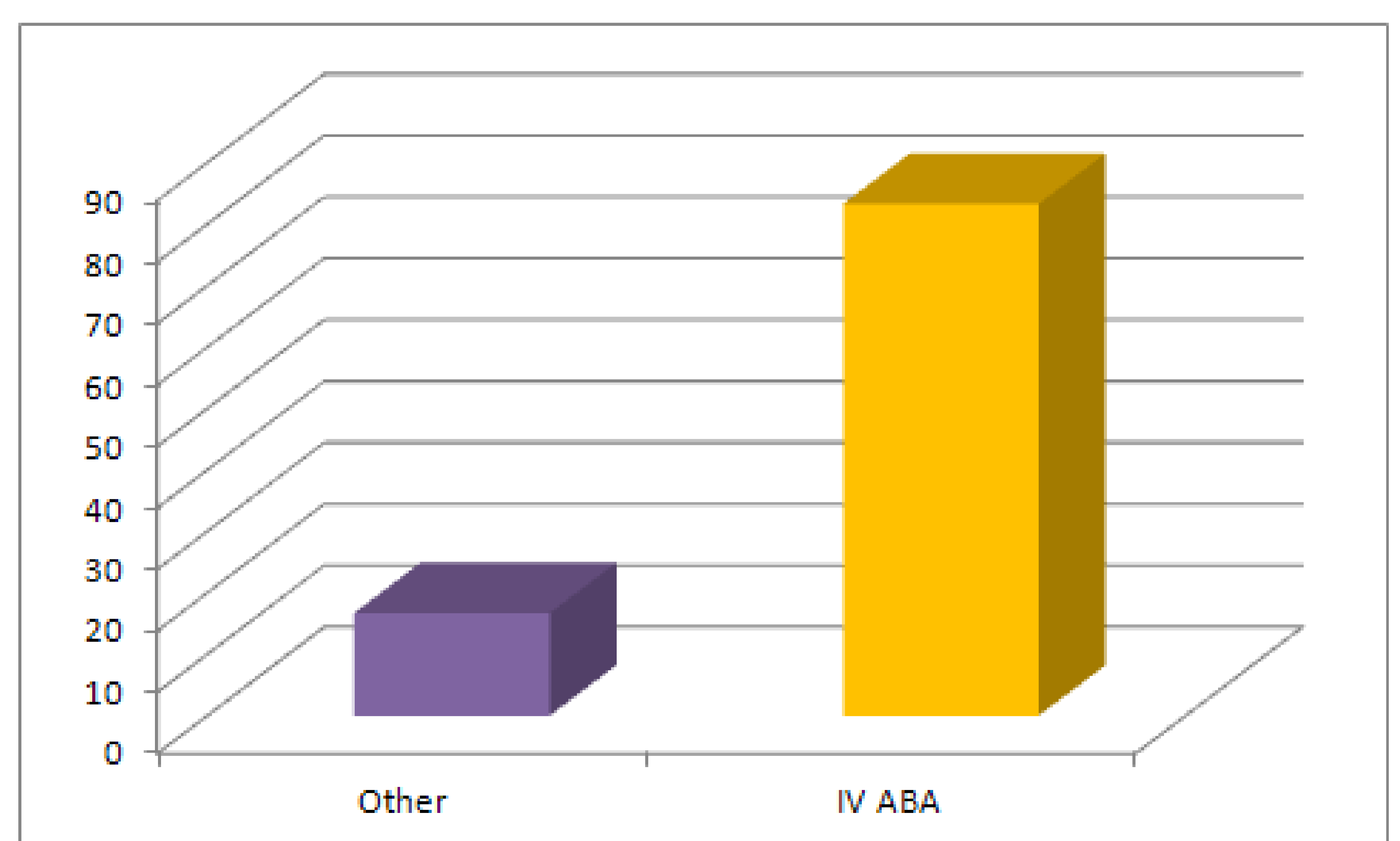


FIGURE 2



CONCLUSIONS

1. Sofosbuvir seems to be the most cost-effective treatment analyzed in real-life settings but future studies involving more patients are needed to confirm these results.
2. Our insight on real-life treatment outcomes and costs can serve as a reference for a comparison with other treatments.