



ANALYSIS OF COSTS AND PRESCRIPTION GUIDELINES OF ETANERCEPT AND ADALIMUMAB IN PATIENTS OF RHEUMATHOLOGY, DERMATOLOGY AND GASTROENTEROLOGY SERVICES ON THE PHARMACY OUTPATIENT UNIT

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BACKGROUND

Nowadays the physicians are changing TNF-blockers prescribing guidelines which influence the pharmaceutical expense.

PURPOSE

To analyze adalimumab and etanercept prescriptions practice on the outpatient unit.

METHODS

- ✓ Design: Retrospective observational study.
- ✓ Patients of Rheumatology, Gastroenterology and Dermatology services.
- **✓ Study period**: 2011-2013.
- ✓ After analyzing the total cost (in all areas) of etanercept and monoclonal antibodies used in these services during the study period, a large variation was observed in expense, seeing:
 - > a decrease of 18% in Rheumathology
 - > an increase of 85% in Gastroenterology
 - > an increase of 10% in Dermatology
- ✓ Source of data: outpatient internal program, Global Clinic® and SAP®.

RESULTS

Services	Number of patients		Proportion of patients with a different prescription from the usual one		Administration schedules (difference)
	2011	2013	2011	2013	
Reumatology	161	172	20,5%	59,3%	Less frequently
Gastroenterology	17	26	17,6%	11,53%	More frequently
Dermatology	15	17	20%	47%	Less frequently

¿Expense on the outpatient unit?

Rheumatology \rightarrow decrease of 15,1% (the only one that reduced pharmaceutical expense).

Dermatology → **increase of 10%** [partly due to ustekinumab's dispensation (6 patients in 2011 and 7 in 2013 with more frequently administration regimen)]. **Gastroenterology** → **increase of 63%**, due to more patients treated and prescription guides change.

CONCLUSIONS

- ✓ We have treated more patients in rheumatic disease without increasing spending because of the less frequently administration of these drugs.
- ✓ In Dermatology service we have had more expense not due to adalimumab or etanercept drugs, probably ustekinumab instead. With the studied drugs we only have treated two more patients administering drugs less frequently.
- ✓ In Gastroenterology service the expense has increased probably because more patients have been treated and not due to administration schedules.

