

OPTIMISATION OF ANTI-INTERLEUKIN BIOLOGICAL THERAPIES IN PSORIASIS PATIENT ABOVE 100 KG

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PURPOSE

To describe our experience and assess the clinical response and economic impact of switching from ustekinumab to secukinumab in moderate-severe plaque psoriasis patients above 100 kg in maintenance phase with optimal (PASI<5) or suboptimal (PASI 5-10) response.

MATERIAL AND METHODS

Retrospective, observational study of psoriasis patients previously treated with ustekinumab double dose, from March to October 2016.

Variables	Sex, age, weight, diagnosis, previous therapy with ustekinumab 90 mg quarterly and Psoriasis Area and Severity Index (PASI).
Clinical response	PASI no change in patients with optimal response. PASI improvement in those with suboptimal response.
Economic impact	Difference between patient-year cost of ustekinumab double dose vs secukinumab in order to calculate the patient-year savings.

PASI during maintenance

- 5-10: Secukinumab 300 mg with reduced induction (weeks 1,3) followed by monthly administration.
- < 5 : Secukinumab 300 mg without induction (monthly administration).

RESULTS

6 patients, 83.3% men, mean age 55 (49-67), were evaluated.

Clinical response

Ustekinumab response	Patients	Mean PASI in maintenance	Patients with PASI improvement
Suboptimal	3	6.8	2 achieved improvement. The third has not yet been evaluated
Optimal	3	3.1	All of them achieved improvement

Economic impact

	Ustekinumab patient-year cost	Secukinumab patient-year cost	Patient-year savings.
Patient with secukinumab reduced induction	26.429,4 €	17.457,72 €	8.971,68 €
Patient without secukinumab induction	26.429,4 €	16.210,74 €	10.218,66 €

CONCLUSION

- Optimisation of anti-interleukin biological agents is a strategy to manage psoriasis patients above 100 kg according to criteria of clinical activity and costs in our settings.
- Our experience using alternative dosing of secukinumab induction depending on PASI in the change moment revealed a decrease in costs providing direct savings for the hospital while maintaining treatment efficacy.