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USE OF ERYTHROPOIESIS-STIMULATING AGENTS AFTER THE CESSATION OF SUPPLY OF CONTINUOUS ERYTHROPOIETIN RECEPTOR ACTIVATOR

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BACKGROUND AND OBJECTIVE

In 2012, due to an anomaly in the compounding process of **continuous erythropoietin receptor activator (CERA)**, Spanish Health System issued an alert recommending not starting new treatments with this drug and replacing it by other erythropoiesis-stimulating agents (ESA) in patients already on treatment.

Our **objective** was to assess dosage and effectiveness of the ESA which replaced CERA after its cessation of supply.

METHODS

✓ **Design**: A longitudinal retrospective study was conducted in patients treated with CERA at the time of cessation of its supply.

✓ The **follow-up period** was 4 months.

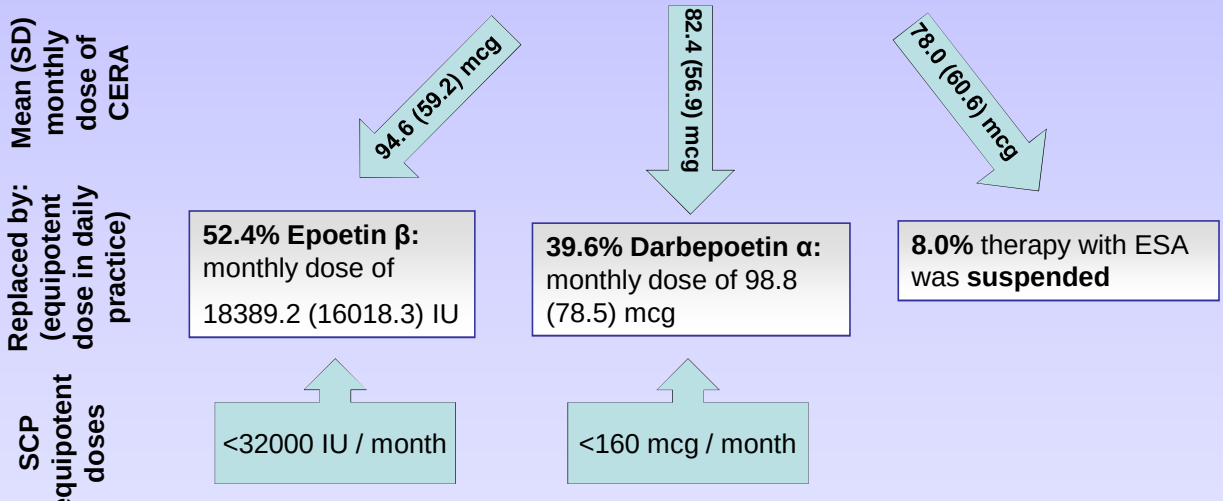
✓ We recorded **type and dose of ESA** which replaced CERA and compared them with the equivalences recommended in summary of product characteristics (SPC).

✓ **Effectiveness** was evaluated as haemoglobin levels (Hb) at 4 months of follow-up.

✓ Other **collected variables**: initial Hb, transferring saturation index (TSI), ferritin, albumin, C-reactive protein (CRP) and parathyroid hormone (PTH).

RESULTS

187 patients (58.8% female, 67.7 [17.2] years old) were being treated with CERA when it was removed.



- Among these groups no differences were found in TSI, ferritin, albumin, CRP and PTH.
- At inclusion time, Hb was 11.6 (1.5) g/dl and after 4 moths was 11.7(1.6) g/dl.
- At the end of the follow-up, ESA dose was remained in 68.8% of patients, reduced in 5.8%, increased in 2.9% and was replaced by another different ESA in 8.7%.

CONCLUSIONS

✓ Epoetin β and darbepoetin α had similar effectiveness than CERA.

✓ Doses were according to those recommended in SPC and most of them did not need to be adjusted after 4 months.

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