



Treatment with monoclonal anti-TNF antibodies.

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Objectives

The monoclonal anti-TNF antibodies, infliximab, adalimumab and etanercept are equally effective in rheumatoid arthritis, ankylosing spondylitis, psoriasis, psoriatic arthritis and inflammatory bowel disease. Poor persistence with and adherence to biologics can undermine the effectiveness of these medications. There are no standardized methods to track persistence with and adherence to biologics.

Methods

The study was carried out in 2010. The following data were loaded in the database in use at the pharmacy, FarmaDDSS (fig. 1): patient demographics, drug used, dosage and date of delivery of the drug. So, it was possible calculate parameters of pharmacoutilization as Received Dose Daily (RDD) and Prescribed Dose Daily (PDD). The patient adherence therapy was calculated as the ratio between RDD and PDD.

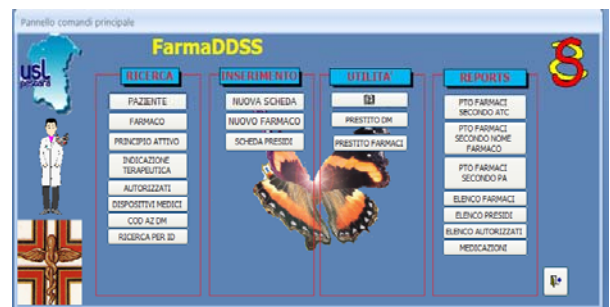


Fig. 1 Control panel of FarmaDDSS

Results

Of the 207 patient treated in 2010, 52 were with etanercept, 102 with adalimumab and 53 with remicade. The mean value of RDD was 6,4, 3,9 and 7,2, respectively. Appropriateness of use (RDD/DDD) and adherence (RDD/PDD) was 0,9 for etanercept, 1,3 for adalimumab and 1,9 for infliximab. (fig. 2) The cost per RDD was € 33,47, € 50,00 and 39,94, respectively. (fig. 3)

Conclusions

Etanercept and adalimumab showed a good clinical profile. Infliximab appears to be taken at twice the dose. It's very important to follow the patients by developing of outcome research program. The use of a specific database as FarmaDDSS can facilitate the measurement and rates of persistence with and adherence to biologics.

$$\frac{RDD}{DDD} = \frac{RDD}{PDD} \times \frac{PDD}{DDD}$$

Appropriateness of use Adherence Physician compliance

Cost per RDD in €

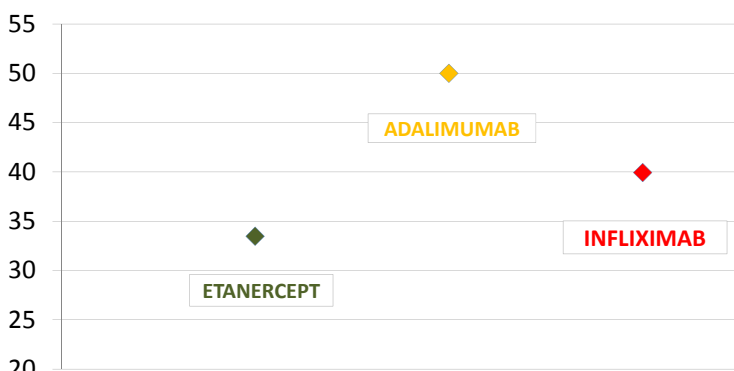


Fig. 3 Cost per RDD in € of anti TNF alpha

APPROPRIATENESS OF USE AND ADHERENCE

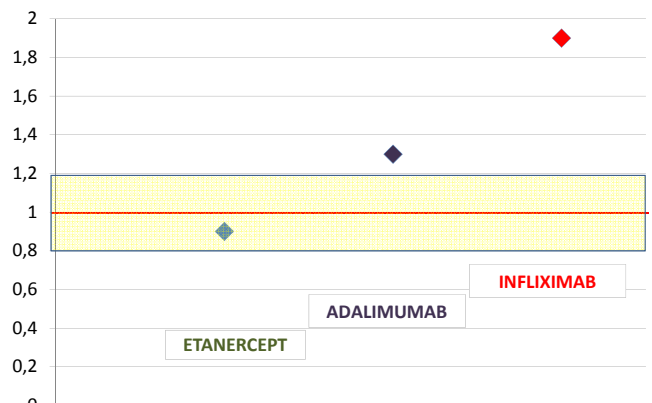


Fig. 2 Adherence of anti TNF alpha