

PATTERNS OF USE OF BIOLOGICAL ANTI-TNF AGENTS AMONG PATIENTS WITH RHEUMATOLOGICAL DISEASES

Martínez-Sesmero J.M., Manzano Lista F.J, López Sánchez P., Rubio Salvador A.R., García Palomo M, Moya Gómez P.

Hospital Virgen de la Salud, Pharmacy Department, Toledo, Spain.

BACKGROUND

The role of anti-TNF biologic agents (ATBA) in the treatment of rheumatologic diseases (RD) has expanded, but dosing patterns have not been thoroughly explored.

PURPOSE

The objective is to describe patterns of ATBA utilization among patients with RD.

MATERIALS AND METHODS

- We retrospectively collected dispensing records of Etanercept, Adalimumab, Golimumab and Infliximab in first line (FL) or subsequent line (SL) settings, from 2011 to 2013, in a general teaching hospital.

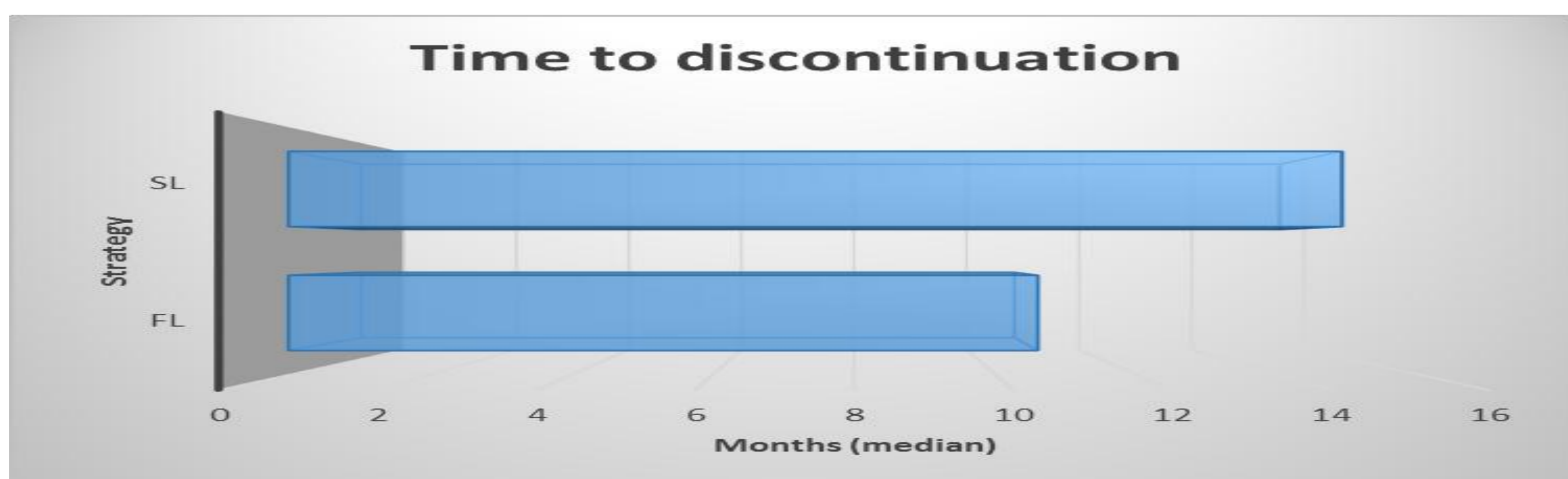


- Variables included:

- Average dose according to standard dosing interval.
- Dose escalation and discontinuation (gap in therapy >60 days or switch).
- Time to discontinuation was assessed with Kaplan-Meier curves and U-Mann-Whitney test for average comparisons (SPSS® 15.0).

RESULTS

- Over 3 years, average doses dispensed were: Etanercept (N = 238) 40.2 10.9 mg/week, Adalimumab (N = 344) 44.9 8.6 mg/2 weeks, Golimumab (N = 38) 52.2 1.6 mg/month, and Infliximab (N = 139) 489.1 188.6 mg/8 weeks.
- The overall percentages with dose escalation or discontinuation were greater in the SL in all ATBA (42.2% SL vs. 28.6% FL, $p = 0,039$). The proportion with dose escalation was greater for Infliximab patients (71.8% SL vs. 52.2% FL, $p = 0.012$), as well as for discontinuations (15.2% SL vs. 8.6%, $p = 0.029$).
- Time to discontinuation was significantly shorter for SL than FL in all ATBA (median 10.6 vs. 14.9 months; $p = 0.018$). The hazard ratio for discontinuing SL vs. FL was 1.321 ($p = 0.020$).



CONCLUSIONS

ATBA in RD have higher rates of discontinuation, dose escalation, and shorter time to discontinuation in SL than in FL, therefore the correct selection of FL is a key question in this setting.