Background The local Pharmacy and Therapeutics Committee (PTC) approved Teriflunomide (TE) and Dimethylfumarate (DMF) for the treatment of relapsing-remitting multiple sclerosis (RRMS). These drugs were used in first-line treatment in adults with RRMS.

Purpose To evaluate the use of TE and DMF in RRMS patients, according to the protocol approved by the PTC and to calculate the treatment adherence to oral drugs against RRMS.

Material and methods A descriptive, observational and retrospective study was conducted from November 2013 until March 2018 in a General Teaching Hospital. Patients who received at least one dose of DMF and TE were included.

Collected data from medical records were: sex, age, Expanded Disability Status Scale (EDSS), previous treatments, therapeutic failure, adverse reactions and adherence to medicines. The treatment adherence was calculated by consulting the electronic dispensing register.

Results Fifty-six patients were included (75% female, 25% male), median age was 42 (26–61) years. 36/56 patients received TE, 20/56 DMF.

40/55 patients had received one or two previous treatments according to the protocol: interferon beta-1b 250 mcg (20.2%), interferon beta-1a 30 mcg (36%), glatiramer acetate (20.2%), interferon beta-1a 22 mcg (8%) and interferon beta-1a 44 mcg (15.6%).

Fifteen patients began with oral treatment directly; 5/15 according to the protocol, 2/15 post-trial access, 3/15 needle phobia, 3/15 suspicion low adherence to parenteral treatments and 2/15 others.

The average of previous treatments received per patient was 0.85±0.63. Median time between start and end of the treatment with the parenteral immunomodulatory drug was 3 (0–17.8) years. The average EDSS at the start of oral treatment was 2.08±0.87. EDSS data were available in 57/76 patients.

During the study period, 12/56 patients discontinued treatment with oral immunomodulatory, 8/12 patients discontinued TE and 4/12 DMF. TE was discontinued in 6/12 patients for therapeutic failure and 2/12 for adverse reaction, DMF for adverse reactions in 4/12.

Treatment adherence to oral RRMS drugs was 99.9%. Adherence of patients who discontinued treatment was 100%.

Conclusion Teriflunomide and Dimethylfumarate are drugs mainly prescribed for the treatment of RRMS patients who had previously received at least one parenteral immunomodulatory drug, in accordance with the local PTC and adherence was optimal with the new oral medicines.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.