infliximab, respectively, were necessary in order to achieve similar levels of cost-effectiveness as secukinumab, whereas discounts as high as 90% for etanercept, 60% for ustekinumab, 55% for adalimumab and 50% for infliximab were necessary to reach similar levels of cost-effectiveness as ixekizumab and brodalumab.

Conclusion According to this economic model, modern anti-IL-17s are highly cost-effective compared to anti-TNFs and anti-IL-12/23. Though discounts may be a way of making anti-TNFs and anti-IL-12/23 more cost-effective, this study indicates that very high levels of discounts would be necessary to achieve this.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

Conflict of interest Corporate-sponsored research or other substantive relationships: employee at LEO Pharma.

Efficacy and Safety Analysis of Alemtuzumab in Relapsing-Remitting Multiple Sclerosis

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Background Alemtuzumab is a humanised monoclonal antibody against CD52 approved for relapsing-remitting multiple sclerosis (RRMS), which is a progressive illness affecting the central nervous system (CNS).

Purpose The objective of the present study was to evaluate the efficacy and safety of alemtuzumab.

Material and methods A retrospective study was carried out in a university hospital. Patients treated with alemtuzumab were included for the November 2016–November 2017 period. Data was drawn from clinical digital history and visits from the outpatients module. Demographic data (age, gender), clinical data (diagnosis, previous treatments, number of cycles, Expanded Disability Status Scale (EDSS) before and after treatment, number of relapses since the start of alemtuzumab, MRI lesions’ evolution) and safety data (adverse events (AE), blood tests) were registered.

Results Twenty-five patients were found, 20 (80%) of whom were females. Mean age was 41.5 (±9.3). Twenty-three patients (92%) had a diagnosis of RRMS, one (4%) secondary progressive and one (4%) primary progressive. All patients went through the second infusion cycle during the studied period. Twenty-one patients (84%) had received a mean of the previous treatments of 1.9 (±1.1), the rest of them were naïve. Mean EDSS before treatment was 4.7 (±1.7) and after was 3.5 (±2). Between the first and second cycle (1 year), none of them had a relapse. Confirmed by MRI, 16 patients (64%) had a reduction in CNS lesions and six (24%) had no change. The most reported AE during infusion were migraine: 14/25 patients; rash: 9/25 patients; fever: 5/25 patients; pruritus: 3/25 patients; and hypotension 3/25 patients. After infusion, the most reported AE were rash: 12/25, asthenia: 6/25, upper respiratory infection: 5/25, candidiasis: 4/25 e insomnia: 4/25. In blood tests, 100% had lymphopaenia, with a mean duration of 6.3 months (±3.7) after the first cycle and 4.9 months (±2.9) after the second cycle.

Conclusion Alemtuzumab seems to be an effective treatment for RRMS as shown by the reduction in EDSS before and after treatment, any relapse between cycles in our population and lesion reduction in the 64% of patients and no change in 24% of patients. Most of the AE were mild, with migraine being more prevalent during infusion and rash after it.