6ER-007 PERSISTENCE AND SAFETY OF ADALIMUMAB IN PSORIASIS

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Background and importance Psoriasis is a disease that has negative effects on the physical, psychological and social well being of patients, with a significant deterioration in quality of life and a negative impact on productivity. Several biological therapies are commonly used to treat moderate–severe psoriasis plaques, but due to their high cost, they represent a significant share of hospital spending. Adalimumab (ADA) is a monoclonal antibody used in psoriasis plaque, which specifically binds to tumour necrosis factor α (TNF), neutralising it.
Aim and objectives The main purpose in the treatment of psoriasis is to keep the skin affected under control. The aim of the study was to assess the long term persistence of ADA in patients with moderate–severe psoriasis plaque in clinical practice in our environment.
Material and methods A retrospective, observational, 10 year study (2009–2018) was carried out. All patients diagnosed with psoriasis and receiving ADA treatment during this period were located in the Farmatools V.5.54 'external patients' programme. The data were obtained from the pharmacotherapeutic history recorded in the pharmacy service. ADA was used following the official authorised indications.

The following data were collected: sex, date of birth, prior therapies, start date of treatment, changes in pattern (optimisations and intensifications), discontinuation date and causes.
Results In 46 patients, 33% women and 67% men, with an average age of 47.3 (23–74) years, 34.7% had received prior biological treatment (12 etanercept, 3 infliximab and 1 ustekinumab). In 15 patients (32.6%) the dosing regimen was optimised during treatment, even suspending it for extended periods of time. Seventeen patients (36.9%) switched to another biological treatment during the study (13 to ustekinumab, 2 to secukizumab and 2 to etanercept). In the statistical analysis, the average duration of treatment with adalimumab was 61 months.
Conclusion and relevance ADA represents an effective alternative in a high percentage of patients with psoriasis, with good long term persistence, allowing optimisation in many cases. The safety profile was favourable throughout the study period.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-008 STUDY OF THE USE OF DIMETHYL FUMARATE IN PATIENTS WITH RELAPSING–REMITTING MULTIPLE SCLEROSIS IN A THIRD LEVEL HOSPITAL

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Background and importance The therapeutic arsenal of multiple sclerosis has expanded in recent years. From the hospital perspective, we need to know what place these drugs should occupy in therapeutics.
Aim and objectives To study the use of dimethyl fumarate (DF) in relapsing–remitting multiple sclerosis (RRMS) and the adequacy of clinical practice guidelines in our hospital. We decided to focus our research on DF because it is the most prescribed recently marketed drug in our hospital.
Material and methods This was an observational, retrospective study and all patients who received at least one DF prescription from the outpatient pharmaceutical care unit between 2015 and 2019 were included. Data collected were age, sex, continuation or suspension of treatment, treatment line, pharmacological treatment before and after and duration of treatment. In the case of a change in treatment, the reason for the change was registered (ie, adverse events (AE) or inefficacy).
Results Thirty patients were included, 87% women, with a median age of 36.5 years (19–59) and 46.7% of patients were being treated with DF at the time of the study.

- DF was used as firstline treatment in 53% of patients and as secondline in 30% with the majority prior treatment being glatiramer acetate in 67%.
- Treatment changes were recorded in 53% of patients, of which 50% were due to AE and 50% to inefficacy. The most common AE was gastrointestinal disorder.
- Change in treatment for AE (n=8): the changes registered were for teriflunomide (5), glatiramer acetate (2) and beta interferon (1).
- Change in treatment due to inefficacy (n=8): cladribine (4), alemtuzumab (2), natalizumab (1) and teriflunomide (1).
- The average duration of treatment was 15 months.

Conclusion and relevance In conclusion, DF was used as a firstline treatment for RRMS in 53% of patients. The average duration of treatment in our centre was short considering that it is a progressive disease. In patients who suffered a change in treatment due to AE, it was mostly decided to switch to another firstline drug, generally teriflunomide. In patients who underwent a change in treatment due to inefficacy after firstline treatment, it was decided to go with secondline treatment, usually in patients with very active disease.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-009 TREATMENT PATTERNS IN MULTIPLE SCLEROSIS WITH DISEASE MODIFYING DRUGS

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Background and importance Over the past few years, several drugs for the treatment of multiple sclerosis have become available. Current guidelines recommend treatment selection with disease modifying drugs (DMD) based on patient or provider preferences. Studies based on hospital pharmacies contribute to a better knowledge of drug utilisation patterns in a real world setting and are very important in informing healthcare decision making in multiple sclerosis treatment.
Aim and objectives We aimed to characterise time trends in the utilisation of DMD for multiple sclerosis, between 2012 and 2017.

Material and methods This was an observational cohort study based on hospital pharmacy claims data. All patients with multiple sclerosis, with at least one drug claim for any available DMD (interferon, fingolimod, dimethyl fumarate, glatiramer acetate, natalizumab or teriflunomide) between 2012 and 2017, in a general hospital, were eligible. Main outcomes included comparison of treatment patterns, treatment switches over time and oral drug uptake, between 2012 and 2017.

Results A total of 269 patients were included, with a mean age at first drug claim of 42.2 (SD 10.7) years. The sample included 13.0% naïve patients and the remaining had received treatment previously. In 2012, the majority of patients were receiving treatment exclusively with interferon (68.8%), glatiramer acetate (24.1%), natalizumab (4.0%) and fingolimod (1.0%); the remaining switched between treatments over 1 year. Despite more treatment options in 2017, interferon was still the most used (52.7%%), followed by glatiramer acetate (20.2%), teriflunomide (8.5%), natalizumab (6.9%), fingolimod (5.9%) and dimethyl fumarate (2.7%). Over the study period, 77.3% of patients never switched therapy, of these 53.2% remained on interferon, glatiramer acetate (18.6%) and natalizumab (4.5%). In 2012, almost all patients were receiving injectable DMD. During follow-up, oral DMD patient uptake rose from 0.6% in the third quarter of 2012 to 19.5% at the end of 2017.

Conclusion and relevance Unlike previous published studies, this cohort of patients did not show widespread adoption of oral DMD. This study also showed a low proportion of switches to new drugs, with the majority of patients still receiving treatment with interferon over a 6 year period.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-010 THERAPEUTIC DRUG MONITORING OF TUMOUR NECROSIS FACTOR α INHIBITORS IN INFLAMMATORY BOWEL DISEASE: EVIDENCE FROM A REAL WORLD SETTING

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Background and importance Biologics have become the mainstay for treatment of inflammatory bowel disease (IBD) but these drugs often require dose escalation to maintain effectiveness. Currently, therapeutic drug monitoring (TDM) can be used to measure drug concentrations in blood and antibodies against tumour necrosis factor α (TNFα) inhibitors and therefore individualise recommended doses in IBD. TDM is associated with greater effectiveness compared with empirical dose adjustment.

Aim and objectives The study aimed to characterise TDM of the TNFα inhibitor adalimumab in patients diagnosed with IBD.

Material and methods This was a retrospective observational study based on medical and pharmaceutical records. Inclusion criteria comprised patients with a diagnosis of IBD, on maintenance therapy with adalimumab in a general hospital, between 2014 and 2019. The main outcomes included dose escalations, therapy discontinuation and TDM.

Results A total of 40 patients met the inclusion criteria, with a mean age of 39.6 (SD 15.7) years, 50.0% were women, average weight was 66.2 (SD 15.7) kg, and 90.0% had Crohn's disease and the remaining had ulcerative colitis. Adalimumab was more frequently administrated as a fourthline therapy for IBD (32.5%), considering also conventional therapy. Prior to adalimumab, 80% of patients were treated with immunosuppressants, 57.5% with salicylates, 52.5% with infliximab, 45.0% with corticosteroids and 12.5% had been previously treated with adalimumab. The majority of patients (60%) were being treated with adalimumab as monotherapy, 30% concomitantly with immunosuppressants and the remaining with salicylates or corticosteroids. Median time on therapy with adalimumab was 25.1 months. For all patients, although in a small proportion of patients TDM was performed (15.0%), 83.3% maintained therapy with adalimumab, while only 67.6% of patients without TDM remained on therapy with adalimumab. Dose escalation occurred in 32.5% of patients, 15.4% following TDM and 84.6% occurred empirically. All patients with TDM continued therapy whereas 45.5% of patients with empirical dose escalation either discontinued therapy or showed a low response.

Conclusion and relevance The study showed that TDM of adalimumab led to a lower proportion of discontinuations or low response in IBD treatment. Although TDM is still performed in a minority of patients, its use should be encouraged in a real world context.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-011 REAL WORLD ADHERENCE TO MULTIPLE SCLEROSIS THERAPY

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Background and importance Good adherence to disease modifying therapy for multiple sclerosis is associated with a reduced risk of relapse, maximising the beneficial effects of treatment. Hospital pharmacists are key healthcare professional in patient therapy management and adherence.

Aim and objectives The study aimed to assess adherence to multiple sclerosis therapy in a real world setting.

Material and methods This was a retrospective cohort study based on drug hospital pharmacy claims for multiple sclerosis. Patients with at least one drug claim for multiple sclerosis (interferon, fingolimod, dimethyl fumarate, glatiramer acetate, natalizumab or teriflunomide) were identified from a general hospital, between 2012 and 2017. Adherence was evaluated using medication possession ratio (MPR), defined as the total number of days with drug supply divided by the observation period. Adherence was calculated at 6, 12 and 24 months. Only patients who had a drug claim between 30 days before the defined time point or anytime until the end of follow-up were included. Patients with an MPR ≥80% were considered adherent to therapy.

Results There were 269 patients with at least 6 months of follow-up: mean age at first drug claim was 42.2 (SD 10.7)