Background and importance The introduction of biological drugs in clinical practice represents a new goal for the treatment of highly disabling inflammatory immune mediated diseases. Our region adopted the guidelines for the use of biological drugs in the rheumatology, dermatology and gastroenterology departments; specialists need to draw up the therapeutic plan to implement the prescriptive appropriateness. The Italian Drug Agency has issued a position paper recommending the prescription of biosimilars where possible.

Aim and objectives To evaluate the prescriptive trend and appropriateness of biological drugs for inflammatory immune mediated diseases in our health district also to implement the use of biosimilars.

Material and methods We analysed the therapeutic plan for biological drugs received by the territorial pharmacy of our health district (about 164,000 inhabitants). We extracted from the company database data relating to biological drugs dispensed in the period January 2018 to August 2019 and subsequently processed using an electronic worksheet, paying attention to therapeutic shifts and biosimilar drugs.

Results 556 patients underwent therapy with biological drugs, of whom 61.15% had rheumatological diseases, 29.32% had dermatological diseases and 9.53% had gastrointestinal diseases. The number of patients increased by 6.64% in the January–August 2019 period compared with 2018; similarly, the use of these medicines in terms of units in the first eight months of 2019 increased by 22.72% compared with the same period in 2018. For 11.15% of patients, there was a shift to another biological drug; in 88.71% of cases, the change was attributable to therapeutic ineffectiveness while the remaining 11.29% were passed to the relative biosimilar (scenario 1), 3.5 million (scenario 2), to 2.7 million (scenario 3). The choice of the different scenarios would mean savings of 11.5–31.8%, depending on the number of patients who were treated with BA. Sensitivity analyses showed that the cost of adalimumab was the important factor in the final cost results. Analysis of extreme conditions showed a 20% variation from base case with savings of about 11.5% (scenario 2) and 30% (scenario 3). The most convenient was scenario 3 (change patients already treated with RA and treat new patients with BA).

Conclusion and relevance Despite scenario 3 providing the greatest savings (making it possible to treat a large number of patients), the authorities decided not to change patients currently treated with RA, loosing savings of about 20.33%.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest