4CPS-075 PERSISTENCE AND COST ANALYSIS OF SECUKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS AND PSORIASIS

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Background and Importance We know that the lack of persistence of the treatment affects its efficacy and can lead to an increase in the dose, which triggers an increase in risk and cost. Knowing the persistence of treatment with secukinumab in psoriatic arthritis (PsA), ankylosing spondylitis (AS) and psoriasis, could lead to new lines of research that compare the different therapeutic alternatives for these pathologies based on the cost per persistent treatment.
Aim and Objectives To determine the persistence of treatment with secukinumab and the cost of persistent treatment in its approved indications: PsA, AS and psoriasis.
Material and Methods Descriptive, retrospective observational study, which included adult patients with PsA, AS and psoriasis treated with secukinumab between November 2017 and August 2021. The demographic variables of age and sex were considered. The main variables were the persistence of secukinumab treatment and the annual cost per persistent treatment. Treatment persistence was analysed using the Kaplan-Meier test for each indication. The cost per persistent treatment was calculated based on the probability of persistence, which was estimated with the area under the curve for each of the three curves obtained in the Kaplan-Meier analysis. The secondary variables collected were diagnosis, duration and interruption of secukinumab treatment and previous lines of treatment.
Results We included 138 patients with a mean age of 52.2 ± 13.9 years, of whom 67 (48.6%) were women. The mean persistence of secukinumab treatment in PsA was 36.5 (95% CI 30.7-42.2) months, for AS it was 39.7 (95% CI 34.3-45.2) months and in psoriasis it was 40.4 (95% CI 35.1-45.7) months. A relationship between age, gender, indication, and line of treatment with secukinumab persistence could not be established. Median persistence was not reached for any of the three diagnoses. The annual cost per persistent treatment, calculated based on the probability of persistence, was € 11,064 for PsA, € 8,183 for AS, and € 15,420 for psoriasis.
Conclusion and Relevance Mean secukinumab persistence was higher for psoriasis compared to PsA and AS ($p>0.05$). The highest annual cost per persistent treatment was for psoriasis. More studies with real-life data and larger sample sizes are needed to establish the factors that play a key role in the persistence of secukinumab treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-077 CLINICAL-EPIDEMIOLOGICAL CHARACTERISTICS OF A COHORT OF PATIENTS TREATED WITH DORAVIRINE

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Background and Importance Doravirine is a non-competitive, non-nucleoside reverse transcriptase inhibitor (RTI), used in combination regimens with other antiretrovirals for the treatment of HIV-1 without evidence of resistance to non-nucleoside inhibitors.
Aim and Objectives To describe the clinical-epidemiological characteristics and the clinical and analytical evolution of DORA associated with (ABC/3TC), (DTG) and (RPV).
Material and Methods To assess the efficacy of DORA, clinical response was analysed through follow-up consultations and serological tests, measuring viral load (VL), CD4-T lymphocytes, liver profile, and renal function. Follow-up was performed at 2, 4 and 6 months from the start of treatment.
Results We followed up 36 patients (31 men), with a mean age of 53.8 years (26-64), 20 were being treated with (ABC/3TC+DORA), 9 with (RPV+DORA) and 7(DTG+DORA). 77% were smokers and 7 of them diagnosed with alcohol habit. At the beginning, 94.4% had undetectable viral load (VL<50 cop/ml), except for two that showed VL>10x6 cop/ml, probably due to non-compliance or abandonment of treatment. VL<50 cop/ml were observed during the study, except for those previously mentioned that achieved a maximum reduction of 110 and 150 cop/ml. All were classified in stages A2 and A3, except two of them classified as B3. The most common side effects were diarrhoea, nausea and/or vomiting, and mild headaches. Two of them reported myalgia, although we suspect it was unrelated to DORA, as they were treated with atorvastatin 80 mg/24h for hypercholesterolemia. The patients with (RPV+DORA) came from (ABC/3TC+DORA), who were replaced by RPV due to hypercholesterolemia, liver disorders or intake of PPIs or NSAIDs. The mean CD4-T lymphocyte count was 720/µL (262-1169/µL) and the mean creatinine was normal and between 0.9 and 1.1 mg/dl (laboratory range), except for two patients with 1.13 mg/dl and 1.29mg/dl.
Conclusion and Relevance Doravirine has been shown to be a safe and effective therapeutic alternative for HIV-1 infection, especially in patients with metabolic disorders or interactions with other drugs. The role of hospital pharmacists was to guarantee adherence to treatment and to document the most frequent side effects by reporting them to the Local HIV Commission.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Ficha técnica: https://cima.aemps.es/cima/pdfs/es/ft/1181332001/FT_1181332001.pdf

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DORA: doravirine, **RPV**: rilpivirine, **ABC/3TC**: abacavir/lamivudine, **DTG**: dolutegravir, **PPIs**: proton-pump inhibitors, **NSAIDs**: non-steroidal anti-inflammatory drugs

Conflict of Interest No conflict of interest

4CPS-078 ASSESSMENT OF THE QUALITY OF A HOSPITAL'S CLINICAL TRIAL INITIATION VISIT

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Background and Importance The clinical trial (CT) initiation visit is the meeting designed to prepare the investigational site that will conduct the study. This procedure is performed with the site personnel who will assume study responsibilities. The

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