

STRATEGIES FOR THE RATIONAL USE OF BIOLOGIC THERAPIES IN AN INTEGRATED CLINIC FOR IMMUNE-MEDIATED SKIN DISEASES

RWD172





Londoño AM^{1,2}, Bedoya C², Hincapié A³, Rendon A³, Madrigal Cadavid J³, Estrada Acevedo JI³, Giraldo PA³, Abad JM⁴

¹ CES University Medellin Colombia. ² Integrated Care Clinic for Immune-mediated Skin Disorders, HelPharma IPS Medellín Colombia. ³ Pharmacoepidemiology and Risk Management Group, HelPharma Medellín Colombia. ⁴ SURA EPS, Medellín Colombia.

Some studies suggest the possibility of reducing or suspending biologic therapy in patients with rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis, generating benefits for the patient and for the health care system since the use of these therapies involves a high cost.

Objective

To describe the results of a program of rational use of biological drugs in an integrated clinic of immune-mediated skin diseases (CLIPSO).

Method

Descriptive, cross-sectional study, conducted in July 2022 - May 2023, in a cohort of patients diagnosed with immune-mediated dermatologic diseases.

Patients were evaluated by a team of physicians, dermatology specialists, and pharmacists, who performed a clinical and pharmacological follow-up of patients and according to their evolution established optimization strategies or avoidability of initiation of biological therapies.

A univariate analysis was performed, with summary measures of central tendency, and relative and cumulative frequencies. The statistical package R Core Team Version 4.2 (2022) was used.

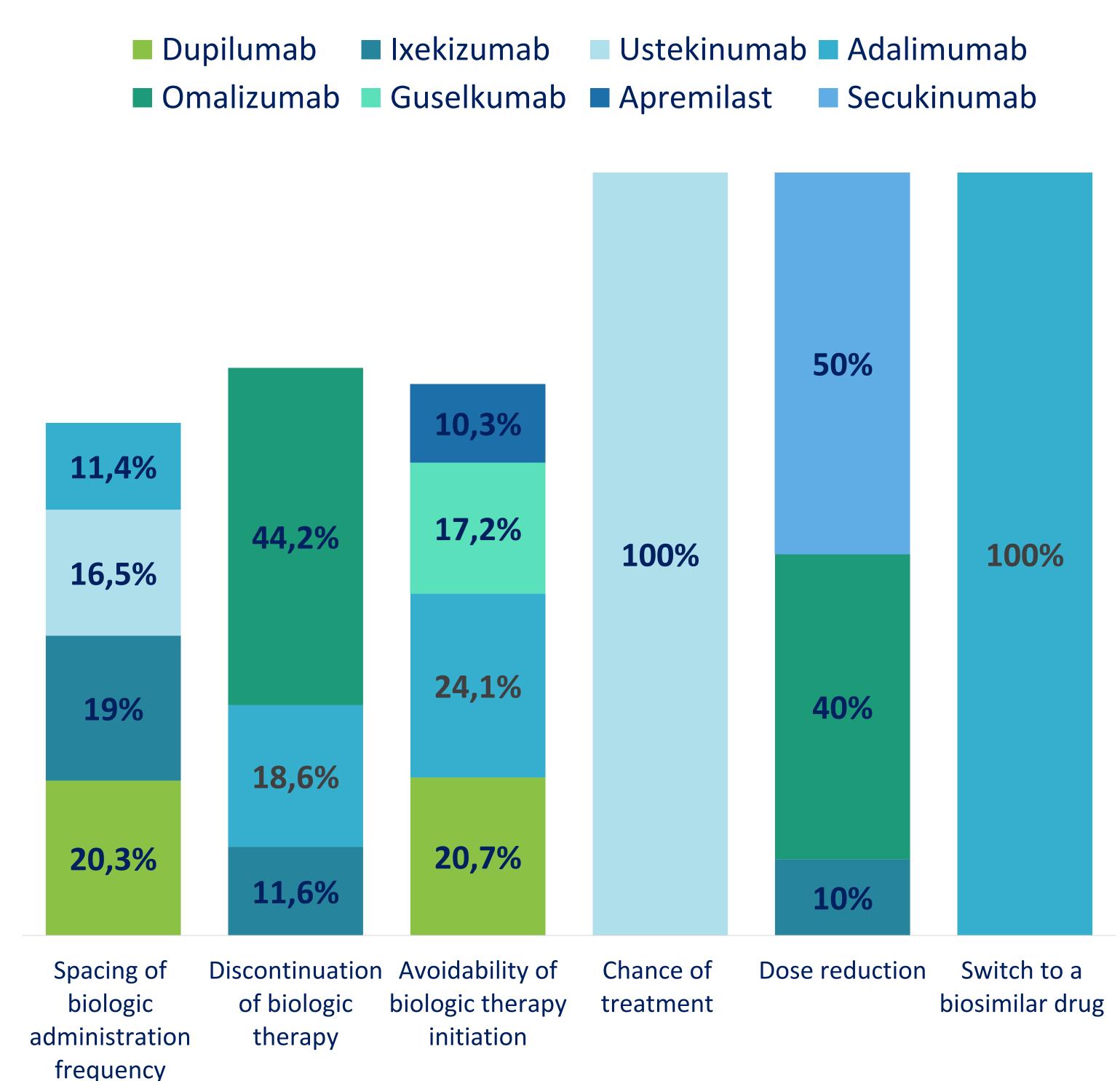
Results

During the period evaluated, 1210 patients were identified in treatment with biologic therapy of which 174 patients (14.4%) had their therapy optimized according to their clinical evolution.

These patients had a mean age of 46 years (SD: 16), 57% were female and mainly with diagnoses of psoriasis 60.3%, urticaria 19.0%, atopic dermatitis 14.4% and hidradenitis suppurativa 5.7%.

Therapy optimization strategies were 45.4% spacing of biologic administration frequency, 24.7% discontinuation of biologic therapy, 16.7% avoidability of biologic therapy initiation, 6.3% chance of treatment, 5.7% dose reduction and 1.1% switch to a biosimilar drug.

All patients maintained satisfactory clinical results and a total saving of 419560 USD (2605 USD per patient/month) was generated.



Conclusion

A biological therapy rationalization program based on an adequate approach and follow-up of patients with immune-mediated skin diseases allows for obtaining satisfactory clinical results and a significant economic impact on the health system.

Conflict of interest: none.