

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

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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-December 2022, 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, 1043 patients were identified in treatment with biologic therapy of which 86 patients (8.2%) had their therapy optimized according to their clinical evolution. These patients had a mean age of 46 years (SD: 16), 57% (49 persons) were female and mainly with diagnoses of psoriasis 65.1%, urticaria 17.4%, atopic dermatitis 12.8% and hidradenitis suppurativa 4.7%.

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.

Therapy optimization strategies were 41.9% spacing of biologic administration frequency, 19.8% discontinuation of biologic therapy, 17.4% avoidability of biologic therapy initiation, 10.5% dose reduction, 9.3% chance of treatment (ustekinumab to guselkumab) and 1.2% switch to a biosimilar drug. All patients maintained satisfactory clinical results and a total saving of 84535.30 USD (14089.22 USD/month) was generated.

