SAT0565
COST EVOLUTION OF BIOLOGICAL AGENTS FOR THE TREATMENT OF RHEUMATOID ARTHRITIS IN A TERTIARY HOSPITAL INFLUENTIAL FACTORS IN PRICE
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Background: The availability of biological therapy has changed the approach to treating rheumatoid arthritis. Spending on biological agents has risen due to the drugs’ high cost and the increased prevalence of rheumatoid arthritis.

Objectives: To evaluate the annual cost-per-patient and cost for each biological drug for in patients with rheumatoid arthritis from 2009 to 2017, and to calculate factors that affect at treatment cost, such as optimized therapies by monitoring drug serum levels, the use of biosimilars-TNF inhibitors, and discounts or negotiated rebates in biologicals acquired by pharmacy department.

Methods: Retrospective, observational study in a Spanish tertiary hospital. Main outcome: Annual cost-per-patient and per drug. Influential factors that affected the costs and demographic parameters and disease activity were also analyzed.

Results: A total of 320, 270, and 389 patients were treated in 2009, 2013, and 2017, respectively. Annual cost-per-patient decreased: €10,798 in 2009, €7,491 in 2013 to €7,116 in 2017. The introduction of new drugs drives economic competition leading to total savings per drug, with discounts reaching 24.6%, 15.5%, 11.5%, 17.8%, 17.9% and 21.1% for original infliximab, etanercept, adalimumab, certolizumab, golimumab and tocilizumab respectively, while rebates for biosimilar-infliximab reached 43.1% in 2017. Patients with optimized therapies reached 35.2% in 2017, which lead in cost savings of €1,288,535, in addition to savings from official discounts and rebates of €458,535 and savings from optimized therapies of €830,000 in 2017.

Percentage of patients with optimized regimes for the study period increased from 4.6% in 2009, 51.5% in 2013 to 35.2% in 2017. Disease activity was lower annually in the patient group with the optimized regimes versus the group without optimized regimes (p<0.001). Biological drugs more optimized were infliximab, adalimumab etanercept, and tocilizumab reaching 57.1%, 55.3%, 39.8%, and 32.0%, patients respectively, in 2017.

Conclusion: The cost of biological treatments declined after official discounts, negotiated rebates, and optimized therapies, leading to a significant decrease in the annual cost per patient. The greatest contribution to economic savings in biological therapy according to our study was biological therapy optimization.

REFERENCES

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SAT0566
LIVING WITH CHRONIC INFLAMMATORY AUTOIMMUNE DISEASE IN BRAZIL: THE PATIENT’S PERSPECTIVE
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Background: The patient’s journey is a complex phenomenon. It includes all the stages, perceptions, and experiences that the patient goes through since the identification of the first symptoms of a given disease. Therefore, it is crucial to understand this journey as well as the information they receive on physician training, rheumatologist, drug treatment as good level of satisfaction with the health care they receive, data also enable the Maintenance of Clinical Efficacy While Improving Cost-Effic- tiveness. J Pharmacovigil 2015;3(4).

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Background: As part of the IOF recommendations and the “Capture the fracture” program a Multidisciplinary and focussed on Primary Medicine Fracture Liaison Prevention Unit (FLS) was created in May of 2018 in the Hospital Universitario Virgen Macarena, in Seville, Spain. In previous reports, the rate of osteoporosis treatment prescription after the fragility fracture was as low as 20%, with a poor communication between the medical specialties involved in the attention of this patients.

Objectives: To improve the medical attention and treatment of patients with a FF. To create a multidisciplinary FLS with the collaboration of Primary Care Medicine, Internal Medicine, traumatology, Emergency Room, Rheumatology, Rehabilitation Service and the Medicine Department of the Seville University.

Design: A prospective, observational study in the setting of usual clinical practice and with approval of the local ethics committee. The Multidisciplinary FLS started to work at may, 2018 connecting primary care with medical specialties. The FLS has 3 weekly consultations (11 first visits, 4 second visits and email consultation, each day) attended by 2 internal medicine physicians, one Rheumatologist and one nurse. All the medical specialties involved in the attention of patients with FF can refer patients and the inclusion criteria is the history of a FF in the past 18 months. In a single medical visit, the doctor and the nurse make a clinical history, assesses the risk of FF according to FRAX, the risk of falls (J.H. Downton scale), they evaluate malnutrition (Mini Nutritional Assessment Elderly) and sarcopenia (hands dynamometry and Short Physical Performance Battery). Complete blood count and blood and urine biochemistry in order to evaluate secondary causes of osteoporosis and vertebral radiographs are done. A treatment plan agreed and discussed with the patient is started. The plan advice on diet and exercises, drugs, and a written report and medical prescription. And a phone follow-up is programmed. The data are entered and stored in a database (OpenClinica) in real time.

Results: From May to October of 2018, 170 patients have been included; 135 (89%) women. The mean (standard deviation) age was 73 ± 11.8 years old; 25% of them with ages between 83 to 94 years. The patients were referred from Perioperative Internal Medicine (46%), Traumatology and orthopedic surgery (37%), Rheumatology (6%), Primary Medicine (5%) and others medical areas (6%). The anatomical sites of the FF were hip (58%), vertebral (22%), distal radius (13%), humerus (4%) and others sites (7%). The prescribed treatment was alendronate (66%), denosumab (18%), teriparatide (10%), risedronate acid (4%) and calcium and/or vitamin D supplementation in 98% of the patients. The compliance was measured by phone call in 42 patients that completed six months after the first evaluation, and it was good in 100%.

Conclusion: The multidisciplinary FLS activity increased the rate of evaluation of risk and prescription of treatment at 100% with rates of compliance at six months of 100%. The FLS allows the creation of fluid reference circuits and improves the patient care.