

Switching and cost of treatment in patients with gastrointestinal or rheumatic diseases chronically treated with biological agents: regional data through administrative database analysis

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Several anti-inflammatory biological agents are available for the treatment of rheumatic or gastrointestinal diseases. The use and the cost of these drugs in the real practice has been evaluated in some studies. However, there are few data on the long-term use. The database of drugs prescription is a viable source to capture this information. The aims of this study are: to analyze the use of the biological agents over three years; to identify patients treated for long time, to evaluate drugs used and their cost. Pharmaceutical prescription data of an Italian sample region (1.3 million inhabitants) were analyzed. Patients with ≥ 1 claim for biological drugs between January 2010-December 2013 were identified. Patients continuing treatment over three years were selected. Drugs used and their cost were examined. Costs were calculated using sale price. Overall, 2.234 patients received at least a prescription of biological agents during the analyzed period (three years). Among these, 1060 (47.5%) have been treated with biological for three years. For these patients the total cost of therapy was €31.183.824,28; the average cost per patient was €29.418,70. Among 1060 patients treated for three years with biologics, 79.4% (n=842) took the same medication. In this subgroup of patients, the most used drug was Etanercept (346pts; 41.1%), followed by Adalimumab (307pts; 36.5%) and Infliximab (108pts; 12.8%). The total cost of therapy for the 842 patients chronically treated with the same drug was €24.479.464,24. The average cost per patient was €29.073,00 (min €16.923,81 with Anakinra; max €33.102,76 with Infliximab). Two hundred-eighteen patients (20.6%) changed drugs until to 7 times. For these 218 patients that change the drugs the total therapy cost was €6.704.360,40 and the average cost per patient was €30.753,95. The real-world use of the biological agents shows that only half of the patients are chronically treated. Among these, the switching is relatively frequent. It probably depends of lack of efficacy more than a poor tolerability. The cost increase seems more related to specific drug used than to switching

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