

Section 1: Introductory Statements and Governance

11SG-001 HEALTH UTILITIES IN CHRONIC HEPATITIS C PATIENTS ONE YEAR AFTER SUCCESSFUL TREATMENT WITH DIRECT-ACTING ANTIVIRALS

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Background Health utilities are measures of quality of life, which are used to obtain quality-adjusted life years in pharmacoeconomic evaluations. A short-term utility improvement has been recently reported after hepatitis C viral clearance, although scarce data exists regarding the long-term variation of these parameters.

Purpose To assess the change in health utility values for patients cured of hepatitis C virus infection, one year after successful treatment with direct-acting antivirals, and the variables associated to that change.

Material and methods Observational, prospective study included cured patients with oral direct-acting antivirals between May 2016 and April 2017. The EQ-5D-5L questionnaire was used to obtain utilities, previous therapy and one year after its end (post48). Differences in the utility medians were compared using the Wilcoxon test. The percentage of disutility reduction was obtained as $(\text{post48} - \text{baseline}) / (1 - \text{baseline}) \times 100$. Multivariable linear regression analysis was carried out, adjusting by sex, age, HIV co-infection, baseline limitation of mobility, anxiety-depression and degree of liver fibrosis before treatment. Outcome variable was the difference post48 – baseline utility value.

Results One hundred and ninety-nine patients were enrolled, 65% male. Cirrhosis was present in 29% of the patients and HIV co-infection in 32%. Globally, median health utilities increased from 0.857 at baseline to 0.932 at post-48 (+0.075, $p < 0.001$). In HIV co-infected patients, utilities increased from 0.871 to 0.932 at post 48 (+0.061, $p = 0.001$) and in cirrhotic patients from 0.809 to 0.890 (+0.081, $p < 0.001$). This improvement supposed a whole reduction in disutility of 52%: 47% in HIV co-infected and 42% in cirrhotic patients. In multivariate analysis, moderate-advanced fibrosis (F2–F3) and cirrhosis were associated with higher utility improvement than those with lower fibrosis degree ($\delta = 0.06$; 95% CI, 0.001 to 0.12 and $\delta = 0.07$; 95% CI, 0.003 to 0.13, respectively).

Conclusion A long-term improvement in health utilities occurs in chronic hepatitis C patients successfully treated with direct-acting antivirals, even in HCV/HIV co-infected. This benefit is especially evident in patients with advanced fibrosis. The availability of utility values obtained directly from treated patients contributes to future economic evaluations of these new drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest Corporate-sponsored research or other substantive relationships:

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11SG-002 BUDGETARY IMPACT OF ALIROCUMAB REPACKAGING IN A THIRD-LEVEL HOSPITAL

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Background Hypercholesterolaemia is a common and growing health problem, above all in developed countries, which can cause serious consequences in patients who suffer from it.

Alirocumab is a monoclonal antibody that blocks a protein called PCSK9 and prevents LDL cholesterol receptors being absorbed and degraded inside cells, increasing their number in the surface of cells to join with LDL cholesterol and remove it from blood.

Alirocumab is a drug with a considerable economic impact on the hospital's annual budget.

Purpose To evaluate the budgetary impact of the repackaging of the commercial dose of 150 mg in doses of 75 mg.

Material and methods To calculate the budgetary impact of alirocumab, a pharmacoeconomic study was carried out in which the savings obtained by repackaging the dose of 150 mg in doses of 75 mg were evaluated since both commercial presentations have the same price.

The cost of the 75 mg commercial dose and the cost of the same dose from the repackaging was calculated, taking into account the number of doses and the duration of treatment in each patient.

The information was obtained from the corporate prescription programme, Athos Prisma and from the Diraya clinical station.

Results Seventy-three patients were treated with alirocumab during the period of study.

The total cost of the treatments administered calculated according to the commercial price of alirocumab (€192.4 per prefilled-pen) was €248,270, compared with the €1 67 425 cost to the hospital using the repackaged doses, which meant a saving of €80 845 using the 75 mg repackaged dose.

A saving of €1077.93 per patient was obtained with the repackaging of the 150 mg dose into 75 mg.

Conclusion The budgetary impact of the repackaging of the commercial presentation of 150 mg in doses of 75 mg is a cost-effective practice, simple and easy to implement in hospitals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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