Purpose The aim of this study was to determine the impact of this change of connectivity on the administration of enteral medication.

Material and methods The first part of the study consisted of an evaluation of the professional practices (EPP) of the nurses on the enteral administration by a questionnaire.

The second part was an *in-vitro* study comparing several methods of administration via ENfit tubing. Morphine sulphate extended release (ER) placebo micro-granules were used as a model. An amount of microgranules corresponding to the lowest commercially available ER morphine sulphate assay was weighed and enumerated to extrapolate at the highest dosage, which will be used as a reference throughout the study. A quantity of micro-granule was weighed, suspended in water and administered at the site of the ENFit tubing. Subsequently the tubing was rinsed with water. The number of micro-granules at the inlet and outlet of the tubing were compared to determine the percentage of micro-granules administered.

Results Ninety-five nurses from 10 care units participated in the EPP. The simultaneous grinding of several drugs was a common practice (88%). The correct methods of rinsing of the ENFit tubing and dissolving of medications were applied by only 20% of nurses.

The *in-vitro* study has shown that the change of connectors prevents the direct introduction of micro-granules at the site of administration. The first method of administration, which consisted of suspending micro-granules in a cup, resulted in a 10% loss. The second, which consisted of putting the micro-granules in a syringe and then taking the water, resulted in a 3% loss. The third was the most suitable method, because it did not cause any loss, consisting in suspending the micro-granules in a syringe filled with water.

Conclusion The ENFit system complicates the enteral administration of drugs in the form of micro-granules. Corrective actions are needed to optimize administrative practices, including support for nurses and the development of medical devices that would limit misuse.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thanks to the nurses.

No conflict of interest.

1ISG-030 BIOLOGICS UTILISATION AND ITS EFFICIENCY THROUGH A HOSPITAL PHARMACY CENTRALISED MANAGEMENT SYSTEM

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Background In October 2017 our hospital implemented a new policy for biologics' utilisation. The pharmaceutical services were responsible for the management and control of the new policy, creating the Fully Integrated Biosimilars utilisation management System (FIBS).

Purpose This research aims to provide an efficiency assessment of FIBS.

Material and methods The new policy was coincident with the introduction of biosimilars in the market and so no control group was available. In this context the FIBS system efficiency was defined as the ratio between the observed and optimal (simulated) biosimilars utilisation levels. Optimal biosimilars utilisation was estimated by mapping the FIBS process, from prescription to dispensing of biologics. The step-by-step process, including timelines and inter-dependencies between stakeholders were modelled using the Anylogic software, to simulate a counterfactual optimal level of biosimilars utilisation over time for all patients on infliximab, etanercept and rituximab between October 2017 and September 2018 (cut-off date). FIBS relies on acquisition, prescription and dispensing of biologics by international non-proprietary name and recommends: for naïve patients, the prescription and dispensing of the most economically accessible biologic (brand or biosimilar) is mandatory; and maintaining the same biologic brand in patients for a period of no less than 12 months. After this period, conditions exist to transition to the economically most accessible biologic available. Exceptions require a clinical justification on a patient-by-patient basis by prescribing physicians. Exceptions need to be validated by the Hospital Pharmacy, Hospital Medicines and Therapeutic Committee and Hospital Board.

Results A total of 543 patients were analysed since October 2017. The level of FIBS system efficiency increased very rapidly in this short time: 50% (2 months) and 80% (4 months). System efficiency of FIBS has been increasing steadily since then, reaching levels above 85% in September 2018. This means that 85% of patients eligible (optimal) for biosimilar utilisation were on biosimilar therapy 11 months after policy initiation and FIBS implementation.

Conclusion The Fully Integrated Biosimilars utilisation management System demonstrates high levels of system efficiency in the utilisation of biologic therapy at hospital level, less than one year after its implementation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-031 ABSTRACT WITHDRAWN