Results In men the cost is estimated at €209 for the usual UC removed by flexible cystoscopy versus €124 for the magnetic UC (gain of €85 with the magnetic UC, higher than the €63 announced). In women, the cost is estimated at €84 for the usual UC removed by rigid cystoscopy, versus €124 for the magnetic UC (€40 more expensive with the magnetic UC, contrary to the gain of €32 announced). Since the magnetic UC was placed but not yet removed, this estimation does not include the cost of hospital staff.

Conclusion The economic evaluation conducted in our hospital is largely in favour of the use of the magnetic UC in men. Although this is not the case for women, its referencing to replace the current UC could save more than €12 000 per year in our hospital, based on 2017 consumption. Patient satisfaction also remains to be assessed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-036 THE IMPACT OF HOSPITAL PHARMACY INFRASTRUCTURE AND HUMAN RESOURCES ON MEDICINES OPTIMISATION AND INTEGRATED CARE

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Background The hospital pharmacy (HP) is frequently among the most multitasking departments of the institution. Although administrative tasks, concerning all steps of the medicines supply chain, tend to be a priority for several hospital managers, the key role of medication review that hospital pharmacists play in medicines optimisation (MO) and integrated care (IC) is often ignored.

Purpose The purpose of the present study is to identify the degree of prioritisation in MO steps, among the participating hospital pharmacies (general, paediatric and terminal care) located in the same healthcare region and to assess the impact of infrastructure and human resources on the overall organisation of tasks assigned to the HP.

Material and methods During the first semester of 2018, pharmacists from the participating hospitals registered MO tasks, IC initiatives and relevant attributes (e.g. range, distribution) in semi-structured diaries, on a weekly basis, including relevant time spent on each commitment. Personnel capacity and appropriateness of infrastructure were also recorded. Data were analysed by Excel and SPSS.

Results Great differences concerning the type of daily tasks in each hospital pharmacy were observed, e.g. in compounding, administrative management, procurement and clinical services. The availability of both pharmacists and supportive personnel in combination with the appropriateness of infrastructure had a major impact on time allocated at every task. Administrative responsibilities and supply chain maintenance were highly prioritised in all cases, whereas a variation concerning the provided clinical services from 20% to 50% as a percentage of the overall hospital pharmacy activities was described. Furthermore, given the need for customised dosage forms in paediatric hospitals, a significant amount of time and human resources was dedicated to compounding.

Conclusion Although all aspects of MO are considered essential in providing IC to patients, due to a lack of human resources rather than lack of infrastructure, hospital pharmacists are obliged to prioritise administrative and supply chain services over their clinical ones. Therefore, pharmaceutical care remains fragmented and a multidisciplinary approach to patient care is difficult to achieve.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

1ISG-037 HEALTH-RELATED QUALITY OF LIFE IN HEPATITIS C PATIENTS WHO ACHIEVE SUSTAINED VIROLOGICAL RESPONSE TO DIRECT-ACTING ANTIVIRALS: A COMPARISON WITH THE GENERAL POPULATION

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Background A short-term benefit on health-related quality of life (HRQoL) has been reported in successfully treated chronic hepatitis C patients with direct-acting antivirals. However, no information exists regarding the HRQoL difference compared to the general population after viral clearance.

Purpose To compare HRQoL outcomes between hepatitis C patients who achieve sustained virological response (SVR) and a sample of the general population.

Material and methods Patients were recruited from May 2016 to April 2017. At post12 SVR time-point, a hospital pharmacist assessed HRQoL using the EQ-5D-5L questionnaire in a telephone interview. Results were compared to those of the general population of the same sex and age obtained from the 2011/12 National Health Survey in Spain. Observed/expected (O/E) ratios for health dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) and differences between O/E in EQ-5D utility and visual analogue scale (VAS) scores were calculated.

Results Two-hundred and six patients with SVR were studied. Mean age was 52 (SD=9.0) years. Sixty-six per cent were male and 32% were HIV co-infected. According to liver fibrosis, 25% were F0-F1, 47% F2-F3 and 28% cirrhotic. After SVR, patients had more limitation than the general population, especially for the usual activities (O/E=3.1), anxiety/depression (O/E=2.8) and EQ-5D utility (−0.086, $p<0.001$); however, no difference in VAS score was observed (74.8 vs 76.5 respectively, $p=0.210$). F0-F1 patients with SVR had minor differences with the general population in mobility (O/E=0.6), self-care (O/E=1.0), usual activities (O/E=1.5) and pain/discomfort (O/E=1.3). However, anxiety/depression was nearly three times more frequent compared to the general population (O/E=2.7). Cirrhotic patients still had worse HRQoL after SVR, especially in usual activities (O/E=4.8) and self-care domains (O/E=3.7), EQ-5D utility values (−0.152, $p<0.001$) and VAS score (−8.5, $p=0.005$).

Conclusion HRQoL of chronic hepatitis C patients is considerably lower than that of the general population despite SVR.

Knowledge of ongoing problems serves to guide the patient's follow-up. Monitoring mental health in patients with low fibrosis stage, and the assessment of the ability to undertake usual activities and self-care in patients with cirrhosis should be recommended in the post-treatment setting.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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11SG-038 CRITICAL ANALYSIS OF THE INFORMATION AND COMMUNICATION TECHNOLOGIES' TOOLS MOST USED IN CLINICAL PRACTICE BY THE PHARMACIST

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Background The information and communication technologies' (ICT) tools are the instruments that allow the pharmacist to evaluate quickly and easily the patient's therapy identifying potential drug interaction (DI) and medical errors, in order to lead a medication reconciliation (MR).

Purpose Identify the perfect-matching ICT tool in order to lead a MR for patients with chronic kidney disease.

Material and methods Three patients with a pill burden higher than 10 therapeutic units were selected and their therapies were analysed in four (A, B, C and D) pre-selected ICT tools commonly used in the hospital pharmacy. ICT tools were compared, based on the number of drugs that were allowed to be inserted, kind and number of DI that were found such as drug-drug (DDI), drug-food (DFI) and drug-alcohol (DAI). Differences between the tools were analysed.

Results The tool A was excluded due to the limit of up to 10 drugs that can be confronted and does not use data from an international database. For these reasons the study was performed only on the other three tools that allowed the comparison between more than 30 drugs. The tool C consented to identify just DDI, so was excluded, instead with tools B and D DDI and DFI were funded. No tool identified DAI. Tools B and D consented to save the therapy and interaction data sheet, but only tool B allowed the extraction of the data. The chosen software was tool B because it was the only tool that include an alert with information regarding the dosage over that there is a DDI, that was important for patients with chronic kidney disease. Besides that, no tool consented to calculate DI based on the used dosage.

Conclusion The choice of the accurate ICT tool based on the study population is the first fundamental step to start and quickly implement an efficient and appropriate medication reconciliation process.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

11SG-039 THE COST-SAVINGS POTENTIAL OF BIOSIMILAR DRUGS: A BUDGET IMPACT ANALYSIS

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Background One of the main possibilities of freeing up resources in the pharmaceutical field is to use biosimilar medicines.

Purpose The aim of the study is to describe the impact on direct purchases of a public hospital in the use of biosimilars with respect to the originator drug for the active substances Rituximab (Ritux), Infliximab (Inflix) and Etanercept (Etan).

Material and methods We analysed the consumption (mg) and the total expense (€) for each drug during a two-year period, from March 2016 to March 2018. We then calculated the total annual amount consumed during the two-year period ($X1 = \text{tot mg } 2016-2017$; $X2 = \text{tot mg } 2017-2018$) and we obtained the percentage of growth (%Y) and the expenditure expected for the period 2018-2019 ($X3$):

$$[Y\% = (X2 - X1 / X1); X3 = X2 + \% YX2].$$

Of the total number of patients treated with the drugs we calculated the percentage of naive (Ritux: 64%; Etan: 17%; Inflix: 24%) and, in this group, the percentage of patients treated with the originator rather than with their biosimilar (Ritux: 100% originator; Etan: 52% originator, 48% biosimilar; Inflix: 100% biosimilar). Based on the growth rate calculated for each drug and type of patient we had to consider three possible assumptions:

1. Clinicians' same prescriptive attitude.
2. Treatment of all naive patients with biosimilar or maintenance of the prescriptive attitude for those already treated.
3. Use of biosimilar in both naive and previously treated patients.

Results

Abstract 11SG-039 Table 1

Drug	X3 vs X2 (%)	X3 (€)	Hypothesis
Infliximab	+19%	€ 1 34 902	1st assumption
	+3%	€ 21 952	2nd assumption
	-49%	€ 3 42 533	3rd assumption
Etanercept	-16%	€ 2 19 429	1st assumption
	-18%	€ 2 48 623	2nd assumption
	-38%	€ 5 19 064	3rd assumption
Rituximab	+8%	€ 1 01 208	1st assumption
	-24%	€ 2 83 583	2nd assumption
	-42%	€ 4 96 875	3rd assumption

Conclusion If we assume the complete interchangeability originator-biosimilar we would observe a total saving of € 1,375,153 that can be spent on other patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://www.agenziafarmaco.gov.it/content/secondo-position-paper-aifa-sui-farmaci-biosimilari>

No conflict of interest.