

11SG-003 **BIOSIMILAR GROWTH HORMONE: DEFINED DAILY DOSE IN AN ITALIAN DISTRICT AFTER THE REGIONAL TENDER**

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Background Somatotropic hormone is used in patients with growth disorders due to insufficient hormone uptake, Turner syndrome, chronic renal failure or Prader–Willi syndrome. In the Piedmont region, this drug is dispensed in the hospital pharmacy for patients who have a prescription charged to the National Health System. The biosimilar somatotropin was awarded in the regional tender, according to the economically most advantageous offer principle.

Purpose The objective of this work is the evaluation of the defined daily dose (DDD) of the somatotropic hormone of a Piedmont district, with regard to the DDD of the biosimilar somatotropin, in relation to the regional and Italian trends.

Material and methods The somatotropic hormone molecules' consumption in DDD of a Piedmont Hospital Pharmacy, of the region and of Italy between 2016 and 2017 were analysed.

Results In 2017 there was a DDD somatotropic hormone decrease compared to the previous year (–8.6%), unlike the regional and national trend that did not see a significant difference in the two-year period considered. The somatotropina in 2016 recorded a DDD of 73.017, while in 2017 it had a DDD of 65.996 with a decrease of –9.6%. However, the molecule remains with 91.6% of the total DDD. The other molecules have a significantly lower DDD than the total ones of 2017: in fact in the second place, the octreotide is present only with 4.5%.

Conclusion It is evident how high is the DDD of the somatotropin compared to the other same ATC[H1] class molecules' data. The prescribers shifted towards biosimilar thanks to the continuous work of information, updating and counselling of the hospital pharmacists. It is desirable to restore the Regional Register to improve the appropriateness in terms of doses and indications, and to evaluate constantly the epidemiological prescribing data.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Biosimilar Position Paper AIFA.

No conflict of interest.

11SG-004 **ABSTRACT WITHDRAWN**

11SG-005 **A COST-EFFECTIVE STRATEGY: SWITCHING FROM ONE TO TWO TABLETS, IN A ONCE-DAILY REGIMEN IN HIV PATIENTS**

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Background Following a request by the Central Management Organisation of our Health System (HS), a decision was made to change from a patented drug of three active principals, emtricitabine/tenofovir-disoproprilo/rilpivirine (FTC/TDF/RPV)