The total antibiotic use in DDD/100 patient-days has decreased by 10% (from 80.7 to 72.0 DDD/100 patient-days), but mainly because of the increase in patient-days.

Mainly parenteral agents were used and this trend crept up gradually (2010: 56.3%, 2017: 68.0%). Ten antibacterial agents were responsible for the DU90% segment in 2010 and nine in 2017. Metronidazole and cefuroxime (routinely administered for 2 days as surgical antibiotic prophylaxis in the study period) headed the top list in each year and they were responsible for 50% or more of total antibiotic use during the whole study period. Cefazolin use was very low despite the fact that it was the recommended first-line agent in combination with metronidazole for colorectal surgeries. Narrow spectra beta-lactamase-sensitive penicillin use was also marginal (below 1 DDD/100 patients-days).

Conclusion Our study showed a decrease in standardised antibiotic exposure but quality indicators revealed some suboptimal pattern (homogenous antibiotic use, lack of narrow spectra penicillin use, low use of recommended agents (e.g. cefazolin)). Stewardship intervention – aiming to further decrease antibiotic quantity – should first target the surgical antibiotic prophylaxis, while specific intervention should be implemented to optimise the pattern of antibiotic use.

REFERENCES AND/OR ACKNOWLEDGEMENTS

EAHP Position Paper on Antimicrobial Resistance (AMR).

No conflict of interest.

2SPD-005

ECONOMICAL ANALYSIS OF TENOFOVIR ALAFENAMIDE VERSUS TENOFOVIR-DISOPROXIL FUMARATE

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Background Due to the recent commercialisation of the presentations of Tenofovir Alafenamide (TAF) for HIV, there is a need to analyse the costs involved in its introduction into the public health system and its potential impact.

Purpose The objective of the study is to assess the cost of using TAF instead of tenofovir-disoproxil fumarate (TDF) in a public health hospital.

Material and methods A retrospective and descriptive study of all the patients who used TDF in their HIV treatment regimens from January 2018 to October 2018 was done. Data of the different treatment regimens for HIV containing TDF and adherence to treatment were collected. The TDF treatments regimens were replaced by their commercial equivalent with TAF and the hospital acquisition prices were compared. The cost for each patient was calculated according to TDF or TAF presentation and extrapolated to one year of treatment. The sources of information were the outpatient database and management of the hospital pharmacy service.

Results During the study period, 204 patients used TDF in their treatment regimen for HIV: 151 patients used TDF +emtricitabine + elvitegravir, 16 patients used TDF +emtricitabine + darunavir/cobicistat and 37 used TDF +emtricitabine + another third drug. The adherence to the treatment was 95%. The patient cost and its annual potential cost are summarised in the following table 1:

Abstract 2SPD-005 Table 1

	N° patients	Patient cost	Annual cost	Difference
TDF+emtricitabine +elvitegravir	151	€ 560,22	€ 1,015,118.64	
TAF+emtricitabine +elvitegravir	151	€ 726	€ 1,315,512	€ 300,393.36
TDF+emtricitabine +darunavir/cobicistat	16	€ 380,65	€ 73,084.8	
TAF+emtricitabine +darunavir/cobicistat	16	€ 918	€ 1 76 256	€ 103,171.2
TDF+emtricitabine+3° fármaco (not study)	37	€ 31.2	€ 13,852.8	
TAF+emtricitabine+3° fármaco (not study)	37	€ 314.3	€ 139.549.2	€ 125,696.4

Conclusion Almost 75% of patients with TDF used a treatment regimen with emtricitabine +elvitegravir. Adherence to the treatment was excellent. The consideration to switch TDF to TAF must take into account its associated cost due to the high impact that would imply.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-006

ECONOMIC IMPACT OF INFLIXIMAB BIOSIMILAR REFERENCING IN THE HOSPITAL

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Background Since biosimilar infliximab's arrival on the market in 2015, health authorities promote their prescription. The question arises of the medico-economic interest of the switch from an originator to its biosimilar in patients already treated. The NOR-Switch study gives us an answer in showing the non-inferiority of biosimilar CT-P13 against the originator in terms of effectiveness and tolerance. Since biosimilar (Inflectra) referencing in our hospital in 2015, all treatment initiations are done with the biosimilar and a switch is proposed to patients already treated with the originator (Remicade).

Purpose To evaluate the economic impact of introducing the biosimilar infliximab in our hospital.

Material and methods We made an evaluation between June 2015 (biosimilar arrival) and 2018 to measure the impact of this referencing. We used a prospective database since 2014 concerning all infliximab injections ((Remicade+Inflectra), patient, indication, number of vial per injection, cost).

Results Patients are treated in rheumatology (83%) and gastroenterology (17%): rheumatoid arthritis, Ankylosing spondylitis, Crohn's disease and haemorrhagic rectocolitis.

Since 2014, vial consumption (annual and by injection) of infliximab has risen (+8% per year, from 1641 vials to 2117).

The partition between biosimilar and originator has evolved since 2015: the biosimilar proportion has increased from 8% (160 vials) to 55% (1056). In addition to treatment initiation,