market situation. This is significant since there is currently no
reliable central database in Germany which lists DS in time.
The kind of DS in the hospital setting demands a rapid and
focused management in order to ensure continuity of care.
**Purpose** Our aim was to develop a method to provide internal
transparency over DS affecting our clinic (a 1600-bed maxi-
mum acute care facility), to cooperate with the physicians for
a proper and efficient decision flow, and to adapt correspond-
ingly to the drug-supply chain (DSC).

**Material and methods** We created a colour-coded algorithm on
how to react to DS, depending on certain factors:

1. Yellow/orange: Therapeutic alternative is available. Consider
   brief information for the affected units.
2. Red: Therapeutic alternative is available but with relevant
   changes (e.g. import, internal compounding in the pharmacy),
   there is a very limited supply or no drug left at all. Consider
   interprofessional consultation.

The information was handed out by our drug information
department via a drug-information sheet.

The data was recorded in an EXCEL sheet and updated
upon each report from the manufacturers. Moreover, relevant
changes had to be made depending on the classification of the
DS (e.g. master-data-management, ward-order-system, Kanban-
system, handling instructions) in order to ensure the DSC.

**Results** Between 1 January 2018 and 30 June 2018, 273 DS
were recorded. Existing DS from 2016/2017 (38) were also
included. One-hundred and seventy were resolved by 1 July
2018. Sixty-two were classified as red (critical or threatening
to patient safety), 22 of which led to an interprofessional con-
sultation. There was no alternative at all for five DS. Each
consultation lasted 1 hour on average. Twenty-two of the
recorded DS did not affect our clinic due to length and suffi-
cient stock.

**Conclusion** The situation in everyday practice is so complex
that standard procedures and interdisciplinary communication
paths are necessary to manage DS in a way that does not
impact the quality and continuity of patient care. Therefore,
restrictions on therapeutic alternatives need to be determined
and the close collaboration among pharmacists, nurses and
physician is inevitable.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No references.

No conflict of interest.

**2SPD-016 BIOSIMILARS OF INFlixIMAB AND RITUXIMAB: DOES
THE INITIAL STRATEGY OF SELECTION HELP THEIR
PRESCRIPTIONS?**

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**Background** The development of biological medicines (BM)
was a major step in the treatment of chronic diseases and can-
cer. However, their high costs are a financial issue for hospi-
tals. The arrival of biosimilar drugs (BD) improved their
accessibilities by reducing their prices. Nevertheless, in France,
their consumption is still low.

**Purpose** The purpose of the study was to measure and analyse
the penetration rate (PR) of biosimilar Infliximab and
biosimilar Rituximab in hospitals containing 300 to 700 beds
in Auvergne Rhône Alpes (France).

**Material and methods** A web survey was sent to hospital phar-
macists dispensing Infliximab and/or Rituximab to collect:
consumption of Infliximab and Rituximab (biological reference
products (BRM) and BD) in the first 6 months of 2018; ini-
tiation and switching strategy of BD; and education tools pro-
vided by pharmacists to patients and/or healthcare professionals. The PR was defined as the percentage of biosi-
milars of the total of BM. The web survey was online for
1 month.

**Results** Seven hospitals replied to the survey: all were consum-
ers of Infliximab and four were consumers of Rituximab. The
PR of biosimilar Infliximab was around 50% for two hospi-
tals, around 30% for three hospitals and two hospitals did
not use BD. The seven hospitals adopted the same initiation
and switching strategy: biosimilar Infliximab was prescribed
only for BM-naïve patients and continuous therapy could be
switched with doctor’s agreement.

Concerning Rituximab, the PR was 100% for two hospi-
tals, 70% for one hospital and 40% for one hospital. All four
hospitals concerned reported using the same strategy: switch
from the BRM to the BD for every patient. The recent intro-
duction of Rituximab biosimilar in the French market could
explain the 2 PR lower than 100%.

Concerning education provided by pharmacists about BD,
al had a different strategy (education to patient, to doctor,
presentation in drug committee...).

**Conclusion** Although these hospitals adopted the same strategy
of biosimilar selection, the PR were significantly different
from one hospital to another. None of the education tools
provided was linked to a greater biosimilar penetration. The
consensus of national societies and expert recommendations
should help pharmacists to convince prescribers.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

**2SPD-017 ECHO-ENDOSCOPY: FOR A SOURCING AS SHARP
AS A NEEDLE**

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**Background** In April 2018, the acquisition of two echo-endo-
scopies enabled the deployment of a new activity within the
hospital centre. Echo-endoscopy is an act of exploration com-
bining ultrasound with endoscopy, which allows, using specific
needles, the realisation of sampling and therapeutic drainages.

**Purpose** Therefore, we compared the different market-available
needles.

**Material and methods** Three providers (A, B, C), previously
selected in a regional framework agreement, were solicited for
new quotations and specimens. A technical sheet was designed
evaluating: quality of packaging and labelling; composition of
the kit; characteristics of the needles (dimensions, materials,
fenestrated or not, echogenicity, penetration, graduation accu-
racity, grip, diameter compatibility with the working channel); and
quality of the samples obtained. The scores of each sup-
plier were calculated with a weighting of 80% for the quality
and 20% for the price.