

DAL allowed immediate patient discharge in 73% of patients.

The overall clinical success rate of DAL was 89%. Adverse events, mainly mild in intensity, were reported in six patients. The total cost of DAL was € 62 179. Overall, DAL was estimated to reduce hospitalisation by 273 days, with an estimated overall cost reduction of € 67 466 (€ 3551 per patient).

Conclusion DAL appears to be an effective and safe therapy in several serious gram-positive infections. Its use to facilitate hospital discharge can potentially lead to cost savings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

6ER-008

PERSISTENCE AND REASONS FOR SWITCHING THE INITIAL ANTIRETROVIRAL TREATMENT IN A COHORT OF NAÏVE HIV-INFECTED PATIENTS

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Background Current guidelines recommend starting antiretroviral treatment (ART) in all HIV-infected patients irrespective of the CD4 count.¹ Some studies have described that more than 40% of patients switch their initial ART.²

Purpose To describe initial ART in naïve patients, its persistence and the reasons leading to an ART switch.

Material and methods Retrospective observational study including all ART-naïve adult patients from January 2012 to August 2017 from our cohort of 2,060 HIV-infected patients. Patients restarting ART were excluded.

Data collected: demographic, HIV viral load (VL) and CD4⁺ count at baseline, initial ART and persistence.

Reasons for switching were classified as schedule optimisation, adverse events, toxicity prevention, drug-drug interactions, low-level viraemia, drug resistance and others.

Categorical variables, n (%); quantitative variables, mean ±SD.

The probability of switching the initial ART over time was calculated by Kaplan–Meier curves and log-rank test. Relative hazards of switching ART-naïve were calculated by Cox regression (adjusted for age, sex and CD4⁺ count).

Results During this period, 448 naïve-patients began ART: 202 (45.1%) INSTI, 137 (30.6%) PI and 109 (24.3%) NNRTI. ART-naïve was switched in 252 patients (56.3): 215 (85.3%) males, age: 39.3±10.0 years, VL≥100,000: 110 (43.8%), CD4 <200: 86 (34.4%). No differences in sex, age, baseline VL and CD4⁺ count were observed between patients with and without switching.

Kaplan–Meier showed differences in the persistence between different ART being the shortest time with the PI (p<0.001). There were statistically significant differences between ART-naïve (Hazard Ratio=2.7, p<0.001, 95% CI: 1.9 to 3.9).

Conclusion During the study period, more than 50% of patients switched their initial ART.

Differences in the persistence were observed between different ART, having the PI the shortest time.

Abstract 6ER-008 Table 1

	NNRTI n=109	INSTI n=202	PI n=137 (46.8)	P
Patients switching (n=252)	54 (21.4)	80 (31.8)	118 (46.8)	<0.001
Reasons, n (%)				
Schedule optimisation 92 (36.5)	3 (5.6)	21 (26.3)	68 (57.6)	<0.001
Adverse events 75 (29.8)	33 (61.1)	20 (25.0)	22 (18.6)	<0.001
Toxicity prevention 49 (19.4)	9 (16.7)	26 (32.5)	14 (11.9)	0.001
Drug-drug interactions 12 (4.8)	4 (7.4)	2 (2.5)	6 (5.1)	0.414
Low-level viraemia 9 (3.6)	3 (5.6)	3 (3.8)	3 (2.5)	0.610
Others 9 (3.6)	2 (3.7)	4 (5.0)	23 (2.5)	0.657
Drug resistance 6 (2.4)	0 (0.0)	4 (5.0)	2 (1.7)	0.141

The most common reasons for switching IP, INSTI and NNRTI were schedule optimisation, the presence of adverse events and toxicity prevention, respectively.

REFERENCES AND/OR ACKNOWLEDGEMENTS

- http://www.eacsociety.org/files/guidelines_9.0-english.pdf%0Ahttp://www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html
- <http://www.ncbi.nlm.nih.gov/pubmed/11546952>

No conflict of interest.

6ER-009

PATIENT SATISFACTION AND KNOWLEDGE AFTER SWITCHING FROM EVIPLERA TO ODEFSEY

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Background Tenofovir alafenamide (TAF) is associated with less renal and bone toxicity compared with tenofovir disoproxil (TDF) but with elevation of cholesterol levels. In our hospital, patients were automatically changed from a regimen with Eviplera (rilpivirine (RPV) +emtricitabine (FTC)+TDF) to a regimen with Odefsey (rilpivirine (RPV) +emtricitabine (FTC)+TAF). Patients were informed of the switch by the pharmacist. Patient views on the process of these medication switches have been rarely explored.

Purpose To assess the patient satisfaction and knowledge of the switch from RPV/FTC/TDF to RPV/FTC/TAF.

Material and methods Patients attending the outpatient pharmacy clinic in the months of August and September 2018 who had been previously treated with RPV/FTC/TDF and who came for the second dispensation to take RPV/FTC/TAF were included. In a face-to-face meeting with the pharmacist or by telephone, patients were asked to complete a survey. Demographic domains included gender, age, nationality of birth, education level and work status. Satisfaction and knowledge questions regarding the medication switch were assessed

using a five-point Likert scale of agreement/disagreement. Patients were also asked if the treatment switch had been informed by the physician or the pharmacist. Basic descriptive statistics (frequencies and percentages) were calculated for all survey questions.

Results A total of 48 patients underwent the medication switch from RPV/FTC/TDF to RPV/FTC/TAF (43±9 years' old; 71% males; 75% born in Spain). Most patients (73%) reported understanding why the switch was made, 90% correctly identified that TAF was associated with reduced bone adverse effects and 83% correctly identified that TAF was associated with reduced renal adverse effects. Only 44% of the patients knew that their cholesterol levels might increase. In regard to the brief handout that was given to all patients, only 17% respondents reported receiving written information about the new medication. Ninety-eight per cent of the patients knew RPV/FTC/TAF must be taken with food and 90% knew that proton pump inhibitors were contraindicated.

Conclusion Patient education from an ambulatory clinic-based HIV specialist pharmacist resulted in high rates of patient satisfaction and understanding of the switch from TDF to TAF-containing ART.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

6ER-010

PUBLIC KNOWLEDGE AND PERCEPTION TOWARDS VACCINES IN ITALY

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Background Vaccines are universally recognised as fundamental tools for guaranteeing public health. However, such programmes have come under scrutiny due to misinformation and anti-vaccine campaigns. Low rates of coverage were shown in Italy, therefore, in 2017 the government enforced 10 compulsory vaccines for children with the 2017–2019 National Vaccine Prevention Plan (PNPV). Even if mandatory vaccination is effective, such practice can create suspicion in the population, making communication in healthcare settings crucial to build back this trust.

Purpose The objective was to determine public knowledge and perception towards vaccinations.

Material and methods A semi-structured questionnaire (12 closed questions, one open-ended question) was distributed to a sample of Italian adult citizens (September 2017–May 2018).

Results One-hundred and fifteen citizens were included (68% females, mean age 40.7±13.2, 54% had at least one child, 53% had a degree). Ninety-one per cent were in favour of vaccinations, associating them with a sense of protection from diseases (84%), 9% expressed doubt while no one was against vaccines. Seventy per cent reported to know how vaccinations work by information that has been obtained through healthcare workers (61%) and the internet (27%). Fifty per cent reported direct or indirect experience with adverse reactions (ADRs) even if only one case was serious; 80% reported that they agreed with the PNPV; 87% stated they knew why vaccinations became compulsory; and 65% thought vaccinations which were included in the PNPV also protect against diseases

that can be brought by immigrants. Ninety-one per cent knew the reason why they received vaccination and 72% had been informed by the clinician about the PNPV. Five per cent reported that all vaccinations were the same, while only 33% knew that anti-HPV vaccination was mandatory also for teenage boys (recent introduction). Thirty-three per cent were concerned about serious ADRs and allergic reactions, while 34% reported no fears concerning vaccination.

Conclusion The analysis has shown that people are in favour of vaccination, however there are strong concerns about side effects and limited knowledge about the diseases that are prevented through vaccination. Therefore, the results highlight the need for information campaigns about vaccinations by healthcare workers where hospital pharmacists are in a pivotal position to increase awareness about the importance of vaccinations.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

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6ER-011

MODELLING THE IMPACT OF DISCOUNTS ON THE REAL-LIFE COST-EFFECTIVENESS OF BIOLOGIC THERAPIES IN THE TREATMENT OF MODERATE-TO-SEVERE PLAQUE PSORIASIS IN SPAIN

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Background Biologic therapies represent a significant advance in the treatment of plaque psoriasis. However, these therapies come at a high cost, making evaluation and comparison of each therapies' cost-effectiveness crucial to ensure effective allocation of resources.

Purpose To evaluate the cost-effectiveness of biologic therapies in plaque psoriasis by taking real-world evidence (RWE) on discontinuation and dose adjustment into account in Spain. In addition, the study looked to assess the impact of different levels of discounts on cost-effectiveness.

Material and methods A model was developed which incorporated the probability of treatment discontinuation and dose adjustment with brodalumab, ixekizumab, secukinumab, ustekinumab, adalimumab, etanercept and infliximab over 2 years. The probability of discontinuation and dose adjustment in each case was calculated every 4 weeks based on a literature review of RWE. For brodalumab and ixekizumab, a discontinuation rate of 1% per 4 weeks was assumed in the base case as no RWE is currently available. The effectiveness of each treatment was based on a network meta-analysis. Only direct costs of therapy were considered (list prices). Sensitivity analyses were conducted with different levels of discounts. Cost-effectiveness was assessed as the cost per patient with complete clearance (PASI 100).

Results The modern anti-IL-17 biologic therapies were highly cost-effective compared to the anti-TNFs and anti-IL-12/23. In the base case analysis, the average cost per PASI 100 responder was highest for etanercept at € 526,800, followed by ustekinumab (€ 154,170), adalimumab (€ 137,511), infliximab (€ 125,467), secukinumab (€ 88,100), ixekizumab (€ 68,467) and brodalumab (€ 62,165), respectively. Sensitivity analyses indicated that discounts of approximately 80% for etanercept, 40% for ustekinumab, 35% for adalimumab and 30% for