

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.

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None.

No conflict of interest.

6ER-010

PUBLIC KNOWLEDGE AND PERCEPTION TOWARDS VACCINES IN ITALY

¹SE Campbell Davies*, ¹C Lamesta, ¹C Procacci, ¹C Marella, ¹C Confalonieri, ²ME Faggiano. ¹Sifo, Area Giovani, Milan, Italy; ²Sifo, Consiglio Direttivo, Milan, 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.

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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

¹E Apol, ²M Delgado Perala*. ¹Leo Pharma, Patient Access, Copenhagen, Denmark; ²Leo Pharma, Patient Access Iberia, Barcelona, 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