**Abstract 2SPD-006 Table 1**

<table>
<thead>
<tr>
<th>Reference</th>
<th>OS (HR (95% CI))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabozantinib–regorafenib</td>
<td>1.044 (0.692 to 1.576)</td>
</tr>
<tr>
<td>Ramucirumab–regorafenib</td>
<td>1.044 (0.726 to 1.501)</td>
</tr>
<tr>
<td>Ramucirumab–cabozantinib</td>
<td>1 (0.712 to 1.405)</td>
</tr>
</tbody>
</table>

According to the ATE guide, there was a likely clinical equivalence. The probability that the result exceeded the delta margin above and below was, respectively, 12.45% and 5.76% for cabozantinib–regorafenib, 9.57% and 3.71% for ramucirumab–regorafenib, and 5% and 4.86% for ramucirumab–cabozantinib.

**Conclusion and relevance** The ITC showed no statistically significant differences in OS among the drugs. The 95% CI showed a certain grade of uncertainty, exceeding the equivalence margin. According to the ATE guide, there was clinical equivalence among the drugs due to the small percentage of 95% CI outside the equivalence margin.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

**2SPD-007 OUT OF SUPPLY OF CHEMOTHERAPY INJECTABLE MEDICINES OVER 9 MONTHS: PATIENT IMPACT**

F Charbonneau*, Y Braderet, MA Zilavec, C Naine, J Grimaux, G Svrcek. Soissons Hospital Centre, Pharmacy Unit, Soissons, France

10.1136/ejhpharm-2020-eahpconf.26

**Background and importance** For several years, healthcare facilities have noted an increase in out of supply medicines, including those in the oncology field.

**Aim and objectives** The aim of this study was to establish which chemotherapy injectable medicines were out of supply and determine the impact on patients.

**Material and methods** We took a census of chemotherapy injectable medicines out of supply between January and September 2019 from an Excel database indexing out of supply medicines, updated with information from laboratories or the national agency for medicines and healthcare product safety. Then, using patient files from Chimio and Easily software, we determined the patients affected by these out of supply medicines.

**Results** Three chemotherapeutic pharmaceutical specialties were identified as being out of supply in 2019: bleomycin, mitomycin (Ametycine) and docetaxel (Taxotere). Of the 285 patients treated by injectable chemotherapy in our healthcare facility, 7 were affected by these out of supply medicines and 1 patient was affected by 2 out of supply medicines.

For bleomycin, two patients with ovarian cancer did not have an alternative. For mitomycin, the treatment of two patients with bladder cancer had been delayed for 7 days and one patient with anorectal squamous cell carcinoma (SCC) had to change his protocol. For docetaxel, two patients (one with prostate cancer and one with anorectal SCC) did not have an alternative and one patient with prostate cancer had to change his protocol.

**Conclusion and relevance** The out of supply of chemotherapy injectable medicines requires patients to adapt to the treatment when the treatment should adapt to the patient. The out of supply medicines lead to loss of hope for patients, even if it is hard to quantify. One of the consequences is that we have to explain to patients why the treatment is different from the one initially planned and sometimes it can be difficult to reassure them. We can ask the question if there will be a decline in the quality of care of certain cancers in the coming years facing more and more regular out of supply medicines, sometimes with no alternative for the patient.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

**2SPD-008 IMPACT OF FRENCH EXPERIMENT FOR INCENTIVISING ETANERCEPT BIOSIMILAR USE AFTER 10 MONTHS**


10.1136/ejhpharm-2020-eahpconf.27

**Background and importance** In order to ensure the sustainability of the French healthcare system, the government launched...
two incentives to increase biosimilar use in August 2018, within the framework of the social security funding law. The first redirected 20% of the price difference between the reference product and its biosimilar to the hospital, for every biosimilar prescription from the hospital. The second (called article 51) was an experiment where 40 hospitals were selected after a call for a proposal. The clinical units of these 40 hospitals received 30% of the price difference between the reference product and its biosimilar for every biosimilar prescription from the hospital.

**Aim and objectives** The aim of this study was to compare the efficacy of both incentives 10 months after implementation in October 2018.

**Material and methods** IQVIA Xponent data were used to evaluate public hospital prescriptions of etanercept. These are based on 14,000 retail pharmacy panels (60% of the French retail pharmacies) and allows observation of the number of boxes delivered in retail pharmacies linked to the initial hospital prescription. Data from the 40 hospitals selected in the experiment were compared with hospitals not in the experiment. We assessed savings that could be made if the experiment was extended to every hospital after 10 months.

**Results** In July 2019, the average use of etanercept biosimilar reached 44.2% (+19.5 points compared with October 2018) in the 40 hospitals selected in the experiment whereas it increased by 10.5 points in the other hospitals. After 10 months of the experiment, there was a difference of 12.3 points between the groups. The government expected to reach a difference of 15 points to prove the efficacy of this measure after 3 years. The 40 selected hospitals represent about 46% of potential etanercept prescriptions. If all hospitals reach 44.2% biosimilar use, the savings could be doubled, from 650k€ to 1.4M€.

**Conclusion and relevance** The first results of this experiment show that incentives to prescribe etanercept biosimilars seem to have an impact on biosimilar use in France.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Acknowledgements to IQvia and Biogen France.

**Conflict of interest** Corporate sponsored research or other substantive relationships: IQvia and Biogen France.