and trastuzumab. Infliximab biosimilar was introduced in September 2015 and rituximab and trastuzumab in August 2018. The results were analysed with Excel.

**Results** We identified 203 patients treated with infliximab, 16.2% for rheumatoid arthritis (RA) and its derivatives, 80.3% for inflammatory bowel disease (IBD) and 3.5% for other pathologies. A total of 54.7% of patients were treated with a biosimilar, 46.8% as the initial treatment and 7.9% as a switch. All (100%) switches were in patients treated for IBD.

Rituximab was used in 158 patients, 60.8% for different types of haematological cancer, 13.9% for RA, 5.1% for lupus and 20.2% for other diseases. A total of 51.3% of patients were treated with a biosimilar, 36.7% as the initial treatment and 14.6% as a switch. Most (65%) of the switches were found in haematological pathologies. Subcutaneous BRP were given to 29.7% of the total patients.

There were 77 patients treated with trastuzumab, 92.2% for breast cancer and 7.8% for gastric cancer. Of the 71 patients with breast cancer, 59.1% were treated with a biosimilar, 22.5% as the initial treatment and 36.6% as a switch. The remaining 40.9% were treated with subcutaneous BRP. In gastric cancer, 100% of patients were treated with a biosimilar, 66.7% from the beginning and 33.3% as a switch.

**Conclusion and relevance** The use of biosimilar drugs is more consolidated in new patients and switching is a slower dynamic. The arrival of new biosimilars in the coming years will increase their use. Some medical specialities are more likely to using biosimilar drugs. The presence of a subcutaneous BRP can make the use of biosimilar drugs more difficult as a switch or in new patients as physicians will prescribe a subcutaneous BRP instead of an intravenous biosimilar.

REFERENCES AND/OR ACKNOWLEDGEMENTS
https://ejhp.bmj.com/content/26/Suppl_1/A133.2

No conflict of interest.

**4CPS-159**

**PRESCRIBING TRENDS OF ADALIMUMAB AND ETANERCEPT BIOSIMILAR DRUGS IN A THIRD LEVEL HOSPITAL**


10.1136/ejhpharm-2020-eahpconf.259

**Background and importance** Adalimumab and etanercept are two of the most used biologic drugs worldwide in a variety of chronic diseases. The introduction of biosimilar drugs (BS) for both has revolutionised the market and may enable more patients to access these treatments.

**Aim and objectives** To measure the use of etanercept and adalimumab biosimilars since their introduction in a third level hospital.

**Material and methods** We studied the number of patients treated with biological reference products (BRP) and with their corresponding biosimilars since the introduction of etanercept (April 2018) and adalimumab BS (January 2019) in our hospital until September 2019. The results were analysed with Excel.

**Results** There were 211 patients treated with etanercept, 36.7% for spondyloarthropathy, 35.1% for rheumatoid arthritis, 14.8% for psoriatic arthritis and 13.4% for psoriasis. In 41.7% of patients, treatment was with a BS the, 38.4% as a new treatment and 3.3% as a switch. Of the 3.3% who switched, 43% were patients with psoriasis, 29% with psoriatic arthritis, 14% with rheumatoid arthritis and 14% with spondyloarthropathy. We found that 4.9% of the total number of patients started with the BRP.

We identified 452 patients being treated with adalimumab, 46.2% for arthropathies, 31.0% for inflammatory bowel disease, 16.4% for psoriasis and 6.4% for other diseases. In 18.9% of patients, treatment was with a BS, 17.0% in new patients and 1.9% as a switch. Every switch was done in psoriatic patients. We found that 1.3% of the total number of patients started treatment with the BRP.

**Conclusion and relevance** The use of the biosimilars of etanercept and adalimumab was highly accepted when initiating a new treatment and switching is starting to increase, especially in psoriasis. It is important to design a strategy that could enhance switching from the BRP to the biosimilar drug in pathologies other than psoriasis where patients have chronic conditions and will need treatment for a long period of time.

REFERENCES AND/OR ACKNOWLEDGEMENTS
http://dx.doi.org/10.1136/ejhpharm-2019-eahpconf.508

No conflict of interest.