

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, and provided it in retail pharmacies. 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

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2SPD-009 COST MINIMISATION STUDY OF THE BIOLOGICAL TREATMENT OF INFLAMMATORY BOWEL DISEASE: USTEKINUMAB VERSUS VEDOLIZUMAB

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Background and importance Therapy for inflammatory bowel disease (IBD) has included ustekinumab and vedolizumab in cases where antitumour necrosis factor-alpha (TNF α) drugs or conventional therapy has failed. Currently, both drugs constitute a high economic impact at the hospital level.

Aim and objectives This was a cost minimisation analysis between vedolizumab and ustekinumab in IBD to determine the economic impact in a third level hospital.

Material and methods A 2 year, unicentre, retrospective study (January 2017–December 2019) was carried out in all IBD patients treated with vedolizumab and ustekinumab. The

following variables were collected: patient weight, type of treatment and cost from the start of biological therapy.

The price of each drug was obtained from official data from the computer programme BOTPlus. The cost of each treatment was estimated taking into account: the posological regimen described in the technical data sheet, costs derived from the day hospital and costs related to dispensing of the drug in the ambulatory pharmacy service of the centre. To carry out the study, both therapies were considered equivalent in terms of efficacy.

Results The cost of treatment per year with vedolizumab was 13 765.05€ patient/year. The cost of treatment with ustekinumab was variable, depending on patient weight: 16 086.78€ patient/year in patients <55 kg (savings of 14.5% compared with vedolizumab), 17 868.87€ patient/year in patients 55–85 kg (savings of 23%) and 19 650.96€/patient/year in patients >85 kg (savings of 30%).

A total of 63 patients were treated with ustekinumab and vedolizumab in our hospital during the study and 34.9% received ustekinumab (n=22). Of these, 36.4% (n=8) weighed <55 kg, 59.1% (n=13) 55–85 kg and 9.1% (n=2) >85 kg. The total expenditure for ustekinumab on IBD during the study period was 388 911.39€. Application of the pharmacoeconomic model described in the present work, in our population, would have meant a saving of 76 814.24€.

Conclusion and relevance The results of this study show that vedolizumab is the most efficient alternative in all scenarios, with savings of up to 30% over the use of ustekinumab. Further cost effectiveness studies are necessary to corroborate the validity of these results.

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2SPD-010 ECONOMIC IMPACT OF SWITCHING THE ADMINISTRATION ROUTE OF TOCILIZUMAB IN POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

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Background and importance Tocilizumab is a humanised anti-interleukin-6 receptor monoclonal antibody. Intravenous tocilizumab is approved for use in children aged 2 years or older with polyarticular juvenile idiopathic arthritis (PJIA). Recently, subcutaneous tocilizumab was labelled for the same indication, demonstrating efficacy with a similar safety profile as intravenous administration.

Aim and objectives The aim of this study was to analyse treatment costs of subcutaneous tocilizumab (SC-T) versus intravenous tocilizumab (IV-T) in children with PJIA.

Material and methods This was a cross sectional study in a paediatric teaching hospital including all children with PJIA treated with intravenous tocilizumab. Variables collected were: sex, age, weight, posology of IV-T and consumption of vials and monthly cost associated with the use of IV-T. We analysed the potential cost savings if SC-T was used instead of IV-T. Costs were calculated using public prices provided by the