

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

Acknowledgements to Iqvia and Biogen France.

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

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

L Cantarelli*, F Gutierrez Nicolas, B Del Rosario Garcia, J Ramos Rodriguez, J Garcia Cairos, JA Morales Barrios, S Garcia Gil, GA Gonzalez De La Fuente, J Gonzalez Garcia, GJ Nazzo Casariego. *Complejo Hospitalario Universitario De Canarias, Pharmacy, Santa Cruz De Tenerife, Spain*

10.1136/ejhp-2020-eahpconf.28

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

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

¹M Rodriguez Reyes, ²F Bossacoma Busquets*, ³M Sanchez Celma, ³J Arrojo Suarez, ³A Comes Escoda, ³C Latre Gorbe, ⁴E Iglesias Jimenez, ⁴J Anton Lopez. ¹Hospital Clinic Barcelona, Pharmacy, Barcelona, Spain; ²Hospital Sant Joan De Déu/Fundació Salut Empordà, Pharmacy, Esplugues De Llobregat, Spain; ³Hospital Sant Joan De Déu, Pharmacy, Esplugues De Llobregat, Spain; ⁴Hospital Sant Joan De Déu, Paediatrics, Esplugues De Llobregat, Spain

10.1136/ejhp-2020-eahpconf.29

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

health system (349.0€/vial of 200 mg, 244.3€/vial of 80 mg and 139.6€/subcutaneous syringe of 162 mg). The monthly dose of IV-T is 8 mg/kg for patients weighing >30 kg and 10 mg/kg for patients weighing ≤30 kg. The dose of SC-T is 162 mg every 2 weeks in patients weighing >30 kg, and 162 mg every 3 weeks in patients weighing ≤30 kg.

Results Twenty patients were included: 18/20 were female, median age was 12.5 years (IQR 9.5–14.5 years) and median weight was 42.7 kg (IQR 36.4–53.5 kg). In our sample there were no patients weighing <20 kg but it should be noted that in these patients, SC-T was more expensive than IV-T.

Table 1 shows the monthly cost of treatment with intravenous and subcutaneous tocilizumab:

Abstract 2SPD-010 Table 1

	Intravenous tocilizumab	Subcutaneous tocilizumab
Total monthly cost (€)	13 611.00	9 405.55
Median (IQR) monthly cost per patient (€)	628.20 (628.20–767.80)	488.60 (488.60–488.60)

Monthly savings in exclusively using SC-T was € 4205.45 (median monthly saving per patient € 210.27), which represents a decrease of 30.9% in cost.

Conclusion and relevance The use of subcutaneous tocilizumab in PJI could represent a considerable saving. Furthermore, subcutaneous administration reduces the treatment burden for patients, self-administration results in fewer absences from school as well as improved resource utilisation at the treatment facility.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-011 TRANS-INTERFACE GAIN SHARE PROGRAMME FOR BIOSIMILAR INFlixIMAB

C Mc Gann*, S Cullen, B Love, J Carr. *Connolly Hospital, Pharmacy Department, Blanchardstown, Ireland*

10.1136/ejhpharm-2020-eahpconf.30

Background and importance Biosimilars offer substantial savings to healthcare systems. In Ireland, however, prescriber hesitance remains an obstacle to their introduction.

In June 2013, biosimilar infliximab was licensed by the EMA. Despite being one of the first European countries with commercial availability, penetration of the Irish market was only 25% in April 2018.

In a Dublin acute hospital, a novel system for infliximab reimbursement exists across the primary and secondary care interface. This presented further challenges to implementing a biosimilar switch programme due to the lack of perceivable incentives for key stakeholders.

Aim and objectives This descriptive review outlines the development of a trans-interface gain sharing (TIGS) programme catalysing the introduction of biosimilar infliximab in an Irish acute hospital.

Material and methods Trans-interface engagement with key stakeholders began in 2017. Within the acute hospital,

multiple impediments to biosimilar adoption were identified. In September 2018, the parameters of the TIGS programme were finalised, projecting cost saving for primary care and creating an income stream for secondary care, to be used for service development and enhancement. Achievement of procurement savings was the primary outcome of this study, with the impact of income generation within the acute hospital as secondary outcomes.

Results Within 12 months of commencing the TIGS programme, the percentage of patients on biosimilar infliximab increased from 25% to 95%.

Despite a 3.5% increase in infliximab usage, the procurement cost decreased by 45.4% (projected full year saving for 2019 of € 859 372). To stimulate rapid uptake, the TIGS programme apportioned 80% of the savings to the acute hospital for at least the first 2 years.

These savings were invested in pharmacy and rheumatology frontline services and provided the budgetary headroom to support increased access to alternative biologic therapies in gastroenterology (51.6% growth in access to vedolizumab).

Conclusion and relevance In its first year, the TIGS programme stimulated successful introduction of biosimilar infliximab with projected procurement savings of almost € 1m. The front loading of savings to frontline services will continue for a further 12–18 months, with recalibration of the gain share arrangement in 2021.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-012 COST MINIMISATION STUDY IN SEVERE ASTHMA TREATMENT

J Ramos Rodríguez, S García Gil, L Cantarelli*, J González García, C Romero Delgado, J García Cairós, G Calzado Gómez, GA González De La Fuente, B Del Rosario García, GJ Nazco Casariego, F Gutiérrez Nicolás. *Hospital Universitario De Canarias, Pharmacy, San Cristóbal De La Laguna, Spain*

10.1136/ejhpharm-2020-eahpconf.31

Background and importance Therapeutic growth in the arsenal of drugs for the treatment of severe asthma (SA) with similar efficacy profiles, safety and mechanisms of action requires multidisciplinary treatment protocols to maintain the sustainability of the health systems. The last therapeutic positioning report, published in January 2019, found that the choice between benralizumab, reslizumab or mepolizumab in patients with SA and eosinophilia should be based on efficiency criteria.

In addition, when SA is mediated by IgE and eosinophilia, the patient would also be a candidate for omalizumab.

Aim and objectives To analyse the annual expenditure in our hospital for the treatment of SA with omalizumab and estimate the potential savings that could be generated by applying a multidisciplinary treatment protocol, choosing the most efficient alternative.

Material and methods This was a retrospective unicentric study of 1 year (January–December 2018) in which all patients treated with omalizumab by the pneumology department were analysed. All patients with SA were treated with omalizumab.

For the economic analysis, only patients with IgE mediated SA and eosinophilia >300 cells/μL were considered.