factors for the time to first flatus, start of feeding and discharge were analysed (eg, taking promotility agents, such as metoclopramide), but no significant differences were found between the two groups ($p=0.375$, 0.162 , 0.960).

Conclusion and relevance Could evidence based medicine lead to an equally satisfying practice? The implementation of the interprofessional team was essential (eg, the core physician team had not participated at the beginning and thus missed many possible cases).

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-181 BUDGETARY IMPACT OF BIOSIMILAR PRESCRIPTION IN THE TREATMENT OF RHEUMATIC DISEASES

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Background and importance Biological medicines for the treatment of rheumatological diseases requires a large budget in our hospital as the number of patients and drugs involved increase each year, making it essential to implement containment policies. Our pharmacy service has promoted biosimilar prescriptions in order to improve the efficiency of our health system.

Aim and objectives To evaluate the economic impact on the cost per patient of the use of biological products in the area of rheumatology since the implementation of biosimilar drug prescriptions.

Material and methods A retrospective analysis of pharmaceutical expenditure for biological drugs prescribed for rheumatological pathologies was conducted from January 2016 to December 2018. Data collected were budget, biological therapies and number of patients treated. Data were collected from electronic prescribing and economic software (Athos).

Results During the study period, 1704 patients received biological drugs prescribed by the rheumatology service, which supposed an expenditure of 13 904 349.46€. Therapies prescribed were: etanercept (36.03%), adalimumab (18.99%), golimumab (14.43%), tocilizumab (12%), infliximab (9.31%) and certolizumab (6.24%); abatacept, ustekinumab, rituximab and anakinra were prescribed in <1% of patients.

In 2017, biosimilar prescriptions in rheumatology were promoted in such a way that the start of treatment (naïve patients) had to be performed with a biosimilar medicine. This strategy began with infliximab and etanercept, and supposed a growth in the percentage of prescribed biosimilars. In 2018 versus 2017, the percentages of infliximab biosimilar were 35% versus 18%. In 2018 versus 2017, the percentages of etanercept biosimilar were 55% versus 21%. By the end of 2018, adalimumab biosimilar started to be prescribed, reaching 2% of all prescriptions of adalimumab.

Abstract 4CPS-181 Table 1

	2016	2017	2018
Budget (€)	4 888 129.59	4 526 851.82	4 489 368.05
Patients	671	704	819
Cost/patient/month (€)	607.07	535.85	456.79

Table 1 shows the evolution for biologics expenditure in rheumatology.

Conclusion and relevance Biosimilar prescription strategies in rheumatology have led to an increase in the number of patients treated with a cost/patient/month reduction of approximately 25%. More patients have been treated each year with the same annual budget which reinforces the importance of the biosimilar prescription.

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No conflict of interest.

4CPS-182 PRELIMINARY DESIGN OF HOSPITAL TELEPHARMACY

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Background and importance Due to the economic crisis, many hospitals in our country, especially those located in remote areas and on the islands, have limited hospital pharmacist coverage (one hospital pharmacist per hospital). Telepharmacy addresses the shortages of pharmacists in rural areas.

Aim and objectives To ensure that inexperienced hospital pharmacists, working in small rural hospitals, are sufficiently supported and educated by their experienced colleagues.

Material and methods In this preliminary study, two inexperienced hospital pharmacists interacted on a daily basis with three experienced colleagues employed in tertiary hospitals, analysing administrative duties and sharing best practice approaches for a period of 1 year to establish a common working framework. The methods of communication included calls, teleconference/video calls and emails. The experienced hospital pharmacists were available for immediate contact.

Results Over 1 year, 672 communications via telephone or email (regarding 168 problems, average 4 communications per problem) were recorded for both rural hospitals. Twice monthly, scheduled teleconference/video calls were conducted to stabilise the procedures and check on the follow-up of the interventions. In total, 21 video calls were conducted.

Problems were categorised into four main fields: (1) pharmacy management (38%) (eg, daily practice, shortages, procurement, IT problems); (2) administrative issues (28%) (eg, SOPs, personnel duties, out of pharmacy collaborations); (3) scientific issues (23%) (eg, pharmacovigilance, antibiotic stewardship, risk assessment and safety problems); and (4) patients' and healthcare professionals (HCPs)' education and consultancy (11%). From the 168 problems discussed, 106 (63%) were successfully resolved, 43 (26%) are still ongoing but positively progressing and 19 (11%) remained unresolved and difficult to overcome, as they may demand consent of other HCPs, hospital manager and/or the Ministry of Health. The study interviewees completed questionnaires every 3 months, assessing the following indexes: response time (reduced), the percentage of resolved problems (increased, mostly for those