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 PJIA 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

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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

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2SPD-012 COST MINIMISATION STUDY IN SEVERE ASTHMA TREATMENT

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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.