Abstract 2SPD-010 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Intravenous tocilizumab</th>
<th>Subcutaneous tocilizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total monthly cost (£)</td>
<td>13 611.00</td>
<td>9 405.55</td>
</tr>
<tr>
<td>Median (IQR) monthly cost per patient (£)</td>
<td>628.20 (628.20–767.80)</td>
<td>488.60 (488.60–488.60)</td>
</tr>
</tbody>
</table>

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

No conflict of interest.

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.
The estimated annual cost was calculated based on the dosage of omalizumab and compared with the estimated annual cost applying the protocol, which indicated that for treatment of IgE mediated SA and eosinophilia >300 cells/µL, the drug used would be selected according to efficiency criteria.

The variables collected were weight, dosage and level of IgE and eosinophils at the start of treatment. The SAP application was used for data extraction. Costs were calculated from the sales price of the laboratory (PVL) applying the Spanish Royal Decree discount (−7.5%) and the discount offered to the hospital.

**Results** A total of 65 patients were analysed, 71% (46) of whom met the criteria for IgE mediated SA and eosinophilia >300 cells/µL.

Median patient weight was 74.5 kg (45–120), median IgE was 219.5 IU/mL (46–1500) and median eosinophils were 630 cells/µL (310–1783).

The estimated annual cost according to the dosage for omalizumab was 582 541.95€ while the cost applying the treatment protocol by efficiency criteria was 384 945.81€, an annual saving of 197 596.14€.

**Conclusion and relevance** Multidisciplinary protocols allow improving best health outcomes and maintain economic sustainability.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**25PD-013 APPLICATION OF THE ABC ANALYSIS METHOD FOR OPTIMISING THE STOCK MANAGEMENT OF MEDICAL DEVICES IN COMMON USE**

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**Background and importance** One of the hospital pharmacist’s main tasks is to optimise the inventory management of pharmaceutical products to keep costs under control in the supply chain and guarantee a minimal storage cost. A number of tools exist to allow the categorisation of products to be managed in order to focus on those considered most strategic.

**Aim and objectives** To use the ABC analysis method to optimise the economic management of common medical device stocks at the pharmacy level of our hospital and the importance criteria set in the value of annual consumption.

**Material and methods** On an Excel board, we calculated the accumulated stock value, accumulated value rate, rank and rank percentage of each medical device intended for common use. This made it possible to draw the cumulative value percentage curve according to the percentage of rank and the ‘Pareto histogram’.

**Results** A total of 234 references were analysed, the total amount of which was 774 888.36€. We distinguished three categories of products:

1. ‘Category A’: representing 85% of the total value of the stock and 20% of the total number of items. It included articles such as universal kits, sterile gloves or infusers. According to our criteria of importance, this group of articles was considered the most important.
2. ‘Category B’: the items represented about 12% of the total value of stock and 30% of the total number of items, including products such as penis cases or plaster strips.
3. ‘Category C’: the items represented 2% of the total value of stock and more than 50% of the total number of items, such as the case of Guedel cannulas or Y fittings.

**Conclusion and relevance** The data collected confirmed Pareto’s law, according to which 20% of the products stored represent 80% of the value of the stock. This allows better efficiency in decision making and the implementation of actions adapted for each category, such as reducing the value of stocks and the cost of storage, to adapt the ordering method and fix the number of permanent inventories to be made.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**25PD-014 EVALUATING THE METHODOLOGICAL QUALITY OF PIVOTAL CLINICAL TRIAL PUBLICATIONS FOR ORPHAN DRUGS AUTHORIZED IN 2018. ARE THEY RELIABLE?**

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**Background and importance** Most decisions made in clinical practice are based on the results of published clinical trials (CT). A widely used tool for the evaluation of the methodological quality of publications of randomised clinical trials (RCTs) are the guidelines of the CONSORT 2010 declaration. These guides are a checklist of 25 items that allow the evaluation of the publications of RCTs from the point of view of transparency, design, abstract, flowchart of participants and analysis of the results.

**Aim and objectives** The main objective was to evaluate the methodological quality of all pivotal RCT publications of orphan drugs authorised during 2018 in the European Union.

**Material and methods** The pivotal CT publications were found in the ClinicalTrials.gov and PubMed databases. Methodological quality was examined using the guidelines of the CONSORT 2010 statement on the publication of RCTs, assigning a score of 0 or 1 to each of the sections that comprised it. They were also evaluated following the CONSORT for abstracts guidelines because many clinical decisions are made based on the conclusions from these sections.

**Results** Of the 21 orphan drugs authorised in 2018, 24 pivotal CT were located and 33% were not randomised. The pivotal RCTs analysed complied with only 66.13% of the items in the CONSORT guidelines, compared with 82% in high impact journals; 60% of abstracts analysed fulfilled more than 70% of the items in the CONSORT for abstracts declaration. Only 26.6% of the RCTs described the randomisation method selected. Regarding masking, only 40% of the RCTs detailed who remained blinded after performing the corresponding interventions. As for access information to the complete protocol of the RCT, only 20% declared where it can be located.