as a combination of two analytical tools, to produce a budget optimising management system.

**Material and methods** Dispensing data for the first 6 months of 2019 from the haematology, oncology and chemotherapy departments were collected. ABC analysis was performed: class A accounted for 72% of total expenditure, class B for 23% and class C for 5%. The VEN tool was further extended to a score index (summarising the characteristics of the health impact of the medicines) grouped into three classes: class V for vital, class E for essential and class N for non-essential medicines. Crosstab ABC-VEN analysis resulted in three major categories: I (AV, BV, CV, AE), II (BE, CE) and III (AN, BN, CN).

**Result** Fifty-seven CA-MtADR were analysed. Expenditure for CA-MtADR was 40% of the total expenditure for medicines in the hospital. According to the ABC analysis, 7 medicines (12%) were class A, 12 medicines (21%) class B, and 38 (67%) class C. According to the VEN analysis, 9 medicines (16%) were characterised as V, 43 (75%) as E and 5 (9%) as N. According to the ABC-VEN crosstab analysis, category I (eg, daratumumab (ATC L01XC24)) included 16 medicines (28%), category II (eg, trastuzumab emtansine (ATC L01CX14)) 36 medicines (63%) and category III (eg, pantoprazole (ATC A02BC02)) 5 medicines (9%).

**Conclusion and relevance** ABC-VEN crosstab analysis revealed three categories of corresponding priority: CA-MtADR category I, including expensive and/or vital medicines which need patient oriented personalised stock management; CA-MtADR category II, medicines which should be monitored with special consideration to ensure availability (because they are essential); and CA-MtADR category III, medicines where stock is according to demand (due to low price). ABC, VEN and ABC-VEN analysis can assist in developing a robust approach to improve budgetary planning in hospitals.

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**NEW CANCER DRUG APPROVALS IN PORTUGAL**

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**Background and importance** In Portugal, all new drugs, after EMA approval, undergo a national health technology assessment process to decide their reimbursement status, by the SNS (Portuguese National Health System).

**Aim and objectives** The objective of this study was characterisation of the drug approval processes for cancer drugs by the INFARMED (Portuguese Regulatory Agency).

**Material and methods** The 10 latest drugs approved for different types of cancer were analysed, considering their therapeutic indication, type of economic analysis performed and efficacy outcome.

**Results** This analysis was performed in October 2019. The 10 latest cancer drugs approved (midostaurin, olaparib, brentuximab vedotin, pomalidomide, durvalumab, venetoclax, ixazomib, alemtuzumab and cabozantinib) are for use in refractory disease (60%), first line treatment of metastatic disease (20%) and maintenance therapy in patients who have not progressed after first line therapy (20%). A cost utility analysis was made for seven drugs, cost efficacy for two drugs and a cost minimisation analysis for two drugs (one of the drugs had two types of analysis as there were two different groups of patients). The efficacy outcome considered was overall survival in 60% and progression free survival in 30%. One evaluation considered overall response. The average HR for the