invest in RB with the aim of obtaining price reductions, and to promote the switch not only in naïve patients but also in those already being treated with an originator.

Aim and objectives The purpose of the study was to evaluate prescription adherence, safety profile and economic impact of RB.

Material and methods A retrospective analysis was conducted over two periods: 2017 (period 1: pre-switch) versus 2018 (period 2: post-switch). Clinical data were collected from the hospital prescription database, Farmasafe, to identify the number of patients receiving rituximab treatment, and the hospital pharmacovigilance's database to evaluate the safety profile. Costs considered were hospital prices, after price renegotiation.

Results In period 1, 202 patients were treated, 196 with ritiximab originator (RO) and 6 with RB. In period 2, 193 patients were treated, 52 with RO and 141 with RB. The biosimilar proportion increased by 63% of the total amount of rituximab used. During period 2, the switch was performed in 47 patients, 94 were naïve and there were no switch reversions. The switch to RB was not performed in all patients as some were randomised on clinical trials and others were completing RO treatment. Analysis of adverse drug reactions showed no significant safety problems. In period 1, the total cost of RB+RO was € 1 456 647, and during period 2, € 721 370. RB introduction translated to a 50% cost reduction of € 735 370.

Conclusion and relevance The hospital's biosimilars policy was associated with substantial and rapid incorporation and use of biosimilars. Moreover, introduction of RB resulted in significant cost savings with no major changes in safety profile. The use of rituximab will release funds that can be invested elsewhere within the healthcare setting. This is relevant for all pharmacists involved in hospital pharmacy, particularly those working in therapeutic areas where biologics are used.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-011 ASSESSMENT OF ASTHMA DIAGNOSED POPULATION ELIGIBLE FOR NEW MONOCLONAL ANTIBODY THERAPY AND RELATED COST IN THE VENETO REGION

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Background and importance Novel treatment approaches for the management of severe refractory asthma include monoclonal antibodies (Mabs).

Aim and objectives The study aimed to estimate the number of the most suitable patients with severe uncontrolled asthma who are eligible for new Mabs therapy and related costs in the Veneto region (Italy).

Material and methods The regional administrative database was retrospectively analysed to identify specific eligibility and assessment criteria. All patients aged ≥6 years with an exemption code for asthma (007) (level 1 patients (L1)) between 1 January 2011 and 31 December 2016 were screened. The following parameters were considered in succession: spirometry (codes: 89.37, 89.38)–(level 2 patients (L2)); inhaled corticosteroids (ICS) in combination with long acting beta adenoreceptor agonists (LABA) and/or theophylline (ATC: R03DA04), and/or antileucotriene (ATC: R03DC), and/or anticholinergics (ATC: R03BB)–(level 3 patients (L3)); high dose ICS therapy (ATC: R03BA, R03AK)–(level 4 patients (L4)); adherence to each medication–(level 5 patients (L5)); asthma hospitalisation (ICD9: 493) or treatment with systemic corticosteroids (ATC: H02)–(level 6 patients (L6)). For each patient level, the mean annual healthcare costs per patient, based on total resource consumption, were assessed.

Results For a total of 4.6 million beneficiaries, aged ≥6 years, 103 138 (2.2%) patients were screened (L1). Spirometry tests were prescribed in 28 611 patients (27.7%) (L2), of whom 13 432 (46.9%) had a prescription for ICS with LABA or other agents (L3). In 5782 (43%) patients treated with previous combinations, high dose ICS therapy was prescribed (L4), and of them, 3307 (57.2%) were treatment adherent (L5) and 1136 (35.2%) had a hospital admission for asthma or treatment with systemic corticosteroids (L6). For this last level of patients, centres specialising in Mabs prescription evaluated eligibility. Total costs of the illness according to disease progression were € 1279.6 for L1, € 1567.7 for L2, € 2045.3 for L3, € 2524.2 for L4, € 3233.2 for L5 and € 4326.2 for L6; overall asthma related treatment and hospitalisation costs were € 274.2 for L1, € 400.1 for L2, € 598.5 for L3, € 784.3 for L4, € 1118.4 for L5 and € 1449.9 for L5.

Conclusion and relevance This analysis allowed estimation of the number of asthma patients eligible for Mabs therapy in the Veneto region. Our findings on healthcare costs highlighted that the average cost per patient increased by severity level. Post marketing, it will be possible to assess the appropriateness of Mabs prescriptions through indicators such as over- and under-use.

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1ISG-012 NATIONAL REPORTING SYSTEM FOR DRUG SHORTAGES: CLASSIFICATION AND TRENDS IN REPORTED CAUSES FROM 2015 TO 2018

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Background and importance Drug shortages are a major public health threat worldwide, occurring across all therapeutic classes. We focussed our study on the trends in reported causes of drug shortages in our country.

Aim and objectives The aim of the study was to propose a classification and trends in reported causes of drug shortages.

Material and methods Data from the national reporting system from a health product agency were analysed. This database contains information regarding the causes of shortages of major therapeutics of interest (MTI) (ie, drugs where a shortage represents loss of a treatment opportunity for patients with a severe disease) which are mandatory reported by marketing authorisation holders to the agency. Data are presented as numbers or percentages of pharmaceutical products (ie, the