

values showed some uncertainty. According to the ETA guidelines, as the percentage outside the delta margin was small, both drugs could be considered as ETA in most patients with ALK positive NSCLC.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

1ISG-022 ECONOMIC ANALYSIS AFTER THE INCORPORATION OF BEVACIZUMAB BIOSIMILAR IN A THIRD LEVEL HOSPITAL

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Background and importance The introduction of biosimilars after the end of the patenting of biologics is an opportunity for significant savings in pharmaceutical spending, contributing to the sustainability of the health system.

Aim and objectives To estimate the economic savings achieved by switching to bevacizumab biosimilar in a third level hospital.

Material and methods A descriptive observational study was conducted during 2019 to estimate the economic impact of the incorporation of bevacizumab biosimilar, one of the objectives of the Annual Management Plan of our Autonomous Community, Castilla y León. The switch was agreed with the oncology service for all patients, except those who did not meet the criteria for the indication of the drug. Variables collected were: number of patients, total annual cost and quarterly cost variation 2019/2020. To estimate the cost (€), the net unit price was used (PVL-discounts (official and laboratory) + 4% VAT), and the Farmatools application was used to obtain the data.

Results The switch began in July 2020, with the degree of penetration of 96.7% in the oncology service because 2 patients (3.3%) did not switch to the biosimilar because their indication was not included in the technical data sheet. A quarterly cut-off (July–September 2019 vs 2020) showed a similar number of patients treated with original bevacizumab (n=50) and bevacizumab biosimilar (n=58) with a total cost during those months of 194 543€ and 119 001€ respectively. Although the number of patients treated with bevacizumab biosimilar in the third quarter of 2020 was higher than in the previous year with original bevacizumab (eight more patients compared with July–September 2019), the cost was reduced by 38.8%.

In 2019, 121 patients were treated with the original bevacizumab, for a total annual cost of 945 710€ and an annual expense/patient of 7816€. In 2020, assuming a cost reduction of 38.8% and the same number of patients treated as in 2019 (121 patients), annual expenditure is estimated at 578 891€ and a saving of 366 819€ per year.

Conclusion and relevance The introduction of biosimilars is an efficient measure to reduce hospital pharmaceutical expenses, maintaining the same effectiveness and safety as the original medicine, contributing to the sustainability of the National Health System.

References and/or acknowledgements

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1ISG-023 PHARMACOECONOMIC ANALYSIS OF REFERENCE BEVACIZUMAB: OPPORTUNITY FOR IMPROVED EFFICIENCY

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Background and importance The recent approval of bevacizumab biosimilar (Beva-Bs) raises the possibility of a more efficient drug therapy. Reference bevacizumab (Beva-Ref) was the cancer drug with the greatest impact in our health area in 2019.

Aim and objectives To evaluate the pharmacoeconomic impact of Beva-Ref in oncological therapy in 2019 and to analyse measures that promote its therapeutic optimisation, such as more efficient dosage regimens (DR) and implementation of Beva-Bs.

Material and methods This was a descriptive retrospective study made in a level II hospital. Farhos-v5.3.3 was used as the pharmacotherapeutic management tool for cancer patients treated with Beva-Ref during 2019. Economic data were collected from the Gestión–Farmatools module.

- Pharmacoeconomic analysis was done by therapeutic cost of Beva-Ref use in 2019. Therefore, cost/indication consumption and therapeutic scheme were recorded.
- Therapeutic optimisation measures analyses were conducted according to efficient DR, in concordance with the product monograph.
- Possibility of using Beva-Bs: hypothetical savings were estimated on 2019's annual consumption, assuming switching to Beva-Bs: (a) 100% of patients; (b) only new patients.
- Variables (Excel): indication, new patient/continuation in 2019, therapeutic scheme and treatment time.

Results 58 patients were treated in 2019. Total cost was 710 842€ and according to indication: nine breast cancer 210 106€ (30%); 25 metastatic colorectal cancer (mCRC) 205 671€ (29%); and 11 ovarian cancer 165 346€ (23%). 41 patients (71%) started treatment with a total cost of 406 897€, mostly: 21 mCRC 169 274€ (42%); 4 breast cancer 74 139€ (18%); and 7 ovarian cancer 65 776€ (16%). Treatment continuations: 17 patients (29%) at a cost of 303 945€, mainly 5 breast cancer 135 967€ (45%), 4 ovarian cancer 99 570€ (33%) and 4 mCRC 36 396€ (12%). The most efficient DR in mCRC was prescribed 100%. In the remaining diagnoses, DR was achieved, except for ovarian/endometrial cancer, with agreement of 45% and 0%, respectively.

With respect to the possibility of using Beva-Bs: a saving of 312 800€ was estimated if switching to Beva-Bs in all patients, with savings in breast cancer 92 450€, mCRC 90 500€ and ovarian cancer 72 750€. Considering only new patients, savings would be 179 000€, mostly mCRC, breast and ovarian cancer (74 500€, 32 600€ and 28 900€, respectively).

Conclusion and relevance The 2019 results showed efficient DR, and consequently the potential for cost containment, given the incorporation of Beva-Bs into our therapeutic arsenal, and would be key for universal access to the best therapeutic option.

References and/or acknowledgements

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