

11SG-024

**BIOLOGICAL DRUGS IN THE TREATMENT OF IMMUNE MEDIATED INFLAMMATORY DISEASES: MONITORING OF PRESCRIPTION APPROPRIATENESS**MR Garreffa\*, PP Vitale, A De Franco Iannuzzi. *Health District of Crotona, Territorial Pharmacy, Crotona, Italy*

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**Background and importance** The introduction of biological drugs in clinical practice represents a new goal for the treatment of highly disabling inflammatory immune mediated diseases. Our region adopted the guidelines for the use of biological drugs in the rheumatology, dermatology and gastroenterology departments; specialists need to draw up the therapeutic plan to implement the prescriptive appropriateness. The Italian Drug Agency has issued a position paper recommending the prescription of biosimilars where possible.

**Aim and objectives** To evaluate the prescriptive trend and appropriateness of biological drugs for inflammatory immune mediated diseases in our health district also to implement the use of biosimilars.

**Material and methods** We analysed the therapeutic plan for biological drugs received by the territorial pharmacy of our health district (about 164 000 inhabitants). We extracted from the company database data relating to biological drugs dispensed in the period January 2018 to August 2019 and subsequently processed using an electronic worksheet, paying attention to therapeutic shifts and biosimilar drugs.

**Results** 556 patients underwent therapy with biological drugs, of whom 61.15% had rheumatological diseases, 29.32% had dermatological diseases and 9.53% had gastrointestinal diseases. The number of patients increased by 6.64% in the January–August 2019 period compared with 2018; similarly, the use of these medicines in terms of units in the first eight months of 2019 increased by 22.72% compared with the same period in 2018. For 11.15% of patients, there was a shift to another biological drug; in 88.71% of cases, the change was attributable to therapeutic ineffectiveness while the remaining 11.29% were passed to the relative biosimilar ( $\Delta\%$  2019–2018 = +33.33%).

**Conclusion and relevance** Access to biologics has led to a significant improvement in patients' quality of life. Given the complexity of immune mediated inflammatory pathologies, identification of the correct therapy represents a critical issue at the first diagnosis. The use of biosimilar drugs increased during the analysis period; we therefore propose to promote the prescriptive appropriateness and to start a biosimilar drug prescription awareness programme, according to regional and national legislation, with a view to the sustainability of the health system, guaranteeing effectiveness, safety and quality for patients. At the same time, therapeutic efficacy will be evaluated in patients receiving biosimilars.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of interest** No conflict of interest

11SG-025

**BUDGET IMPACT ANALYSIS OF BIOSIMILAR ADALIMUMAB VERSUS REFERENCE ADALIMUMAB**

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**Background and importance** Biological treatments represent a great opportunity but their increasing and widespread use is causing sustainability problems in health systems due to their high cost. Emergence of biosimilars can lead to significant savings for health systems.

**Aim and objectives** The aim of this study is to analyse the impact of the introduction of the biosimilar adalimumab (BA) (Hyrimoz) in three different scenarios, to choose the most convenient.

**Material and methods** Firstly, we took into account all patients treated with the reference adalimumab (RA) between 2013 and 2018 to calculate the average incidence for every quarter. Also, we calculated prevalence on 31 December 2018. We then made a quarterly consumption forecast for the next three years (2019–2021). Secondly, we created an excel model for three possible scenarios: (1) all patients treated with RA, (2) the introduction of BA only in new patients with old patients continuing with RA or (3) all patients treated with BA. In every scenario, we calculate costs of buying adalimumab in each year. Finally, to assess the robustness of the data, different deterministic sensitivity analyses were conducted changing  $\pm 10\%$  the three variables considered to have more impact in our model (price of adalimumab, incidence and prevalence). Also, an extreme analysis was performed for the best and worst conditions.

**Results** Despite the increasing costs in all scenarios due to a growing incidence, costs would vary from 4 million in 3 years (scenario 1), 3.5 million (scenario 2), to 2.7 million (scenario 3). The choice of the different scenarios would mean savings of 11.5–31.8%, depending on the number of patients who were treated with BA. Sensitivity analyses showed that the cost of adalimumab was the most important factor in the final cost results. Analysis of extreme conditions showed a 20% variation from base case with savings of about 11.5% (scenario 2) and 30% (scenario 3). The most convenient was scenario 3 (change patients already treated with RA and treat new patients with BA).

**Conclusion and relevance** Despite scenario 3 providing the greatest savings (making it possible to treat a large number of patients), the authorities decided not to change patients currently treated with RA, losing savings of about 20.33%.

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11SG-026

**MULTIDISCIPLINARY DOCTOR–PHARMACIST COLLABORATION IN THE MANAGEMENT OF REFUNDS POLICIES FOR OPHTHALMIC DRUGS AT SANT'ANDREA HOSPITAL, VERCELLI**

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**Background and importance** The study, launched in November 2018 and still ongoing, was conducted by the ophthalmology department and the hospital pharmacy, involving all patients undergoing treatment with ranibizumab. This collaboration included weekly meetings, during which pharmacists presented data relating to the therapies and discussed problems encountered.