(n=34; 21.8%), in a chemotherapy preparation unit (n=18; 11.5%) or they managed the drug supply chain (n=17; 11%), medical devices (n=14; 9.2%), drug monitoring (n=8; 5.5%), clinical trials (n=8; 5.2%), sterilisation of reusable medical devices (n=4; 2.9%) or as radiopharmacists (n=3; 1.8%), as well as several other settings (49 (32%)). Regarding their training, 142 (92%) had an additional diploma: 91 (59%) had a specialised university diploma, 34 (22%) had a master's degree and 5 (3%) had a PhD. Finally, most of them worked in a university hospital (39%), 35% in other public hospitals, 14% in private hospitals, 4.5% in industrial establishments and 4.5% in other structures, such as health agencies or humanitarian organisations.

Conclusion and relevance This survey raises awareness of the increasing involvement of pharmacists in hospitals. The results of the survey are in line with the EAHP's European Statements. Furthermore, we can see the responsibilities of French hospital pharmacists in the fields of medical devices, sterilisation of reusable medical devices, radiopharmacy and health agencies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

1ISG-029 CRANIOPLASTY: A REVIEW OF CUSTOMISED CRANIOPLASTY IMPLANTS

C Yosof¹, V Bracquemart, L Ruesche. *University Hospital Rennes, Pharmacy, Rennes, France*

10.1136/ejhp-2021-eahpconf.10

Background and importance Cranioplasty implants have evolved considerably in recent years. Until 2019, Custom bone was the leader of the customised cranial implant market. Currently, a multitude of medical devices are available and the market for these implants is shared between several manufacturers. As implantable medical devices, these implants fall under pharmaceutical control in France. Because of their high cost, French regulations require a competition procedure to be launched.

Aim and objectives The purpose of this study was to provide an overview of the various refunded customised cranioplasty implants, so we can get highlight technical arguments to define the best procurement strategy in touch with the surgical team.

Material and methods We identified refunded implants in France using the national healthcare database. This first step was to identify all of the different manufacturers to contact them and obtain technical information. We then analysed and extracted information from the technical data sheet of the suppliers. We conducted a literature review of available implant use in cranioplasty (biomaterial composition and characteristics, production period, implant fixation method, cost). Twenty other university hospital centres were questioned to determine which implant was used most often. Finally, all of these data were synthesised in a comparative table.

Results We identified five refunded implants available on the French market and each had different characteristics (biomaterials, method of implantation). The results of this study showed that the Custom bone implant remained the most used at this time (9 of 20 university hospital centres). Furthermore, there were many comparative studies between

synthetic implants and autologous bone. However, there were no comparative studies between different types of marketed implants.

Conclusion and relevance The lack of data made it difficult to objectively guide the choice of one implant over another. More comparative studies are needed to assess which method or biomaterial is better for the case study. This work showed that it is more appropriate to orient the purchasing strategy towards a multi beneficiary market. Thus the decision will be taken collectively with the neurosurgeons.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

1ISG-030 ECONOMIC IMPACT OF BIOLOGICAL MEDICINES ON A THIRD LEVEL HOSPITAL

¹S Fortes González*, ²S Vazquez Blanco, ³L Herrero Poch, ³JC De Miguel Bouzas, ³JM Castro Dominguez, ³L Villamayor Blanco. ¹Hospital Povisa, Pharmacy, Vigo, Spain; ²Povisa, Hospital Pharmacy, Vigo, Spain; ³Povisa Hospital, Hospital Pharmacy, Vigo, Spain

10.1136/ejhp-2021-eahpconf.11

Background and importance High costs of biological medicines (BM) are a financial issue for hospitals. The arrival of biosimilar drugs (BS) improved their accessibilities by reducing their prices.

Aim and objectives To analyse the costs of BM administered in the hospital setting and BM dispensed in the hospital pharmacy. To evaluate the economic impact of introducing BS in our hospital.

Material and methods A retrospective observational study was performed in a tertiary hospital between 2015 and 2019. All BM were included. Botplus, electronic prescription and dispensation programmes were used as sources of information. The main variables collected were: active substance, brand name, ATC code, number of drug units dispensed and cost. Types of BD were: monoclonal antibodies (MAb), recombinant proteins (RP) and vaccines or immunoglobulins (V).

Results The number of biological active substances included in the hospital formulary was 89 in 2015 and 108 in 2019 (an increase of 21%). BS introduced during the study period were: insulin glargine, epoetin α , pegfilgrastim, rituximab, trastuzumab, etanercept, infliximab and adalimumab. BM were classified as: MAb (32%), RP (48%) and V (20%). According to the ATC index: L (39.8%), J (18.5%), B (16.7%), A (9.3%), V (4.6%), H (2.8%), R (2.8%), C (2.8%), S (1.9%) and M (0.9%).

The pharmaceutical expenditure on BM was: 8 298 177€, 9 123 228€, 10 329 683€, 10 942 396€, 12 533 034€ in 2015, 2016, 2017, 2018 and 2019, respectively. The total expense was 51 226 517€ (72.5% MAb, 27.3% RP and 0.2% V). Biological active substances with the highest budgetary impact were: infliximab (7 277 499€), adalimumab (7 023 066€) and etanercept (4 416 568€). BS expenditure during this period was 1 713 288€. Direct cost savings were 1 466 034€. The introduction of BS caused an average decrease of 18% in the prices of reference BM. The hypothetical cost in the case of not having used BS was 10 509 104€. Total savings estimated were: 11 975 408€ (56.6% infliximab BS, 19% etanercept BS and 17.1% trastuzumab BS).

Conclusion and relevance BM expenditure increased by more than 50% in the last five years, with MAB being mainly responsible. The biological active substances with the highest budgetary impact were medicines to treat immune mediated diseases. The incorporation of BS will lead to a reduction of 20% in BM costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Section 2: Selection, procurement and distribution

2SPD-029 OFF-LABEL DRUGS: USE ANALYSIS AND PHARMACOEPIDEMIOLOGY IN A COVID CENTRE IN ROME

¹G Gambarelli*, ²G Gambarelli, ³L Fiorito, ³R De Feo. ¹Ministero Della Sanita, DGDFDM, Roma, Italy; ²Ministero Della Sanita, DGPM, Roma, Italy; ³AOU Policlinico Umberto Primo Roma, UOC Farmacia, Roma, Italy

10.1136/ejhp-2021-eahpconf.12

Background and importance The coronavirus pandemic has involved the sudden management of innovative therapeutic opportunities to counter it. A drug's off-label use has required a sudden supply and the production of legislation to settle such handling to target real data towards a shareable and objective data collection flow.

Aim and objectives The aim of the study was to analyse the supply process of off-label drugs and reference to the national legislation for each medicinal product, regarding consumption data and the number of COVID-19 patients treated in a COVID centre in Rome, with 200 COVID beds and 40 beds in two intensive care units.

Material and methods For the following products, the supply and handling data were analysed from 1 February 2020 to 31 July 2020: chloroquine, hydroxychloroquine, lopinavir/ritonavir, darunavir/colbicitat, raltegravir and tocilizumab. The AIFA's reference regulations of these drugs were highlighted in the same period. Pharmacoepidemiological data were obtained.

Results The drug's off-label request was first considered. After the AIFA's decision to include in the 648/96 Law (GU 69 17.03.2020) chloroquine, hydroxychloroquine, lopinavir/ritonavir, darunavir/colbicitat, the UOC Pharmacy drafted a specific request form according to the 648/96 Law, to convey the supply and distribution of drugs to the departments through a reporting channel as the regulations required. 10 658 tablets of lopinavir/ritonavir were given to 250 patients, 660 tablets of darunavir/colbicitat to 32 patients, 302 150 tablets of hydroxychloroquine to 350 patients and 330 tablets of chloroquine to 33 patients. Raltegravir tablets were obtained for compassionate use for one patient. Tocilizumab was introduced through an off-label company procedure. Later, the centre was included in the TOCIVID-19 clinical trial (19 March 2020) and patients were moved to the clinical trial. During the off-label use period, 54 therapies were provided and 34 of these required a second dose. From an analysis of the epidemiological data, 80% of patients had at least one comorbidity and age over 75

years; 60% were men. Death occurred in 6% overall, with a 30% death rate for patients over 75 years, according to national data.

Conclusion and relevance The COVID-19 emergency has highlighted the pharmacist's role in the supply of innovative drugs and in the management of National Regulations. A close relationship with physicians has allowed sharing of views, focused on streamlining bureaucracy that often slows down the drug distribution process. Sharing opinions, bureaucratic streamlining and development of communications with online systems, web servers and phone chats can speed up the timing of organisation of the services.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. <https://www.aifa.gov.it/web/guest/-/schede-informative-sui-farmaci-utilizzati-per-emergenza-covid-19-e-relative-modalita-di-prescrizione>

Conflict of interest No conflict of interest

2SPD-030 POSITIONING OF DORAVIRINE IN THE PHARMACOTHERAPEUTIC GUIDE OF A THIRD LEVEL HOSPITAL

A Pintado Alvarez*, A Linares Alarcon, R Asensi Diez. Hospital Regional Universitario Malaga, Farmacia Hospitalaria, Malaga, Spain

10.1136/ejhp-2021-eahpconf.13

Background and importance Recently, the EMA and AEMPS have approved the use of doravirine (DOR) a non-nucleoside reverse transcriptase inhibitor (NNRTI) for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class. At present, the therapeutic arsenal available in Spain presents various options within each class.

Aim and objectives To position DOR within the antiretroviral therapies (ART) already available in the hospital's pharmacotherapeutic guidelines and assess its incorporation.

Material and methods A bibliographic search was conducted on DOR's positioning in the main national and international guidelines with the following terms: HIV, adults and guidelines; GESIDA (Spain); DHHS (American) and EACS (European). Possible advantages with respect to the ART already available in hospital were analysed. In addition, an economic evaluation was conducted comparing with available ART and the potential patients who would benefit from its use. The official list price was used with the deduction described in the Royal Decree Law 8/2010 as well as 4% VAT.

Results Gesida guidelines (July 2020) recommended the combination DOR+FTC/TAF or DOR/3TC/TDF (not yet marketed in Spain) as an alternative to the preferred regimens (C-I), but never as the initial therapy. On the other hand, the DHHS guidelines (June 2020) recommended DOR as the initial regimens in certain clinical situations. EACS guidelines (2019 update) recommended it as an initial regimen in combination with two NRTIs or as DOR/3TC/TDF.

The main advantages of DOR are: efficacy in high viral loads (rilpivirine (RVP) is not effective), lower potential for drug interactions, lack of food restrictions, fewer adverse effects on the CNS compared with efavirenz (EFV) and a neutral lipid profile (avoiding dyslipidaemia induced by EFV or boosted protease inhibitors).

The number of patients undergoing treatment with NNRTIs in our hospital was 322 (n=1894 total active HIV positive