4CPS-039 CLINICAL AND ECONOMIC IMPACT OF MULTI-SWITCHING FROM ORIGINAL ADALIMUMAB TO BIOSIMILARS

[1]BM Muñoz Cejudo*, [2]MR Cantudo Cuenca, [1]B Cancela Díez, [1]T Chinchilla Alarcón, [1]M Luque Jimenez, [1]MA Mora Mora, [1]S García Agudo, [1]G Gil González-Carrascosa. *[1]Hospital San Agustin, Pharmacy, Linares, Spain*; *[2]Hospital Universitario Virgen de Las Nieves, Pharmacy, Granada, Spain*

10.1136/ejhpharm-2023-eahp.76

Background and Importance As the access to biosimilars at competitive prices increases, it is necessary to evaluate multiple switches to provide data on their interchangeability. Recently, the European Medicines Agency (EMA) has notified that medicines approved as biosimilars in the EU may be prescribed interchangeably.

Aim and Objectives The objective is to assess the efficiency and safety of switching from innovator adalimumab (Humira®) to biosimilar adalimumab (Imraldi®) and successive to another biosimilar (Hyrimoz®) in a real-life setting.

Material and Methods Retrospective observational study conducted in a 200-bed hospital. We included all patients who had been treated with the innovator adalimumab between 1-September-2019 and 31-March-2022 and switched to two adalimumab biosimilars. Variables analysed: clinical prescribing service, disease, patients who discontinued treatment with biosimilar and reason. Clinical and economic data were obtained from electronic medical records and management programs.

Results The first switch from innovator adalimumab to the first biosimilar adalimumab included 114 patients: 47.4% prescribed by the rheumatology department, 28.0% by the digestive unit and 24.6% by dermatologists.

The most frequent disease was rheumatoid arthritis (26.3%), following by Crohn's disease (23.7%), psoriasis (17.5%) and psoriatic arthritis (13.2%).

The percentage of patients that discontinued the first biosimilar was 15.8%. While 61.1% of patients discontinued due to inefficacy, 38.9% had adverse effects. A total of 96 patients switched twice. The retention rate after the second switch was 96.9%. No major changes in disease activity were observed.

In the first switch (January 2019), the acquisition cost in our hospital of one unit of the original drug was € 431.10, while that of the biosimilar (Imraldi®) was € 176.80. In the second switch (August 2019) the price of Imraldi® was the same and for Hyrimoz® was € 158.0. If we consider the most frequent posology in our patients (a dosage every two weeks), the first switch resulted in annual savings of € 753,745.20 and the second switch resulted in € 46,949.76. The multi-switching of 96 patients resulted in a total saving of € 681,682.56.

Conclusion and Relevance The retention rate after multiple switches from innovator adalimumab to adalimumab biosimilars is high. Considering this multi-switching successful experience with biosimilars regarding safety and economic impact, interchangeability between biological medicinal products should be common in clinical practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-040 ELECTRONIC CLINICAL DECISION SUPPORT FOR PHARMACOTHERAPEUTIC INTERVENTIONS TO REDUCE ANTICHOLINERGIC BURDEN IN OLDER HOSPITALISED PATIENTS

[1]B Maat, [2]M Van Geel*, [1]T Leenders, [1]A Keyany, [3]D Arnoldussen, [4]T Van Asseldonk. *[1]Elisabeth-Tweesteden Hospital, Clinical Pharmacy, Tilburg, The Netherlands*; *[2]Utrecht University, Department of Pharmacoepidemiology and Clinical Pharmacology, Utrecht, The Netherlands*; *[3]Elisabeth-Tweesteden Hospital, Department of Geriatric Medicine, Tilburg, The Netherlands*; *[4]Elisabeth-Tweesteden Hospital, Department of Neurology, Tilburg, The Netherlands*

10.1136/ejhpharm-2023-eahp.77

Background and Importance Patients' anticholinergic burden is the cumulative effect of taking one or more anticholinergic medications. It is associated with adverse outcomes such as falls, cognitive impairment, delirium and increased morbidity, especially in elderly. Previous studies demonstrated that hospitalisation may increase anticholinergic burden. Pharmacotherapeutic interventions supported by electronic clinical decision support (eCDS) may have the potential to prevent this.

Aim and Objectives The aim of this study was to investigate whether the anticholinergic burden, expressed as score on the Anticholinergic Burden Scale (ACB score), in older hospitalised patients could be reduced through performing eCDS-based interventions during hospitalisation.

Material and Methods Prospective intervention study in April and May 2022. Study population: patients ≥65 years with an ACB score ≥8 and a hospital stay of ≥3 days. An eCDS tool was used to detect patients that met inclusion criteria. Patients' anticholinergic medication was reviewed and intervened if possible. An intervention consisted of pharmacist-led advice to the patient's attending physician by phone. Primary outcome: number and proportion of patients whose anticholinergic burden was reduced by the interventions. Secondary outcomes: (i) acceptance rate of pharmacotherapeutic interventions by attending physicians and (ii) nature and frequency of anticholinergic side effects. Descriptive statistics were used to analyse the results.

Results 208 patients were included (44.7% female; mean age 75.7 (± 6.6) years). Anticholinergic medication of 43 patients was reviewed which led to 43 interventions for 23 patients (53.5%, mean 1.87 (± 0.81) interventions per patient): 7 suggestions for dose reduction (16.3%), 4 suggestions for alternative medication (9.3%) and 32 suggestions for discontinuation of medication (74.4%). 28 of the 43 interventions were directly accepted by the attending physician (acceptance rate 65.1%) leading to a total ACB score reduction of 41 points i.e. an average ACB score reduction of 1.46 points (± 0.79) per intervention. 33 of the 43 reviewed patients (76.7%) experienced one or more anticholinergic side effects. Constipation occurred most often (45.2%).

Conclusion and Relevance Anticholinergic burden was reduced through eCDS-based pharmacotherapeutic interventions in more than half of reviewed patients and acceptance by attending physicians was high, indicating a promising potential for this initiative in clinical practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest