1ISG-012 COST-MINIMISATION ANALYSIS: PROPHYLACTIC TREATMENT OF HAEMOPHILIA TYPE A, WHAT TO CHOOSE BETWEEN FACTOR VIII, RECOMBINANT FACTORS VIII (MOROCTOCOG-ALFA AND OCTOCOG) AND EMICIZUMAB?

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Background and Importance Haemophilia type A is a hereditary bleeding disorder linked to a deficiency in FVIII, treated by intravenous administration of FVIII. Emicizumab represents an alternative to FVIII concentrates, without anti-FVIII inhibitor, administered in a single subcutaneous dose.[1]

Aim and Objectives The aim is to evaluate the use of emicizumab compared to the three biosimilars used for prophylaxis in haemophilia type A, in order to ensure good care with a good quality of life.

Material and Methods The analysis of the cost of using emicizumab compared to the three biosimilars we have in the hospital, namely plasma and recombinant FVIII (Moroctocog-alfa and Octocog) by calculating the direct, indirect and intangible costs, to assess the advantages and consequences of emicizumab use.

Results According to the cost minimisation analysis, we found a total annual cost for FVIII € 125,293.7, Octocog € 252,183.7, Moroctocog-alfa € 2,753,70.6 with a significant intangible cost because the frequent trip to the hospital makes the patient tired and increases the non-medical cost and the indirect cost, with the possibility in 30% of patients of developing anti-FVIII inhibitors and therefore the administration of high dose plasma FVIII of 6000-9000 IU three times a week with an annual cost of € 366,565.8.

On the other hand, emicizumab is indicated even for patients with an anti-FVIII inhibitor whose annual cost is € 233,402.9, with a gain of € 136,484.23, in addition to a good quality of life. We deduce that plasma FVIII is useful for patients without an inhibitor and emicizumab should be reserved for haemophiliacs with an anti-FVIII inhibitor.

Conclusion and Relevance Our cost evaluation study is a tool for decision support and reduction of uncertainty between four drugs, which makes it possible to adapt purchases according to the needs expressed for an optimal allocation of resources following the evolution of health expenditure.

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Conflict of Interest No conflict of interest

Section 2: Selection, procurement and distribution

2SPD-001 USE AND COST EVOLUTION OF INFLIXIMAB AND ADALIMUMAB OVER 8 YEARS IN A TERTIARY HOSPITAL

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Background and Importance The ongoing rise in healthcare costs makes it necessary to establish containment strategies, in parallel with the commitment to improve access to the most effective and safest treatments. The introduction of biosimilar medicines is an opportunity for health systems (HS) and patients.

Aim and Objectives The aim of the study was to evaluate the use and cost evolution of infliximab and adalimumab in the gastrointestinal department of a tertiary hospital over the last eight years. In this period, biosimilar molecules of both drugs have been incorporated.

Material and Methods Data were collected based on consumed units of adalimumab and infliximab between January 2014 and December 2021. We grouped the different presentations of original brand and biosimilar molecules available and the cost associated at the time it was consumed.

Results Both, infliximab and adalimumab, consumption have gradually increased over the past eight years, from 1,774 to 2,765 units (+55.9%) and from 920 to 3,420 units per year (+271.7%), respectively.

Infliximab biosimilar was introduced in the centre in 2015 and was progressively rolled out in starts and switches, becoming the sole since 2021. This has led to a gradual reduction in costs, from € 852,022 in 2014 to € 497,235 in 2021 (-41.6%).

Adalimumab biosimilar was not introduced in the hospital until 2019. Consumption rose from 920 to 2,153 units per year (+134.0%) between 2014 and 2018, in tandem with cost: from € 442,745 to € 936,175 per year (+111.5%). Nevertheless, between 2018 and 2021, consumption increases from 2,153 to 3,420 (+58.9%) with an absolute cost reduction of € 563,683 (-60.2%). Overall, adalimumab spending has decreased by 15.9% over the eight years despite the increase in consumption.

Conclusion and Relevance Innovation in biological therapies, as well as the increase in candidates to receive them, has grown significantly. It is associated with an increase in costs that may become unaffordable for public HS.

The introduction of two biosimilar molecules in our centre has led to significant savings, despite the increase in consumption.

The commercialisation of biosimilar molecules, alongside policies that allow their introduction in healthcare centres, promotes the system's sustainability, enables access to a greater number of patients, while allowing for the continued incorporation of innovative molecules.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-002 COST-SAVING IMPACT OF GENERICS: A LOCAL EXPERIENCE ON LENALIDOMIDE

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Background and Importance Boosting generics is an indispensable approach in conducting cost-saving management in healthcare systems. In fact, generics can provide similar effectiveness and safety to originators but with lower costs and can increase market competition.

Aim and Objectives The purpose of this work was to demonstrate the economic advantage of a generic lenalidomide in real practice, showing and comparing costs and consumption during the period 2021 to 2022.
Material and Methods To conduct this analysis, patients, type of prescription (originator or generic), number of patients treated, number of cycles, administered milligrams and purchase prices, during the period September 2021 to August 2022, were extrapolated from pharmacy software and matched.
Results Compared with period from September 2021 to February 2022, during March to August2022, the number of treated patients remained similar (105 vs 104) and the number of cycles administered (388 vs 390).

Abstract 2SPD-002 Table 1

	Number patients treated	Cycles received in total	Cost
Generic lenalidomide 5 mg	22	92	€ 26,371.92
Original lenalidomide 5 mg	23	96	€ 238,950.61
Generic lenalidomide 10 mg	47	211	€ 26,863.21
Original lenalidomide 10 mg	39	192	€ 599,542.24
Generic lenalidomide 15 mg	12	35	€ 49,506.20
Original lenalidomide 15 mg	19	53	€ 188,691.08
Generic lenalidomide 20 mg	5	10	€ 11,317.07
Original lenalidomide 20 mg	3	7	€ 27,478.14
Generic lenalidomide 25 mg	18	42	€ 33,061.60
Original lenalidomide 25 mg	21	40	€ 150,177.08

The total expenditure of generic lenalidomide has been € 147,120 and original lenalidomide € 1,204,839.15, therefore the total saving has been 87.80%.

Likelihood, the generic lenalidomide has been as well tolerated as original lenalidomide.
Conclusion and Relevance Currently, cost savings and rationalisation policy are playing an essential role in healthcare systems, and generics represent a great opportunity to reallocate available resources. This study demonstrated that enhancing a generic lenalidomide is a good strategy for the sustainability of care. Lenalidomide costs decreased while the number of patients remained similar. In summary, generics constitute an efficient strategy for the sustainability of national health services, allowing resource reallocation and access to care to a larger number of patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. No conflict of interest

Conflict of Interest No conflict of interest

2SPD-003 ERRORS DETECTED IN THE TELEPHARMACY PROCEDURE

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Background and Importance After the rise of telemedicine with the COVID-19 pandemic, a telepharmacy consultation has been implemented in our hospital in the pharmacy outpatient area, sending medicines to community pharmacies within a population area of 600,000 inhabitants.

Aim and Objectives The purpose of this study is to analyse the medication errors (ME) that have occurred during a specific period of time, throughout the process of medication delivery. The aim is finding causes and possible improvements.
Material and Methods We carried out a retrospective descriptive study. The errors that occurred between January 2021 and August 2022 (20 months) in the telepharmacy process were analysed, taking into account everything from the preparation in the hospital pharmacy to the collection of the medication by the patient in the community pharmacy. The MEs were collected in a local database. We described date, personal data of the patient, codes assigned to the single shipping route and destination community pharmacy, type of error and step in which the ME was detected.
Results In the period studied, a total of 69 MEs were recorded. We break them down into the following types: 20 cases with a quantitative lack of medication (28.99%), 19 cases in which a different medication was sent (27.54%), 15 with another patient's medication (21.74%), 10 with medicine with wrong dose (14.49%), 2 cases in which the medicine was not sent (2.90%) and another 2 in which the medicine was sent badly packaged (2.90%), 1 case in which the one in which the misidentified medicine was sent (1.45%) and 1 case in which a larger quantity was sent (1.45%). 48 MEs were detected by the patient (69.56%), 15 were detected in the community pharmacy (21.74%), 4 were detected in the hospital pharmacy (5.80%) and 2 cases were detected during the transportation of the medication (2.90%). None of the errors detected had consequences for the patient to our knowledge.
Conclusion and Relevance Among the MEs detected, the most common were those related to a quantity defect or lack of a medication and those in which a different medication was sent. In general, they are errors that could be avoided by automating processes that are currently carried out manually.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-004 ECONOMIC EVALUATION AND BUDGET IMPACT FOR A REGIONAL HEALTH SERVICE ASSOCIATED WITH THE INCLUSION OF THE FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT IN A REGIONAL PHARMACOTHERAPEUTIC GUIDELINE

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Background and Importance Due to the high cost of the implant of fluocinolone acetonide (FAc) 190 µg, it is especially important to realise an economic evaluation and budget impact analysis before inclusion in the pharmacotherapeutic guide of any health institution.
Aim and Objectives Realise an economic evaluation and a budget impact analysis to assess its inclusion in our regional pharmacotherapeutic guide, maintaining the financing conditions of our National Health System (NHS).
Material and Methods PubMed and reports from independent evaluators were consulted: National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) among others.