For those drugs with more than one study, a previous meta-analysis was performed using Joaquin Primo calculator. An adjusted indirect comparison (IC) of the drugs used in AS versus tofacitinib was performed using the Bucher method, using Joaquin Primo calculator. Due to lack of data in the literature and considering that therapy failure can be recovered with second lines, half of the ASAS40 value obtained in meta-analysis was taken as delta value. ATE guide was followed in order to establish a positioning.

Results

Sixteen studies were included 4 adalimumab, 2 golimumab, 1 infliximab, 1 certolizumab, 2 etanercept, 1 upadacitinib, 2 tofacitinib, 1 secukinumab and 2 ixekizumab. The difference in ASAS40 of the drugs before versus tofacitinib expressed as RAR (IC 95%) was: Adalimumab [4 (-6,1; 14,1)], certolizumab [-7,3 (-25,1; 10,5)], etanercept [2 (-11,5; 15,5)], golimumab [-5 (-16,3; 6,3)], infliximab [8,43 (-4,8; 21,6)], ixekizumab [-9 (-20, 6; 2,6)], secukinumab [-2,7 (-18,3; 12,9)], upadacitinib [-1,9 (-17,8; 13,9)]. Adalimumab, etanercept and tofacitinib are considered ATE. Infliximab, upadacitinib, secukinumab, golimumab, certolizumab, ixekizumab and tofacitinib can also be considered ATE, being the probability of clinically relevant difference <50% (most of the 95% CI is in the equivalence range) and the failure does not involve serious/irreversible damage.

Conclusion and Relevance Tofacitinib and the rest of these drugs could be considered ATE. For a definitive statement, the criteria of safety and adequacy should be considered.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

2SPD-008 BUDGETARY IMPACT DUE TO THE REPLACEMENT OF ORIGINAL LENALIDOMIDE INTO GENERIC LENALIDOMIDE

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Background and Importance The use of generic drugs is one of the most effective tools to increase efficiency in the economic management of the health system. From March 2021 to February 2022, the acquisition of the original molecule of lenalidomide (Revlimid®) represented the main expense in the ABC of drug purchases. As of this date, a generic specialty was commercialised and the Pharmacy Service proposed a replacement between them, given that both share the same indications as in the technical datasheet.

Aim and Objectives Quantifying the economic impact in the expenses of chapter II of a general hospital, caused by the acquisition of generic lenalidomide instead of Revlimid® and its repercussion on the budget during 12 months.

Material and Methods Although only two months of evolution with the new generic molecule are available, we have extrapolated this data to one year so that we can calculate the economical differences when it comes to the budget.

Results From March 2021 to February 2022, the purchase of Revlimid® has meant a net amount of € 1,014,886.46, which represents 9.8% of the total expense in chapter II (€ 10,246,115.23) and positions it as first spend in the ranking of medicines purchased in this period of 12 months.

The amount derived from the purchase of generic lenalidomide corresponding to the studied period, comes up to € 1,601.27. That results in an estimate of € 9,607.62 for 12 months.

Assuming that the same number of patients and treatments with lenalidomide were stable throughout the period, as well as the expenditure on the rest of the ABC of drugs, the economic impact generated would mean a saving of approximately € 1,005,278.84, which would cause a significant decrease in the chapter II for our Hospital (-14.25%).

Conclusion and Relevance The economic impact caused by the introduction of generic lenalidomide in our Hospital will produce savings of more than one million euros.

Speeding up the authorisation processes for generic medicines, as well as other pricing policies, are essential manoeuvres to get a cohesive health system that guarantees equal access to medicines.

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2SPD-009 AVOIDED COSTS FROM THE INCLUSION OF BREAST CANCER PATIENTS IN CLINICAL TRIALS

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Background and Importance Breast cancer is one of the tumours with the highest incidence in Spain, and its pharmacological treatment generates a huge economic impact. Clinical trials are essential for evaluating the efficacy and safety of new therapies, and also provide a financial benefit to the public health system.

Aim and Objectives The aim of this research is to calculate the saving costs in drugs, derived from the participation of breast cancer patients in clinical trials (based on the drug free support provided by the sponsor of each study).

Material and Methods A retrospective analysis was made of all breast cancer clinical trials initiated in our hospital since January 2020, and all patients included in these trials were selected. The data collected were: trial phase, investigational drug, number of subjects enrolled and number of treatment cycles received. The Oncology Department was contacted to discuss the therapeutic alternative of choice and its theoretical duration if the patient had not participated in the clinical trial. The cost of each option was calculated using the acquisition price of the drug (laboratory sale price – discount + 4% VAT). Information was obtained from the database of the clinical trials unit.

Results Since 2020, 8 breast cancer clinical trials (2 phase II and 6 phase III), were initiated in our hospital. Were included 10 subjects, receiving a total of 106 treatment cycles. The investigational medical products studied were: trastuzumab and conjugates, pertuzumab, atezolizumab, olaparib, alpelisib and palbociclib. The overall cost saving was € 198.775,32. The trial with the highest cost impact offers a saving of € 8.269,48 per cycle of each enrolled patient. The drug with highest avoided cost was pemetrexed (€ 32.890,54).

Conclusion and Relevance Clinical trials in breast cancer patients, in addition to offering the possibility of access to