Impact of an Integrated Medicines Optimisation Pharmacist on Biosimilar Uptake in the Mater Misericordiae University Hospital

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1 INTRODUCTION

High Tech Scheme (HTS) expenditure in Ireland is increasing and was anticipated to breach € 800 million in 2019. HTS are prescribed by hospital physicians and dispensed in primary care. Combined expenditure on adalimumab (Humira®) and etanercept (Enbrel®) exceeded € 190 million in 2017, equating to almost 30% of the 2017 HTS total spend. Biosimilar versions of both drugs are available in Ireland, etanercept since 2016 and adalimumab since 2018. The biosimilars are available at a substantially reduced price. The most cost efficient biosimilar drug was designated the Best Value Biologic (BVB). Uptake of BVB prescribing in Ireland has traditionally been poor. Switching to BVBs over the originator drug can generate considerable cost savings for the state.

To promote BVB prescribing, the Health Service Executive (HSE) implemented a gain share incentive. The gain share involves € 500 accrual for hospitals for each new patient prescribed a BVB or any patient switched from the reference product to the BVB, with the BVBs prescribed on the High Tech Hub (HTH). Appointment of a pharmacist dedicated to supporting BVB prescribing and switching was identified as an opportunity to improve cost savings for the state and optimise gain share accrual for hospitals.

2 AIMS & OBJECTIVES

- To implement an Integrated Medicines Optimisation Pharmacist (IMOP) in the MMUH.
- To implement BVB HTH prescribing for adalimumab and etanercept across dermatology, gastroenterology and rheumatology specialties.
- To demonstrate the financial impact of an acute hospital. IMOP

3 METHODS

- The IMOP was appointed to facilitate BVB switching.
- The IMOP was authorised to act as the CEO delegate to process HTH applications.
- HTH training was provided to the rheumatology, gastroenterology and dermatology clinicians & nurses.
- Patient information Leaflets (PILs) and Consultant Correspondence Letters to patients were developed by the IMOP .
- Dermatology, gastroenterology and rheumatology clinics were monitored daily by the IMOP for patients eligible for BVB prescribing.
- The IMOP registered patients on the HTH, educated patients switching to a BVB, provided the PIL, consultant correspondence letter and BVB booklets and answered questions or concerns voiced.
- The IMOP liaised with the nursing staff regarding patient referral for nursing support service / sharps collection.
- The IMOP communicated if patients were suitable for BVB switching to the clinic registrar / consultant .
- Data was collected on the number of patients eligible for switching, patients switched, not switched and the rationale for not switching.

	Rheumatology		Gastroenterology		Dermatology	
No. of presenting patients eligible for BVB switch	171		76		44	
Patient switched to BVB	101	59%	57	75%	27	61%
Patients not switched*	54	32%	17	22%	14	32%
Patients taken off treatment	16	9%	2	3%	3	7%
Switch patients reviewed by IMOP	92	91%	53	93%	13	48%
Switch patients reviewed by Nurse / Doctor	9	9%	4	5%	14	52%
New BVB Patients	7		8		4	
Total Number of patients prescribed BVB	**108**		**65**		**31**	

Table 1: Breakdown of individual specialities statistics (Jun 1 to September 27 2019)

4 RESULTS

- Prior to IMOP intervention, no MMUH patients were prescribed a BVB.
- In the 3 months following IMOP appointment (Jun - Sep 2019), 291 patients suitable for BVB switch were scheduled to attend the dermatology, gastroenterology and rheumatology clinics.
- As detailed in Table 1, 64% (n=185) of suitable patients suitable were switched to a BVB. An additional 19 patients were newly commenced on a BVB. The IMOP educated 91% (n=92), 93% (n=53) and 48% (n=13) of BVB rheumatology, gastroenterology & dermatology switch patients respectively.
- Factors contributing to patients not switching were identified (table 2). No review by the IMOP prior to doctor review was the largest contributing factor; 65% (n=35), 59% (n=10) and 86% (n=12) for rheumatology, gastroenterology, and dermatology respectively.

	Rheumatology	Gastroenterology	Dermatology
Number of eligible patients reviewed not switched	**54**	**17**	**14**
Patient Refused	4	1	1
Patient not stable enough to attempt switch	6	2	1
Pregnant therefore not switching	-	2	-
No clear reason	2	2	-
No new prescription required	5	-	-
Issues with pharma nurse referral service	2	-	-
No IMOP review prior to medical review	**35**	**10**	**12**
Not informed patient was there	16	2	12
Annual leave	13	4	-
Reviewed by ANP	5	-	-
Known as unsuitable for switching	1	4	-

***Table 2:** Breakdown of patients not switched who were eligible to switch

5 CONCLUSION

Introduction of an IMOP resulted in a significant increase in BVB prescribing in the MMUH. Having a dedicated pharmacist in this role resulted in more BVB switches than patients being reviewed by a doctor and nurse alone.

DISCLOSURE:
1. G. Johnston - Nothing to Disclose
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