BIOSIMILARS: LET'S START RUNNING

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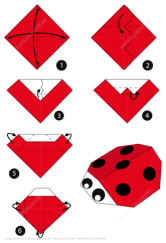
WHAT WAS DONE?

The pharmacy service led the creation of a working group formed by rheumatologists, gastroenterologists, dermatologists and pharmacists to promote the use of biosimilar drugs in our hospital.

WHY WAS IT DONE?

- The use of biosimilar drugs has been a breakthrough to improve the **sustainability of the health system**.
- There is **no clear consensus** about the recommendation for a switch from the original drug to its biosimilar.
- The **rate of biosimilar use** in our country is one of the **lowest** in Europe.

HOW WAS IT DONE?

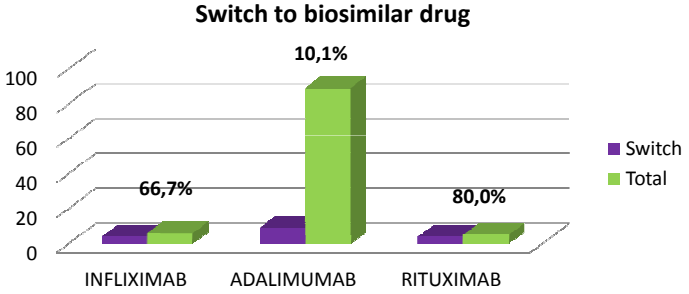


The working group wrote a **consensus document:**

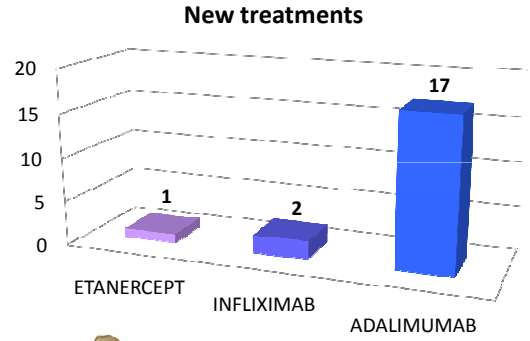
✓ **Start** all new biological treatments **with biosimilars**
✓ The prescribers would determine which patients were candidates for **switch** to a biosimilar **based on clinical criteria**
✓ **Subcutaneous drug:** the pharmacist is responsible to explain the reason for the change and the management of the new device to the patient
✓ **Intravenous drug:** it is the physician who informs the patient about the change.

WHAT HAS BEEN ACHIEVED?

From May to September 2019



€ 111.106,96 /year



€ 141.826,36 /year

- The rate of antiTNF biosimilars increased from 33% to 48% in 5 months.
- None of the patients refused the use of a biosimilar.
- By now, all treatments maintain their effectiveness without safety issues.

WHAT NEXT?

✓ This optimisation of treatments will allow the hospital to treat a greater number of patients and invest in innovative treatments.
✓ Therefore, our objective is to achieve the switch of remaining patients as it could generate an additional saving of €630,072.28 per year.

GPI: CPS9123