BACKGROUND
Since the first biosimilar drug was authorised, medicines agencies have promoted their use. Although, interchangeability or switch, are competences of each country, creating disparity in its use.

PURPOSE
Measure the use of intravenous biosimilar drugs since their introduction in a third level hospital.

MATERIAL AND METHODS
We analysed the number of patients treated with the biological reference products (BRP) and with its corresponding biosimilar (BS), since the arrival of each biosimilar until September 2019. We studied infliximab, rituximab and trastuzumab. Infliximab biosimilar was introduced in September 2015 and rituximab and trastuzumab in August 2018.

RESULTS

**INFLIXIMAB:** We identified 203 patients treated with infliximab.

- **RHEUMATOID DISEASES**
  - BRP 45.3%
  - BS New treatments 54.7%
  - BS Switches 46.8%

- **INFLAMMATORY BOWEL DISEASE**
  - BRP 19.0%
  - BS New treatments 29.7%
  - BS Switches 36.7%

- **OTHERS**
  - BRP 66.7%
  - BS New treatments 59.1%
  - BS Switches 36.0%

**RITUXIMAB:** Rituximab was used in 158 patients.

- **HAEMATOLOGIC CANCER**
  - Intravenous BRP 40.9%
  - Subcutaneous BRP 22.5%
  - BS New treatments 45.7%
  - BS Switches 6.8%

- **RHEUMATOID ARTHRITIS**
  - Intravenous BRP 33.3%
  - Subcutaneous BRP 22.2%
  - BS New treatments 38.5%
  - BS Switches 6.0%

- **LUPUS**
  - Intravenous BRP 33.3%
  - Subcutaneous BRP 22.2%
  - BS New treatments 38.5%
  - BS Switches 6.0%

- **OTHERS**
  - Intravenous BRP 33.3%
  - Subcutaneous BRP 22.2%
  - BS New treatments 38.5%
  - BS Switches 6.0%

**TRASTUZUMAB:** There were 77 patients treated with trastuzumab for breast cancer (92.2%) and gastric cancer (7.8%).

- **Gastric Cancer:** 100% of patients treated with the BS.
  - New treatments 33.3%
  - Switches 66.7%

- **Breast Cancer**
  - New treatments 40.9%
  - Switches 59.1%

**CONCLUSION**

- The use of biosimilar drugs is more consolidated in new patients and switching is a slower dynamic. The arrival of new ones in the coming years will rise their use.
- Some medical specialties are more prone to use biosimilar drugs.
- The presence of a subcutaneous BRP can make more difficult the use of biosimilar drugs as switches or in new patients, as physicians will prescribe a subcutaneous BRP instead of an intravenous biosimilar.

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