**Results** 109 patients (43% men; 57% women) met inclusion criteria. Mean age was 54 ± 13.5 years and mean BMI 26.5 ± 4.8 kg/m². 58.7% had Rheumatoid Arthritis, 19.3% Ankylosing Spondylitis, 1.8% Juvenile Idiopathic Arthritis, 16.5% Psoriatic Arthritis and 3.7% Psoriasis. 82% self-administered the pen, and 71% the syringe. The median pain with the syringe was 3 [interquartile range (IQR): 2–6] and with the pen was 4 [IQR: 2–5] (P = 0.008). 65% reported the same pain with both devices. 35% reported differences in pain and most of them (71%) had much pain (>5) with the pen and little pain (<5) with the syringe.

There was a statistically significant association of pain with gender: women had more pain with the pen (P = 0.05), but less with the syringe (p > 0.05). There was no association with BMI, age or diagnosis. Acceptance of the pen and self-administration were higher even though pain was greater, so it is necessary to maintain both devices to assure adherence.

**Conclusions** An association of pain with pen device and female gender was found. However there was no association with BMI, age or diagnosis. 59% prefer the pen, 25% the syringe, and 16% did not mind.

**Materials and Methods** Aim of this observational, four-month, cross-sectional study (January–April 2012) to assess QoL in patients diagnosed with Relapsing-Remitting Multiple Sclerosis (RRMS).

**Purpose** To find the dimensions of EuroQoL-5D that are more frequently associated with QoL in patients diagnosed with Relapsing-Remitting Multiple Sclerosis (RRMS).

**Background** Several studies have evaluated quality of life (QoL) by filling in the EuroQoL-5D. In most of them, it is found that the two dimensions of EuroQoL-5D most associated with a poor QoL are pain/discomfort and anxiety/depression.

**Purpose** To find the dimensions of EuroQoL-5D that are more frequently associated with QoL in patients diagnosed with Relapsing-Remitting Multiple Sclerosis (RRMS).

**Materials and Methods** Observational, four-month, cross-sectional study (January–April 2012) to assess QoL in patients diagnosed with RRMS.

Sex, age and Expanded Disability Status Scale (EDSS) were gathered from Pacientes Externos (Farmatools programme 2.4 version).

Patients who filled in the EuroQoL-5D returned it to the pharmacy service.

**Results** 84 patients were included; 62 completed the questionnaire.

Mean age was 36.94 ± 8.67. 65.47% of patients were women, 34.52% were men. The mean EDSS was 2.03 ± 1.50.

**Conclusions** As has been shown in previous studies, the two dimensions of EuroQoL-5D that most affected the QoL were pain/discomfort and anxiety/depression.

No conflict of interest.


Materials and Methods We compared the real observed costs incurred by preparing the intravenous mixtures in the pharmacy service and the expected cost if the mixtures were prepared on the wards by using complete vials for each patient and dose, discarding the remainder of the dose.

We have focused the study on the intravenous mixtures area selecting those drugs which need to be prepared individually for the correct dose and those used in the paediatric and neonatology area due to the low dose needed and its variability; however we excluded drugs used in oncology and nutrition from this study.

Results During 2011, 4055 intravenous mixtures were prepared.

The centralised preparation of liposomal amphotericin B (1017 treatments) made an estimated hypothetical saving of €15,122; infliximab preparation (894) hypothetically saved €122,856.

Romiplostim (254) generated savings of €59,551 and ticlopidine (174) €11,280.

In the neonatology area the standard preparation of 200 IU epoetin beta from NeoRecormon 500 IU hypothetically saved €603 with 1623 treatments.

Agalsidase alfa, a high financial impact drug used in Fabry’s disease, hypothetically made savings of €62,253 with 111 preparations.

Total savings generated by centralising the preparation of intravenous mixtures with these 6 drugs amounted to €271,770.

The median saving exceeded €67/treatment and €744/day. We compared the real observed costs incurred by preparing the intravenous mixtures in the pharmacy service and the expected cost if the mixtures were prepared on the wards by using complete vials for each patient and dose, discarding the remainder of the dose.

No conflict of interest.

Conclusions Centralization of intravenous mixtures allows us to increase efficiency and generate important financial savings, but in addition to increase the quality of healthcare, because it also involves us in pharmacotherapeutic monitoring and avoiding medicines errors. This practice also ensures drugs are handled correctly, which helps maintain their physicochemical and microbiological stability.

No conflict of interest.

Materials and Methods We explained differences in formulary reviews of biosimilars. Indications during formulary consideration than small-molecule generics.

Evaluation and manufacturer-related parameters, such as differences in administration devices, drug availability, inventory turns, history of shortages, recalls, inventory levels, manufacturing redundancy and supply chain security.

Conclusions Ensuring a stable, reliable supply of quality products is a critical component of healthcare. Product, manufacturer, and pharmacoeconomic information should be considered in formulary decision-making for biosimilars. A checklist of key product- and manufacturer-related information will be promoted thorough evaluation of biosimilars, permitting educated decisions regarding formulary inclusion.

No conflict of interest.