

eligible for ASCT. These preliminary analyses indicate that patients experienced a significant improvement in disease symptoms and future perspective and a significant worsening in dyspnoea within the first months, with lower impact on direct health costs over time. The efficacy and safety profile remained favourable at the time of analysis.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** Corporate sponsored research or other substantive relationships:

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#### 4CPS-151 THE IMPACT OF AN INTEGRATED ELECTRONIC MEDICAL RECORD ON THERAPEUTIC DRUG MONITORING

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**Background and importance** Healthcare is currently undergoing a transformation to a digital platform and implementing an integrated electronic medical record (ieMR). The ieMR delivers an integrated suite of digital services that improve safety, efficiency and quality in clinical workflow processes. This is changing the future of healthcare and the roles of healthcare professionals. The changing face of the healthcare system is an opportune time to review current processes. Therapeutic drug monitoring (TDM) is currently planned and ordered by medical officers at an outer metropolitan hospital. The role of the pharmacist is sporadic. There is currently minimal data about the impact of a digital hospital system on traditional roles and current processes within the healthcare system.

**Aim and objectives** To review the impact of ieMR on the TDM process within an outer metropolitan hospital.

**Material and methods** A retrospective audit was conducted on TDM over two 12 month periods. The periods were 2016 (a paper based hospital system) and 2018 (a digital hospital system). Patients were identified using the electronic pathology database. Patients were excluded if <18 years of age, it was an outpatient setting or within the emergency department. Progress notes, medication charts, ieMR and other relevant pathology were reviewed. They were assessed for appropriateness of the timing of collection, compliance to recommended TDM guidelines and the documented involvement of the pharmacist.

**Results** There were 10 medications included in the study, which covered 1686 and 1251 tests in 2016 and 2018, respectively. Of these, 40.6% at cost of \$AUD15 999.43 were collected at an inappropriate time in 2016 and 41.9% at a cost of \$AUD11 545.27 in 2018, making interpretation difficult. There was documented pharmacist advice in 8.6% in 2016 and in 13% in 2018 of all TDM results. The TDM function in ieMR was only used in 3% of all tests.

**Conclusion and relevance** TDM has a large impact on the therapy and outcome of patients. This review demonstrated

that ieMR did not have a significant impact on TDM and demonstrated a minimal role for the pharmacist. These preliminary results showed that a review of the current TDM process is required and with their drug and pharmacokinetic knowledge, a greater impact and role of the pharmacist is required.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-152 ANALYSIS OF PHARMACEUTICAL INTERVENTIONS IN THE EXCHANGE OF THERAPEUTIC EQUIVALENTS

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**Background and importance** Therapeutic equivalents are drugs with a different chemical structure but with similar therapeutic and adverse effect profiles when equivalent doses are administered.

**Aim and objectives** To analyse the pharmacotherapeutic interventions of proposing therapeutic equivalents (PIPTEs) for prescribed not included in the pharmacotherapeutic guide medications (NIGM), as well as their degree of acceptance.

**Material and methods** A retrospective observational study was carried out over a period of 2 months. The PIPTEs were realised during pharmaceutical validation. The following items were collected: age, sex, prescribed NIGM, acceptance of the PIPTe (it was considered accepted when changes were generated in the prescription), measure adopted by the doctor (change to the proposed equivalent, change to another equivalent, patient contribution or suspension of treatment) and the medical service.

**Results** A total of 211 patients (122 men) with a median of 76 years (20–98 years) were reviewed. A total of 2197 interventions were performed: 1294 (58.9%) were about NIGM. Of these, 228 (17.62%) were PIPTEs, with the following distribution according to pharmacotherapeutic group: 78 (34.21%) ARA-II, 65 (28.5%) ACEIs, 34 (14.91%) statins, 32 (14.05%) calcium antagonists, 5 (2.19%) PPIs, 1 (0.44%) anti-H2 and 13 (5.7%) of other groups.

Most of the PIPTEs were accepted (79.82% (182)). The degree of acceptance of each pharmacotherapeutic group was: 79.49% (62) for ARA-II, 89.23% (58) for ACEIs, 73.53% (25) for statins, 75.0% (24) for calcium antagonists, 40.0% (2) for PPIs, 100% (1) for anti-H2 and 69.23% (9) for other groups.

In 52.19% (95) of cases, the proposed therapeutic equivalent was changed (25 ARA-II, 41 ACEIs, 13 calcium antagonists, 10 statins, 2 PPIs, 1 anti-H2 and 3 other groups). In 25.82% (47) of patients the drug was contributed by the patient, 14.84% (27) were suspended and 7.14% (13) were changed to a drug different from the one proposed.

**Conclusion and relevance** The majority of the interventions performed by pharmacists were in relation to NIGM. ARA-II and ACEIs were the groups with the highest number of PIPTEs. More than 75% of the PIPTEs caused a change in the prescription, which resulted in more than 50% of cases substituting the NIGM for the equivalent proposed by the pharmacy service. This reflects the great contribution of the hospital pharmacist to therapeutic exchange programmes.