4CPS-155 REAL LIFE EXPERIENCE OF HOME CARE ADMINISTRATION OF 5-AZACITIDINE AND DOMICILIARY MANAGEMENT OF PATIENTS WITH MYELODYSPLASTIC SYNDROME

[1]C Alarcon-Payer*, [2]I Elósegui Horno, [3]JE Martínez De La Plata, [1]CL Muñoz Cid, [4]A Jiménez Morales. *[1]Hospital Universitario De Jaén, Servicio De Farmacia, Jaén, Spain; [2]Hospital San Agustín, Servicio De Farmacia, Linares, Spain; [3]Hospital De Poniente-El Ejido, Servicio De Farmacia, Almería, Spain; [4]Hospital Universitario Virgen De Las Nieves, Servicio De Farmacia, Granada, Spain*

10.1136/ejhpharm-2020-eahpconf.256

Background and importance Most patients with intermediate-2 and high risk myelodysplastic syndrome (MDS) have a median age of 75 years and 25% are diagnosed after 80 years of age. Therefore, many may have great difficulty travelling to the hospital for the 7 day treatment for each cycle of 5-azacytidine.
Aim and objectives To analyse the experience and results of administration of 5-azacytidine in domiciliary care in daily clinical practice and to evaluate therapeutic adherence.
Material and methods A 4 year prospective observational study was conducted in 40 MDS patients with a median of age of 76 years, who had difficulty travelling to the day hospital to receive treatment with 5-azacytidine over 7 days. The drug was prepared in the hospital pharmacy service, using the water reconstitution method for refrigerated injections, and kept refrigerated (2–8°C), resulting in both chemically and physically stable solutions for 22 hours. Once inclusion of the patient in the study was confirmed by the haematologist, the prescribed treatment regimen was communicated to the pharmacy service and nurse to organise the medication regimen in domiciliary care. The variables considered in this study were: beginning of treatment with 5-azacytidine, treatment duration, level of satisfaction of patients, treatment adherence and side effects detected.
Results Forty MDS patients received treatment with 5-azacytidine in domiciliary care over a mean of 16 months of treatment: 75% of patients had great difficulty traveling to the day hospital because they required someone to accompany them and 35% did not have the supporting infrastructure. All (100%) patients were highly satisfied with the service, therapeutic adherence improved to 95% and side effects were detected in 15% of patients (neutropenia, anaemia and gastrointestinal reactions).
Conclusion and relevance Administration of 5-azacytidine in domiciliary care in older patients with MDS with difficulty travelling to the day hospital allowed greater support of these patients, improving the day hospital logistics, increasing patient satisfaction and adherence to treatment, and offering better quality healthcare.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-156 ANALYSIS OF THE EFFECTIVENESS AND SAFETY OF DARATUMUMAB IN MONOTHERAPY IN ADULT PATIENTS WITH RELAPSED REFRACTORY MULTIPLE MYELOMA

[1]C Alarcon-Payer*, [1]AM López López, [1]F Gómez-De Rueda, [1]R Claramunt García, [1]MJ Barbero Hernández, [2]A Jiménez Morales. *[1]Hospital Universitario De Jaén, Servicio De Farmacia, Jaén, Spain; [2]Hospital Universitario Virgen De Las Nieves, Servicio De Farmacia, Granada, Spain*

10.1136/ejhpharm-2020-eahpconf.257

Background and importance Immunotherapy has broken new ground in the treatment of multiple myeloma, with the introduction of monoclonal antibodies into the therapeutic arsenal, representing a paradigm shift in treatment. Daratumumab is a human monoclonal antibody IgG1κ, which binds to the CD38 protein that is expressed at a high level on the surface of multiple myeloma tumour cells.
Aim and objectives To evaluate real life experience of daratumumab in monotherapy for the treatment of adult patients with relapsed refractory multiple myeloma (RRMM), who have previously received a proteasome inhibitor and an immunomodulatory agent and who have experienced disease progression since the last treatment.
Material and methods This was a multicentre, prospective, observational study, conducted over a period of 3 years in two third level hospitals, in 40 patients diagnosed with RRMM. To evaluate health outcomes, the following variables were measured: age, sex, number of previous lines, daratumumab cycles received, progression free survival (PFS) and adverse reactions.
Results Forty RRMM cases were analysed (80% men, 20% women). Mean age was 62 years. The health outcomes measured in our clinical practice were: 60% of patients received daratumumab as monotherapy, as thirdline treatment, 30% as fourthline treatment, and 10% as sixthline and seventhline treatment. The mean number of daratumab cycles was 7, except for one patient who has now completed cycle 27. Median PFS was 4 months. Only mild gastrointestinal adverse reactions (nausea and vomiting) were observed (20% of patients). The correct premedication was performed before and after daratumumab infusion, including 10 mg of oral montelukast (first infusion) and respecting the infusion times according to the technical datasheet.
Conclusion and relevance Health outcomes for daratumumab as monotherapy for the treatment of patients with RRMM were similar to those published in the combined trial gene 501 and SIRIUS. According to recent publications, daratumumab is likely to be more effective in combination with other drugs. Daratumumab is well tolerated in most patients and is therefore considered a safe treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-157 INTRAVENOUS BIOSIMILAR PRESCRIBING TRENDS IN A THIRD LEVEL SPANISH HOSPITAL

JM Vinuesa Hernando, R Gracia Piquer, R Fresquet Molina, FJ Campos Montellano, M Galindo Allueva, MJ Nebot Villacampa, M Arenere Mendoza, I Varela Martínez, T Salvador Gómez, MA Alcacera Lopez*. *Hospital Clínico Universitario Lozano Blesa, Pharmacy, Zaragoza, Spain*

10.1136/ejhpharm-2020-eahpconf.258

Background and importance Since the first biosimilar drug was authorised, medicine agencies have promoted their use. However, interchangeability or switching are different in each country, creating disparity in their use.
Aim and objectives To 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 biological reference products (BRP) and with their corresponding biosimilars since the arrival of each biosimilar until September 2019. We studied infliximab, rituximab