**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 analyze 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 travelling 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.

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

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**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, daclizumab and etanercept.