3PC-047 STUDY OF THE TRIGON DEPOT ALLERGY TEST (TRIAMCINOLONE AND EXCIPIENTS: CARBOXYMETHYLCELLULOSE, POLYSORBATE 80) DEVELOPED IN THE PHARMACY DEPARTMENT

¹P Pacheco*, ¹N Manresa-Ramón, ¹MA Meroño-Saura, ¹MÁ Carvajal-Sánchez, ¹S Clavijos-Bautista, ¹TM Rodríguez-Martínez, ¹C Fernández-Zamora, ¹J Ibañez-Caturla, ²AM Mora-González. ¹Hospital General Universitario Morales Meseguer, Pharmacy, Murcia, Spain; ²Hospital General Universitario Morales Meseguer, Allergology, Murcia, Spain

10.1136/ejhp-2020-eahpconf.94

Background and importance The development of skin tests is a booming diagnostic area in detecting the agent responsible for an allergic reaction.

Aim and objectives To describe the development and results of skin tests in the study of anaphylaxis by Trigon depot.

Material and methods A 52-year-old patient presented with generalised pruritus, local irritation and dyspnoea immediately after infiltration of Trigon depot. The allergology department asked the pharmacy department (PD) to prepare intraepidermal (prick test) and intradermal tests with the concentrated drug and serial dilutions of Trigon depot, triamcinolone, carboxymethylcellulose and polysorbate 80. The PD carried out a bibliographic search to determine the physical form of the components, and their physical-chemical characteristics and conservation. There were no specific data on dilutions to these tests, so we relied on Al-Hadithy *et al* (2011).

The PD evaluated the effectiveness by the results of the skin tests. Possible false positives were taken into account.

Results We manufactured Trigon depot 40 mg/mL prick tests (from commercialised vial), carboxymethylcellulose 5 mg/mL (from commercialised eye drops), triamcinolone 1 mg/mL (from the substance powder using a 0.22 µm filter) and polysorbate 80 (from docetaxel 20 mg/mL). The intradermal syringes of Trigon and carboxymethylcellulose were prepared at serial dilutions of 1:100 and 1:1000, and triamcinolone and polysorbate 80 at dilutions of 1:1, 1:10 and 1:100.

According to good manufacturing practices, the process was carried out in a horizontal laminar flow hood, except for polysorbate 80. Physical stability was evaluated by visual inspection to ensure homogeneity and it was packed in 1 mL syringes stored at 2–8°C for 48 hours protected from light. The results of the study were: negative skin tests for docetaxel (containing polysorbate 80) and triamcinolone; prick test with Trigon depot produced mild erythema; intradermal reaction with Trigon depot (1:100) was clearly positive with a 15×10 mm papule and erythema; and intradermal reaction with carboxymethyl cellulose (1:100) was positive with an 8 mm papule and erythema.

Conclusion and relevance In this multidisciplinary study, doctors and pharmacists have worked towards a common goal, the well being of the patient in the diagnosis of a rare anaphylactic reaction. It was concluded that the patient had undergone anaphylaxis due to carboxymethylcellulose contained in Trigon depot. This excipient is very common in the pharmaceutical industry. In fact, our patient had previously been exposed to Aquacel AG (contains carboxymethylcellulose) which acted as the primary sensitiser.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-048 IMPORTANCE OF NON-STERILE FORMULATION IN A PAEDIATRIC HOSPITAL

¹D Gavrus Ion, ¹JM Català Foguet, ¹M Sanchez Celma, ¹JA Cuartero Lozano, ¹M Villaronga Flaqué, ¹R Farre Riba, ²F Bossacoma Busquets*. ¹Hospital Sant Joan De Déu, Pharmacy, Esplugues De Llobregat, Spain; ²Hospital Sant Joan De Déu/Fundació Salut Empordà, Pharmacy, Esplugues De Llobregat, Spain

10.1136/ejhp-2020-eahpconf.95

Background and importance In a paediatric hospital, we often face the lack of commercially available medicines suitable or even licensed for use in paediatrics. Furthermore, authorised paediatric medicines, especially in younger children and neonates, may not always be age appropriate regarding dose, suitability of dosage forms and excipients. Compounding is the main solution to the problem, so the compounding area becomes essential in this type of centre.

Aim and objectives The objective was to detect the therapeutic groups (TG) which need the most compounded formulas in a paediatric hospital, to highlight the necessity of child friendly medicines.

Material and methods In 2018, a retrospective study was conducted analysing the different compounded formulas and amount of preparations, comparing data with the hospital formulary and classifying them according to specific therapeutic groups, in line with the anatomic, therapeutic, chemical classification system. Data were compared with the total hospital formulary references.

Results A total of 125 non-sterile compounded formulas with 105 different active ingredients were prepared, and were classified into compounded oral liquid forms (OLF), representing 46.5% of the total OLF of the hospital formulary, oral solid forms (OSF), representing 5.5% of the total OSF, and topical solid forms (TSO), representing 28% of the total TSO.

Conclusion and relevance The TG with the most need for compounded formulas were: cardiovascular disorders, digestive system and metabolism or nervous system. The hospital pharmacy of paediatric hospitals which care for complex patients

Abstract 3PC-048 Table 1

TG	OLF		OSF		TSO	
Formulas	Bottles	Formulas	Capsules	Formulas	Tubes	
Digestive and metabolism	18	2908	6	3350		
Blood and haematopoietic derivatives	1	76	2	1800		
Cardiovascular	23	3667	4	4830	4	280
Dermatological					2	45
Hormonal	4	651	1	600		
Anti-infective	7	138	1	400		
Antineoplastic and immunomodulatory	8	529	1	770	3	217
Musculoskeletal	4	108	10	22300		
Nervous	16	1622	5	2100	1	239
Antiparasitic					1	6
Respiratory	1	6				
Organs of the senses	1	78				
Several	1	3				