The data collected included patient demographics, diagnosis and antimicrobial prescribed (dose, route, duration), appropriateness of the prescription, recommendations made and its rate of acceptance.

Results Sixty-four patients were included: 65.6% men, mean age 70.2 (SD 17.4) years, 4.6% allergic to beta-lactams and 17.2% from a nursing home. The most common diagnoses were community acquired pneumonia (17.2%), respiratory tract infections (15.6%) and urinary tract infections (15.6%); 84.4% of patients were hospitalised. The empirical antimicrobials most prescribed were meropenem (28.1%), levofloxacin (17.2%) and amoxicillin-clavulanic (15.6%).

In 84.4%, patients were asked for cultures before starting antibiotic therapy. Inappropriate prescriptions according to the protocol accounted for 48.4%. Of these, 45% were excessive (either on spectrum or dose), 32% were insufficient and 22% were given to patients that had no infection.

We made 80 recommendations: 41.0% to continue treatment, 18.6% to discontinue treatment, 18.6% to decrease the spectrum, 13.8% to increase the spectrum, 5.0% to change to the oral route and 2.5% to decrease the dose. The acceptance rate was 93.8%.

Conclusion and relevance Even though a high ratio of prescriptions were considered inappropriate, a large percentage of the recommendations were accepted, which shows that our intervention was well received by the clinical staff. This could be explained by the involvement of a multidisciplinary group and direct interaction with physicians. Such an educational approach might be highly effective in improving future antibiotic prescriptions in the ED.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-055 EVALUATION OF USE, EFFECTIVENESS AND SAFETY OF ISAVUCONAZOL

CA Alonso Peralta*, CM Valencia Soto, A Illaro Uranga, RM Gonzalez Franco, B Rogado Vegas, J Casanova Vázquez, P Del Rio Ortega, M Rioja Carrera, I Aragon Gracia, L Perez-Periáñez Orillo, M Valero Domínguez. *Hospital Universitario Marqués De Valdecilla, Farmacia Hospitalaria, Santander, Spain*

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Background and importance Isavuconazole (ISA) is an authorised antifungal for the treatment of invasive fungal infection (IFI) by *Aspergillus* in adult patients in which amphotericin B is not appropriate.

Aim and objectives To assess the conditions of use and effectiveness of ISA versus voriconazole (VORI) compared with the SECURE pivotal study in a third level hospital, and describe adverse events in the ISA group.

Material and methods An observational, retrospective study was conducted between September 2018 and September 2019. Variables collected were sex, age, type of infection, causative fungus, duration of treatment and immunosuppressive treatment. Clinical response (CR), considered as resolution of symptoms and no need for subsequent antifungals, was used to evaluate the effectiveness of ISA and VORI. For safety, adverse events (AEs) were recorded. Data compilation was carried out through assisted electronic prescription and electronic medical history. Comparison of proportions was made using the χ^2 test (R-commander).

Results During the study period, 32 patients were analysed (10 ISA vs 22 VORI). Median age was 54.5 versus 66.5 years (IR 46.25–60; 58–77.5) and the percentage of men was 90% versus 68%.

IFI tested by cultures occurred in 60% versus 54% of patients. Fungal species detected were (number): *Aspergillus fumigatus* (2 vs 8), *A. flavus* (2 vs 0), *A. niger* (1 vs 0), *A. terreus* (0 vs 2), *A. sydowii* (0 vs 1), *Candida lusitanae* (1 vs 0) and *Lichtheimia* (1 vs 0). The rest were diagnosed as probable IFI (positive galactomannan ag test or CT image).

Median duration of treatment was 49 versus 15 days (IR: 14.25–73.5; 11–44.5). CR was achieved in 3 patients (30%) with ISA versus 10 (45%) with VORI ($p=0.4093$). The AEs registered for ISA were liver disorders ($n=3$), phlebitis ($n=1$), diarrhoea ($n=1$) and grade 2 cytopenias ($n=1$). Dose adjustment was required in three patients due to interaction with immunosuppressants.

Conclusion and relevance Among our population, ISA was a relatively effective and safe alternative, without relevant differences compared with VORI in terms of effectiveness, according to the SECURE pivotal study. A larger sample size would be necessary to verify these data.

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4CPS-056 PROPER USE OF ANTIFUNGALS: IMPLEMENTATION OF OPERATIONAL MULTIDISCIPLINARY TEAMS DEDICATED TO ANTIFUNGALS

¹P Audureau*, ¹F Meyer, ²A Charmillon, ²S Henard, ^{1,3}B Demore. ¹University Hospital Nancy-Brabois Adults Hospital, Pharmacy Department, Vandoeuvre-Lès-Nancy, France; ²University Hospital Nancy-Brabois Adults Hospital, Infectious and Tropical Diseases Department, Vandoeuvre-Lès-Nancy, France; ³Lorraine University, Ea 4360 Apemac, Nancy, France

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Background and importance There is an urgent need to establish the proper systemic use of antifungals because of drug resistance and a limited therapeutic arsenal. In June 2018, we created two operational multidisciplinary teams, each comprising a pharmacy resident and an infectious diseases specialist. With prescription assistant software and a data gathering document, residents analysed and validated prescriptions daily. They reappraised each case with the infectious diseases specialist once a week.

Aim and objectives To produce a summarised report of the analyses on antifungal prescriptions. This report allowed us to measure the performance of the newly created operational multidisciplinary teams.

Material and methods All antifungal prescriptions given to adults, oral and intravenous, were analysed in a prospective way from 18 June 2018 to 1 March 2019. The data gathered were patient identity, antifungal prescriptions (molecule, start date, posology and administration route), antifungal indication, patient biological check-up, and clinical and biological proofs. For each prescription, we evaluated the relevance of the indication and the overall compliance with the prescription.

Results A total of 653 prescriptions were analysed for this study, relating to 383 patients. On average, residents analysed