

age 59 years (range 41–83); 62.5% men). The median number of bags per patient was 13.5 (range 3–66).

Conclusion and relevance The CPRP in the pharmacy service increases the safety of administration, allows preparation under aseptic conditions and enables the optimisation of available stock. As it contains more volume, it facilitates the work and protects the nursing staff by reducing the frequency of contact with the patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-037 ANALYSIS OF DRUG DISPENSES OUTSIDE THE HOSPITAL GUIDE IN A PSYCHIATRIC HOSPITAL

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Background and importance It is very important to analyse the dispensing conditions of all drugs outside the hospital guide in order to update the pharmacotherapeutic guide when appropriate, and thus minimise out-of-guide prescriptions when there is insufficient evidence.

Aim and objectives To evaluate prescriptions for drugs not included in the pharmacotherapeutic guide to advise the medical director on their approval.

Material and methods Data were collected for all medications not included in the pharmacotherapeutic guide requested from the hospital pharmacy service throughout the year. Analysis of the data was carried out, differentiating two types of situations: (a) medications not susceptible to therapeutic exchange; and (b) medications of low therapeutic usefulness (LTU) according to the pharmacotherapeutic guide of the Murcian Health Service.

The characteristics of LTU drugs were: (a) their therapeutic usefulness had not been proven in clinical studies carried out under adequate conditions; (b) insufficient benefit–risk ratio; (c) associations not recommended, such as those in which the combination of two or more drugs does not provide any advantage over the administration of the drugs separately or those that include a drug of low therapeutic utility.

Results 66 treatments with medications not included in the guide were collected, corresponding to 40 different patients, for a total of 190 dispensations. 52 (79%) were not interchangeable and 14 (21%) were LTU drugs. Three pharmacological groups accounted for 33.3% of all treatments: urinary antispasmodics, antidepressants (both 12.1%) and antiasthmatics (9.1%).

Conclusion and relevance Most of the expenditure on drugs not included in the hospital guide was from the acquisition of drugs for which it was assumed that there was no other interchangeable option in the pharmacotherapeutic guide. Three pharmacological groups accounted for a third of the total cost of these drugs. For this reason, the actions in these groups should be prioritised, proposing their replacement, whenever possible, and evaluating the possibility of including them in the hospital guide, thereby reducing the cost of acquisition.

In view of the results, the pharmacy and therapeutics commission decided to include one of the antidepressants in the hospital guideline due to its cost–benefit. It might be advisable to reinforce the pharmacist's interventions in this regard to

instil in prescribers the importance of adjusting the treatment to the hospital guidelines.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-038 BEVACIZUMAB VERSUS RANIBIZUMAB IN OPHTHALMOLOGY OUTPATIENT SURGERY

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Background and importance Bevacizumab has an off-label indication for the treatment of neovascular age related macular degeneration, as well as loss of vision due to diabetic macular oedema, proliferative diabetic retinopathy and loss of vision due to macular oedema secondary to retinal vein occlusion. Despite the emergence of a new therapeutic alternative, ranibizumab, for the same therapeutic indications and in an approved formulation for intravitreal administration, bevacizumab continues to be widely used in most hospitals. This is mainly due to economic criteria in the selection and acquisition purchase of medicines.

Aim and objectives Since the Centro Hospitalar Universitário Cova da Beira (CHUCB) introduced in September 2019 ranibizumab for cases refractory to treatment with bevacizumab, we decided to investigate the impact on patients treated for these pathologies as well as the economic impact resulting from this change.

Material and methods A 1 year study was carried out between October 2019 and September 2020, including patients treated with bevacizumab and ranibizumab for ophthalmic use at the CHUCB. Bevacizumab is available as a concentrate for solution for infusion (100 mg/4 mL), so the preparation of syringes containing the recommended dose of 2 mg/0.08 mL is performed in the pharmaceutical services on the day of administration, under controlled and validated aseptic conditions. Ranibizumab is available in an intravitreal syringe, so there is no manipulation by the pharmaceutical services.

Results In a total of 83 treated patients, 25 were treated with ranibizumab, after previous therapeutic failure of bevacizumab, corresponding to 30% of therapeutic failures. A total of 343 treatments were carried out with bevacizumab, which corresponded to an average value of 27.81€ per treatment, and 148 treatments with ranibizumab, which corresponded to an average value of 585.43€ per treatment. Patients currently treated with bevacizumab lost therapeutic response after, on average, nine treatments, after which the therapeutic switch was made.

Conclusion and relevance With a therapeutic success rate of around 70%, we conclude that there is therapeutic efficacy that supports the application of economic criteria in the selection of bevacizumab as the firstline treatment for the ophthalmic pathologies under study. Therefore, ranibizumab may be used as a secondline treatment, without compromising the effectiveness and safety of the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest