the remaining RCT, checklist recommended a 'null' application of subgroup analysis for PFS because of inconsistency of results.

Conclusion and relevance No differences in OS or PFS according to baseline hepatic function should be considered for daratumumab based combinations in patients with untreated MM. Patients with normal hepatic function and HI could benefit from treatment. Application of subgroup analysis should be considered with caution.

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Conflict of interest Corporate sponsored research or other substantive relationships

MDG-S: membership of an advisory board (consultation fees) and lecture for Janssen Pharmaceutica (reimbursement for attending symposia). The other authors have no conflicts of interest to declare

2SPD-035 BIOLOGICAL THERAPIES EFFECTIVENESS COMPARISON FOR PATIENTS WITH SEVERE-MODERATE PSORIASIS

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Background and importance The current treatment of psoriasis aims to maintain control of skin involvement and systemic inflammation, as well as prevention of the onset or progression of systemic comorbidities and depends on the severity of the disease.

Aim and objectives The objective was to perform a comparison of the most common therapies in the treatment of patients with moderate to severe psoriasis used as an alternative to tumour necrosis factor- α inhibitors (anti-TNF α).

Material and methods The therapies included were found after a systematic search performed in Pubmed. The analysis included randomised, double-blind, phase III controlled trials, non-TNF targeted therapies and PASI75 measurement after 12–16 weeks of treatment. The analysis was performed using the R software to estimate Bayesian statistics, with risankizumab taken as a reference for the comparison.

A delta value of 14%, as provided by the regulatory agencies FDA and EMA, was used to determine the margin (maximum acceptable difference as a non-inferiority criteria), and the average PASI75 response was set at 12 weeks of risankizumab at 79% (95% CI 74 to 84) (ULTIMMA1 and ULTIMA2 trials). To establish therapeutic positioning, the ATE (equivalent therapeutic alternatives in Spanish) guide criteria were applied.

Results 20 clinical trials were included, containing the following drugs: risankizumab, tildrakizumab, guselkumab, brodalumab, ixekizumab, secukinumab and ustekinumab. An equivalence margin expressed as odds ratio (OR) was established from 0.46 to 2.11. The results of the different treatments against risankizumab (reference) expressed as OR (95% CI) were: 1 (0.89 to 1.21) for brodalumab, 1.39 (1.13 to 1.94) for ixekizumab, 0.84 (0.0.68 to 1.13) for secukinumab,

1.21 (0.79 to 2.15) for guselkumab, 0.35 (0.28 to 0.41) for tildrakizumab and 0.47 (0.3 to 0.75) for ustekinumab.

Conclusion and relevance Brodalumab and secukinumab were identified as risankizumab equivalent. For ixekizumab, it can be considered as a clinical equivalent, even though statistically significant differences (ixekizumab > risankizumab) were observed but they were clinically irrelevant. In the case of guselkumab, it can be labelled as a possible clinical equivalent as the 95% CI exceeded the equivalence margin, but it is unclear if such a difference exists (being statistically non-significant). Ustekinumab and tildrakizumab cannot be considered equivalent; the former had likely relevant and statistically significant differences (50% of its 95% CI was outside the equivalence range), and tildrakizumab had clearly relevant and statistically significant differences as all of its 95% CI was outside the equivalence range.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-036 CENTRALISED PROPOFOL RECONDITIONING PROCEDURE DURING COVID-19

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Background and importance Because of the current pandemic, it was necessary to create an intensive care unit (ICU) in our hospital. This meant an increase in the consumption of propofol and the associated supply problems. It was necessary to develop a procedure to rationalise its use and administration.

Aim and objectives To describe the centralisation in the hospital pharmacy service of the reconditioning of propofol in bags to optimise its administration in the ICU during the COVID-19 pandemic.

Material and methods The ICU contacted the pharmacy service to express the need for higher volume presentations of propofol. In response, a literature review was conducted to ascertain the possibility of reconditioning propofol in higher volume containers. The stability of propofol in different primary packaging materials was reviewed to select the most appropriate. The risk matrix for sterile preparations from the 'Guide to good practice in the preparation of medicines in hospital pharmacy services' was applied to draw up the standard working procedure and to establish the processing conditions, stability of the preparation and storage conditions. A centralised propofol reconditioning procedure (CPRP) was established in the pharmacy service: under sterile conditions, transfer the propofol into an ethylene-vinyl-acetate bag to obtain a final volume of 500 mL (10 mg/mL) (using a 0.22 μ m filter if the initial packaging is glass). It was sealed, labelled and packed in a photo protective bag. The established stability was 7 days refrigerated or 30 hours at room temperature.

A descriptive retrospective study was carried out from its implementation (20 March 2020) to the date of closure of the ICU (5 May 2020) to determine the volume of reconditioned propofol and number of patients treated. Data were collected from the electronic medical record and pharmacy programmes.

Results During this period, 258 propofol bags were produced. Reconditioned propofol was dispensed to 16 patients (median

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

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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