Abstract 2SPD-020 Table 1

Parameter	Period 1	Period 2
Patients (n)	91	94
Adant One (% of patients)	85.10	52.12
Adant (% of patients)	14.89	14.89
Hyalone (% of patients)	–	32.97
Adant One cost (€)	5776.53	3367.39
Adant cost (€)	495	363
Hyalone cost (€)	–	2803.8
Total costs (€)	6271.53	6534.14

Aim and objectives To evaluate the healthcare and economic impact of the incorporation of a new presentation of hyaluronic acid in the intra-articular infiltration protocol of a regional hospital.

Material and methods Retrospective observational study and economic analysis of drugs used in intra-articular infiltration, comparing a period (period 1) prior to the update of the protocol (April 2019–April 2020), with another period (period 2) 1 year after the implementation of the protocol (April 2020–April 2021). Data were obtained from the electronic prescription program (number of patients, number of dispensations as well as cost per drug and total cost).

Results The data obtained are given in Table 1.

In period 1, the Rehabilitation Service was the service that performed the most infiltrations (52.5% of the total patients treated with Adant One) and 92.85% of the total patients treated with Adant. In period 2, Adant One was used in a similar way. In the case of Hyalone, 96.77% was used by the Rehabilitation Service.

Conclusion and relevance The introduction of the new presentation of hyaluronic acid allowed a better individualisation of the treatment of intra-articular infiltrations and did not lead to a noticeable cost increase.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-025 ACALABRUTINIB + OBINUTUZUMAB VERSUS IBRUTINIB + OBINUTUZUMAB AS FIRST LINE IN CHRONIC LYMPHOCYTIC LEUKEMIA

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Background and importance Acalabrutinib + obinutuzumab is authorised for the treatment of previously untreated patients with chronic lymphocytic leukemia (UPCLL), such as ibrutinib. Since comparative studies are not yet available, an indirect comparison (IC) between them could be of special interest.

Aim and objectives To establish, through an IC versus obinutuzumab + clorambucil, whether acalabrutinib + obinutuzumab and ibrutinib + obinutuzumab can be considered equivalent therapeutic alternatives (ETA) in efficacy in the treatment of UPCLL.

Material and methods A PubMed search of pivotal clinical trials (CTs) responsible for the authorisation of both drugs was performed. Progression-free survival (PFS) results were taken as the main variable for comparison. IC were performed using the Bucher method (indirect treatment comparisons calculator, Canadian Health Technology Assessment Agency) of UPCLL from both trials. The reference value used for the sample calculation in ibrutinib + obinutuzumab CT was hazard ratio (HR)=0.55 and HR=0.60 in acalabrutinib + obinutuzumab CT, therefore a delta (Δ) of 0.6 was set as the most clinically relevant value. With this value, acalabrutinib + obinutuzumab was compared with ibrutinib + obinutuzumab in PFS and the results were analysed to see if the confidence intervals (95% CI) were within the ±Δ interval. The methodology of the Spanish ETA-Guide[1] (a tool that allows assessment of the clinical equivalence of two or more drugs and position them) was applied.

Results Two CTs were found, one with acalabrutinib + obinutuzumab and another with ibrutinib + obinutuzumab, both against obinutuzumab + clorambucil as a common comparator. Both studies had a similar methodology. However, in the ibrutinib + obinutuzumab trial, patients with small lymphocytic lymphoma were included, although they were minority (5%). This limitation for IC was accepted. After applying the Bucher method, a HR=0.435 (95% CI 0.218 to 0.866) was obtained for acalabrutinib + obinutuzumab versus ibrutinib + obinutuzumab. According to the ETA-Guide, in the comparative efficacy of both drugs, a D position was obtained: graphically, the 95% CI was positioned almost completely within the ±Δ interval. Therefore, the difference is probably irrelevant. However, as treatment failure involves a serious prejudice for the patient, according to this guide they would be considered not ETA.

Conclusion and relevance According to the ETA criteria, acalabrutinib + obinutuzumab and ibrutinib + obinutuzumab could not be considered ETA, since after IC a greater benefit was observed with acalabrutinib + obinutuzumab. Nevertheless, safety and efficiency criteria should also be taken into account.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. *Med Clin (Barc)* 2014;**143**(2):85–90.

Conflict of interest No conflict of interest

2SPD-027 MEDICATION STORAGE TEMPERATURES INSIDE EMERGENCY VEHICLES: A PILOT STUDY IN A TEMPERATE CLIMATE COUNTRY

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Background and importance Emergency vehicles carry crucial medicines that face the same storage conditions required by pharmaceutical regulations. Nonetheless, it has been shown, mostly in North America, that out-of-hospital storage environments tend to exceed these requirements through exposure to extreme temperatures, sunlight or vibrations leading to possible drug alterations.

Aim and objectives Our pilot study aimed to determine whether the interior of observed emergency medical and non-