Conclusion and relevance Cost-effectiveness of CAR-T therapies depends on its long-term results, the duration of the study conducted, and the cure rate used of the clinical study. Because of this, pharmacoeconomic studies in CAR-T exhibit certain limitations and could not be robust tools for decision-making solely based on their findings. There is a need to develop pharmacoeconomic methods that can avoid the uncertainty of many assumptions and incorporate more data, including real-life data.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

Section 3: Production and compounding

3PC-001 CHOLESTEROL 2%/SIMVASTATIN 1% OINTMENT FOR THE TREATMENT OF POROKERATOSIS PTYCHOTROPICA: A CASE REPORT

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Background and importance Porokeratosis is a rare group of diseases characterised by annular keratotic plaques due to altered skin keratinisation. It is associated with mutations in the mevalonate pathway that cause the accumulation of toxic metabolites in the skin and the lack of the end product, cholesterol. Due to the small number of cases, therapeutic options are limited. The dual combination of cholesterol with an HMG-CoA-inhibitor (to avoid accumulation of toxic metabolites) can be a promising strategy to improve cutaneous lesions.
Aim and objectives A 53-year-old male was diagnosed with perianal ptychotropic porokeratosis (PP) in 2012. He underwent multiple topical treatments: imiquimod, diclofenac, tacalcitol, calcipotriol, calcitriol and photodynamic therapy, all of which were unsuccessful. The pharmacy service was asked to develop a cholesterol 2%/lovastatin 2% ointment, based on a series of cases of other forms of porokeratosis, in which this formulation was successful.
Material and methods Design and validation of a topical formulation of cholesterol 2%/simvastatin 1%. Since lovastatin was not commercially available as a raw material in our setting, the equivalence was made to simvastatin (2:1).

Evaluation of the formulation's effectiveness by physician global assessment (PGA) based on clinical appearance and patient adherence and tolerance by pharmacist interview.
Results Cholesterol 2%/simvastatin 1% ointment was formulated on a petroleum jelly basis, as this provides a source of lipids to the stratum corneum and helps improve skin barrier function. The galenic validation of the preparation – organoleptic characteristics (colour, odour, occlusiveness, extensibility and consistency), homogeneity of particles and exudation – was adequate and remained stable. A shelf-life of 6 months at room temperature, protected from light, was granted.

The patient self-applied the ointment twice a day for 6 months, and then once a day for the next 6 months. The lesions improved from a PGA of 3 to 1 and discomfort decreased. The patient tolerated well the treatment and showed adequate compliance (85%). He did not experience any adverse events and his satisfaction rating was 4.5/5.

Conclusion and relevance Cholesterol 2%/simvastatin 1% ointment improved both cutaneous lesions and symptomatology in a single patient with PP that had not improved with previous therapies, showing an adequate safety profile and low cost.

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3PC-002 GLASS AMPOULES AND DRUG FILTRATION: HOW MUCH DO WE KNOW ABOUT IT?

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Background and importance Glass ampoules (GA) have many advantages but many disadvantages too, like detachment of microscopic glass particles over the drug on opening that may cause phlebitis, embolism and other side effects during administration. To prevent these problems, the use of filters is recommended before drug administration. Nevertheless, filters are priceless and are incompatible with many drugs.
Aim and objectives Identify comercialised ampoule drugs available in our pharmacy service (PS), check those contained within glass ampoules, and bibliographic review of the drugs' compatibility with filters.
Material and methods We used our informatics program FarmaTools to obtain a list of drugs contained in ampoules available in our PS. Then we verified physically the material that these ampoules were made of. Finally, we conducted a bibliographic review of the drugs to check their compatibility with filters by using the keywords 'ampoule' and 'filter' in Micromedex, the individual drug data sheets and the Handbook on Injectable Drugs (17th edn.).
Results There are 1870 drugs available in our PS, of which 136 (7.27%) are packaged in ampoules. Of these, 12.50% of the ampoules were made of plastic and the remaining 87.50% were made of glass. No report on filter compatibility was found in 75.63% of drugs contained in GA. With respect to the remaining 24.37%, only 3.36% were incompatible with filters and the remaining 21.01% were compatible with 0.22, 0.45 and 5 micron filters.
Conclusion and relevance

- Most of the drugs are packaged in ampoules made of glass.
- There is no evidence about drugs' compatibility with filters, but for those drugs that such evidence exists, the majority are compatible with filters.
- Despite the evidence about these problems related to opening GA, the information available about drugs' compatibility is limited and more studies are needed.

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