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

5PSQ-121 IMPORTANCE OF CONCILIATION IN IMMUNOSUPPRESSANT TREATMENT

M Rodriguez Jorge, I Castañeda Macías, I García Giménez*. *Hospital Juan Ramón Jimenez, Pharmacy, Huelva, Spain*

10.1136/ejhpharm-2022-eahp.329

Background and importance The risk associated with contraindicated administration or omission of doses of a treatment is increased in the case of immunosuppressive drugs due to their narrow therapeutic margin, with small differences between therapeutic and toxic doses.
Aim and objectives The aim of this study was to investigate whether the immunosuppressive drugs prescribed to hospital inpatients is correct, and to emphasise the role of the pharmacist in medication conciliation.
Material and methods A prospective analytical study was performed in a second-level hospital for a period of 4 months. Every patient admitted who was being treated with immunosuppressive drugs was included.

Patients with immunosuppressant treatment were analysed and their medication was reconciled with the help of the Diraya digital history software and, in the case of discordance between their home medication and the prescribed medication, the prescribing physician was contacted. The variables collected were: demographic data, immunosuppressive treatment, hospital service, error type, intervention by the pharmacist and whether this was accepted by the physician.
Results A total of 34 patients were included in the study, with a mean age of 59±13 years (53% men). Of all the patients, 41% (14 patients) had errors in their immunosuppressive treatment regimen, and the pharmacist intervened in all of them. However, in 2 patients the intervention was not assessable since they were discharged on the same day of admission.

All errors occurred with the different types of tacrolimus and mycophenolate.

The emergency department was the worst at prescribing immunosuppressive drugs, with 8 patients (57%). The remaining patients were: 2 in vascular surgery, 2 in nephrology, 1 in pneumology and 1 in psychiatry.

In 9 patients (75%), the dose was incorrectly prescribed. In 2 other patients there were treatment omissions, and in another there was an error in prescribing the form of treatment release.

Most of the interventions performed by the pharmacy service were accepted by the physician (75%), modifying the immunosuppressive regimen.
Conclusion and relevance The conciliation process is aimed at detecting and correcting possible medication errors that may have gone unnoticed.

The importance of this process on the part of the pharmacist is enhanced with vitally important drugs such as immunosuppressive drugs, and in hospital services where the workload is heavy such as the emergency department.

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

5PSQ-122 EXPERIENCE OF BARICITINIB-REMDESIVIR USE IN PATIENTS WITH SARS-COV-2 INFECTION

M Gragera Gómez*, C Redondo Galán, MD Rivas Rodriguez, A Rojas Albarrán, A Gil García, JF Rangel Mayoral. *Badajoz University Hospital, Pharmacy, Badajoz, Spain*

10.1136/ejhpharm-2022-eahp.330

Background and importance The rapid emergence of SARS-CoV-2 has led to the development of numerous treatments in a short period of time. The need for clinical expertise is vital for better care and follow-up of the hospitalized patient. Baricitinib and remdesivir are two treatments that can be used in combination and have been studied in some clinical trials.
Aim and objectives The aim of this study was to describe the clinical experience of the baricitinib-remdesivir combination in a tertiary hospital, as well as to analyse the adverse event (AE) profile.
Material and methods Observational, descriptive, restrospective and multidisciplinary study of all patients treated with baricitinib-remdesivir from January 2020 to September 2021. The variables collected from the clinical history and the inpatient module (Farmatools) were: age, sex, comorbidities, days of hospital stay, deaths, compliance with treatment criteria and AEs.
Results From the 50 patients studied with the baricitinib-remdesivir combination, 68% (n=34) were men, with an average age of 66 (range 22–94) years. The median days of hospitalisation was 10 (range 4–142).

80% (n=40) of patients presented comorbidities mainly: cardiovascular problems (61%), obesity (15%), obstructive pulmonary disease (14%) and toxic habits (10%).

The number of deaths was 14 (28%), 71% (n=10) were during the hospital stay.

In terms of satisfying the hospital's criteria for the initiation of treatment, 32% (n=16) of patients were not candidates.
AEs observed were 22% (n=11) infections, 8% (n=4) cardiotoxicity, 8% (n=4) hepatotoxicity and 4% (n=2) vascular events. Treatment was suspended in 4 episodes, due to a positive Quantiferon test (n=3) and due to a thromboembolic phenomenon (n=1). Of the 16 patients who did not fulfil treatment criteria, 6 presented an AE (37.5%).
Conclusion and relevance 32% of the patients were not candidates for treatment, according to the hospital pharmacotherapeutic protocol. This may lead to an increase in the number of AEs. However, more studies with larger sample sizes are needed to obtain more evidence and consistent data.

Treatment should be promoted and monitored only in patients who meet the inclusion criteria, which would lead to a much more efficient and safer pharmacotherapy.

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

5PSQ-124 THE ROLE OF THE CLINICAL PHARMACIST IN AVOIDING MEDICATION ERRORS IN A CLINICAL RESEARCH ONCO-HAEMATOLOGIC UNIT

P Garcia Ortega*, E Serramontmany Morante, L Garcia Basas, P Latorre García, P Rovira Torres, L Manos Pujol, I Cidoncha Muñoz, MQ Gorgas Torner. *Vall d'Hebron University Hospital, Clinical Research Onco-Hematologic Pharmacy Unit, Barcelona, Spain*

10.1136/ejhpharm-2022-eahp.331