Background and importance The complexity in the design and execution of clinical trials has created the need to coordinate a multidisciplinary team in which the pharmacist has a fundamental role to avoid medication errors (ME).

ME are especially important in clinical trials since any minimal deviation in the protocol can lead to the patient leaving the study.

Aim and objectives To analyse the medication errors detected in the clinical trials area of the Clinical Research Onco-Hematologic Pharmacy Unit, in order to identify the points of greatest risk and establish improvement measures.

Material and methods A prospective analysis of medication errors detected during 6 months (January 2021–June 2021) was conducted by pharmacists in the Clinical Research Onco-Hematologic Pharmacy Unit in the course of their activity. At the same time, the errors detected during the validation of the medical prescriptions and during the quality control of the intravenous preparations were analysed.

Results A total of 250 errors were recorded. Most of the errors detected (n=135; 54%) originated in the prescription process, of which the most frequent were: error in the patient's weight (31.11%), the prescription of an incorrect dose (26.67%), prescribing the wrong chemotherapy regimen (17.78%), errors in the confirmation of treatment (8.15%), and others (16.29%). In 8 (5.93%) cases, the error reached the patient. None of these caused serious consequences.

Regarding the preparation process, 115 (46%) errors were detected. 63.47% were due to errors in the conservation specifications: 57.39% storage temperature specifications and 6.08% related to photoprotection. 21.90% confusions that required a repeat of the preparation and 20% that referred to infusion systems.

Conclusion and relevance Most of the ME that occured in the Clinical Clinical Research Onco-Hematologic Pharmacy Unit are intercepted before they reach the patient. Most of them were generated in the prescription process, mainly due to an error in the patient's weight.

The information obtained in this analysis reinforces the role of the clinical pharmacist in avoiding errors and improving measures to increase patients' safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-125 THE IDENTIFICATION OF HEALTH CONSEQUENCES ASSOCIATED WITH COUNTERFEIT MEDICINE AND ILLEGAL HEALTH PRODUCT APPLICATION USING PHARMACOVIGILANCE DATA

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Background and importance Information on the health damage caused by counterfeit medicines and healthcare products is not, or is only rarely found, in the scientific literature. As a result it is difficult to determine or describe in clinical practice the extent and probability of drug-related problems originating from these products and how to identify these harms in a hospital setting.

Aim and objectives Our aim was to assess the active pharmaceutical ingredients affected, the extent and characteristics of health consequences related to counterfeit medications based on the accessible product alerts and pharmacovigilance data.

Material and methods In addition to doing a literature search, we reviewed the World Health Organization (WHO) Medical Products Alert publications in the last 20 years and collected adverse drug reactions indicating a counterfeit medicine in the WHO VigiAccess database. Furthermore, we analysed the counterfeit medicine-related adverse drug reactions in the US Food and Drug Administration (FDA) Adverse Events Reporting System (FAERS) database.

Results The top 12 most commonly involved active substances internationally were alprazolam, amoxicillin/clavulanic acid, bevacizumab, diazepam, phenobarbital, flunitrazepam, glibenclamide, heparin, insulin, levonorgestrel, sildenafil and tadalafil. Between 2003 and 2020 in the FAERS database, we identified 3868 falsified drug-related adverse drug reactions, and in the last 5 years an average of 300–500 cases, which represents 0.018% of all reported adverse drug reactions. Based on the FAERS cases we have identified less predictable adverse drug reactions as well, with PDE-5 inhibitors causing vision loss and eye bleeding, and alprazolam causing foaming mouth and suicide attempt.

Conclusion and relevance Our study showed that pharmacovigilance and toxicovigilance data are suitable for the identification and detection of health damage caused by counterfeit drugs. With the national adaptation and the development of a specific prospective data collection methodology in the clinical setting, it may also be possible to identify cases in Hungary, which will be a great step towards the prevention of patients' health damage and death related to these products. We believe that clinical pharmacists should play a more definite role in adverse drug reaction identification and toxicovigilance.

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5PSQ-127 THE IMPACT OF COMEDICATION ON POTENTIAL LIVER TOXICITY OF REMDESIVIR: A DESCRIPTIVE, RETROSPECTIVE ANALYSIS OF HOSPITALISED COVID-19 PATIENTS

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Background and importance Although the safety of remdesivir has been shown previously, liver toxicity is an ongoing concern. Additionally, case reports were published suggesting a possible interaction between remdesivir and Cyp3A4 and/or P-glycoprotein (P-gp) inhibitors, resulting in liver toxicity. COVID-19 infection itself may cause liver toxicity through various mechanisms.

Aim and objectives The aim of this analysis was to evaluate the impact of concomitant medication of COVID-19 patients on liver toxicity of remdesivir.

Material and methods This descriptive, retrospective analysis included hospitalised COVID-19 patients treated in regular wards from February to April 2021. Remdesivir was prescribed according to the hospital's standard operating procedure (SOP). Treatment with remdesivir was only initiated in patients with evidence of COVID-19 pneumonia and symptom onset to hospital admission ≤7 days. Patients with pneumonia and high risk of bacterial infection received ceftriaxone as