inpatient pharmacy and outpatient pharmacy orders were verified through remote access.

**Conclusion and relevance** In conclusion, the implementation of telepharmacy via the utilization of medication home delivery services, remote access, and modification of the previous workflow was associated with promising outcomes in terms of efficient, high-quality pharmaceutical care delivery while avoiding medication distribution disturbances as well as containing the spread of the pandemic among staff and patients, thus ensuring their safety during this crisis.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

**2SPD-003** **TELEPHARMACY IN ONCO-HAEMATOLOGIC PATIENTS: A 7-MONTH EXPERIENCE**


Hospital Universitario Marqués de Valdecilla, Pharmacy Service, Santander, Spain

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**Background and importance** Telepharmacy delivers pharmaceutical care services from a distance through information and communication technologies, avoiding patient attendance at the hospital. Until now, our hospital Onco-haematology Pharmacy Unit dispensed oral and subcutaneous treatments only in person. These onco-haematologic patients are usually a very fragile population.

**Aim and objectives** To describe the telepharmacy system for onco-haematological patients implemented at our hospital and its results in terms of activity and patient satisfaction.

**Material and methods** In collaboration with medical services and supported by the hospital management staff, onco-haematologic patients with oral or subcutaneous drugs prescribed and at least one of the following criteria were included: medical consultation through telemedicine, chronic stable disease with good adherence or paediatric haematologic patients whose dose adjustments require laboratory results.

A separate room with computer, mobile phone, webcam and headphones was set up. One oncology pharmacist and one pharmacy technician were allocated part time. Delivery of the dispensed treatment to the patient was arranged through community pharmacies and their regular distributor. Confidentiality was warranted through all the delivery process.

During a 7-month period, a satisfaction survey that enquired about the service and graded several items from 1 (very unsatisfied) to 5 (very satisfied) was conducted with a sample of 40 patients. Patients subjected to the survey were randomly selected by date of attendance (last day of the month from June to September) until the target of 40 completed surveys was attained.

**Results** During this period, 8494 patients attended the Onco-haematology Pharmacy Unit and 19.8% (n=1681), an average of 10 patients per day, were via telepharmacy. Of the 40 patients surveyed, 88.4% were very satisfied with the information received about their treatment during the telematic pharmaceutical consultation, 95.3% were very satisfied with the confidentiality maintained during the telematic pharmaceutical consultation, 90.7% were very satisfied with the conditioning of the medication for delivery and 93% were very satisfied with the overall experience. The lowest grade obtained in the overall responses was a single score of 3 for the conditioning item.

**Conclusion and relevance** According to the results obtained, telepharmacy in onco-haematologic patients is a high-value practice that fulfils the needs of these selected patients and it is thought highly of by them.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

**2SPD-012** **IMMUNOTHERAPY IN PATIENTS WITH NON-SMALL CELL LUNG CANCER: EFFECTIVENESS AND SAFETY IN REAL LIFE**

R Tamayo Bermejo*, JC Del Rio Valencia, B Mora Rodriguez, I Munoz Castillo. Regional University Hospital of Malaga, Pharmacy Department, Malaga, Spain

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**Background and importance** The high cost of immunotherapy makes it necessary to assess health outcomes in real life, which can help in decision-making.

**Aim and objectives** The current study aimed to analyse the effectiveness and safety of immunotherapy in second-line treatment in adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) in real life.

**Material and methods** Retrospective and observational study. All patients with locally advanced or metastatic NSCLC treated with nivolumab, pembrolizumab and atezolizumab monotherapy as second-line treatment between April 2017 and April 2020 were included.

Outcomes collected were: overall survival (OS) and progression-free survival (PFS). All adverse effects (AE) were recorded according to CTCAE v4.3 criteria.

Data were collected from the electronic clinical history and electronic prescribing software. The Kaplan–Meier method was used to calculate PFS and OS. SPSS v17 was used to perform statistical calculations.

**Results** 104 patients were included in this study: N=40 nivolumab, N=29 pembrolizumab and N=35 atezolizumab. Median age was 62.93±9.20, 64.92±11.69 and 59.86±11.60 years, respectively. 74.7% were men and 67.8% were ECOG-1.

Nivolumab showed an OS of 6.4 months (95% CI 2.81 to 9.98) and a PFS of 3 months (95% CI 1.14 to 4.25), pembrolizumab-treated patients had a median OS of 8 months (95% CI 3.05 to 12.94) and median PFS of 3.5 months (95% CI 2.4 to 4.6). The use of atezolizumab demonstrated an OS of 6.33 months (95% CI 4.4 to 9.1) with a PFS of 3.2 months (95% CI 2.6 to 7.2).

82.5% of patients suffered from some AE to nivolumab, 76.9% to pembrolizumab and 80.9% to atezolizumab. Asthenia was the AE that occurred most frequently and was common to all three drugs.

**Conclusion and relevance** Safety was similar for all drugs, and the effectiveness in terms of OS was a little higher for pembrolizumab, which could be related to the fact that patients treated with this antibody had PD-L1 expression >1%. However, it will be necessary to expand the sample size to
generate quality information that can help in decision-making in real-life clinical practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-022 RELEVANCE OF UNIVERSAL KIT COMPOSITION AND ECONOMIC VALUE OF NON-USED MEDICAL DEVICES
A Bayen*, A Nourdine, L Zarajby, S Derfoudi. IBN Rochd University Hospital Centre, Pharmacy Service, Casablanca-Morocco, Laboratory of Drug Sciences, Biomedical Research and Biotechnology, Medical and Pharmaceutical College, University Hassan II Casablanca-Morocco, Casablanca, Morocco

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Background and importance The Universal Kit (UKIT) is composed of sterile medical devices (MD) which are essentials for large surgical operations. The UKIT composition was established years ago to meet the demands of different specialties' surgeons. UKIT is annually purchased by public tender procedure from specialised companies. Recently, we have noticed an increasing annual consumption which impacts on hospital expenditures.

Aim and objectives Evaluate relevance of UKIT qualitative and quantitative composition by listing and calculating economic losses of remaining non-used MD.

Material and methods This was a 1-month prospective observational study (from 31 May 2021 to 30 June 2021) conducted in the Central Operating Theatre (COT). The operating programme is equally allocated between certain surgical specialties: urology and neurosurgery, visceral surgery and gynaecology, traumatology and thoracic surgery. Checklist of UKIT components is manually filled during surgery procedures. Non-used MD are listed and economic value is calculated based on unit prices (UP) of public tender procedure attributed in 2020. The data were analysed using Excel.

Results The UKIT composition (UP=C 24.01) consists of: two mounted scalpels blades 23 (UP=C 0.032), 20 Gazin compresses (UP=C 3.78) and five abdominal compresses (UP=C 1.89). Each surgical department uses an average of 7 UKIT/week which corresponds to 371 UKIT/year. A total of 2226 UKIT (C 53 446) are used per year in the COT.

The economic losses are estimated per year as: urology C 293.09; neurosurgery C 293.09; visceral surgery C 81.99; gynaecology C 81.99; thoracic surgery C 222.60; traumatology C 222.60. The overall economic losses are estimated at C 1195.36 per year in COT, which represent 2.2% of the annual budget allocated to UKIT.

Conclusion and relevance UKIT qualitative composition seems relevant despite the short study duration. The UKIT quantitative composition should be adjusted according to surgical specialties in order to optimise hospital expenditures. The re-sterilisation of non-used MD could be an interesting alternative which should be examined and validated by the Committee of Medicines and MD.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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3PC-032 OPTIMISING ANALGOSEDATION IN THE INTENSIVE CARE UNIT DURING THE SARS-COV-2 PANDEMIC
1G Morla Clavero, 1M Garcia Pelaez, 1P Marcos Pascua, 1C Mora Clavero, 1M Garcia Pelaez, 1G Barruset Jordana. 1Hospital Universitario General de Cataluña, Pharmacy, Sant Cugat del Valles, Spain; 2Hospital Universitario Amaya de Vilaro, Pharmacy, Lleida, Spain

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Background and importance The pandemic caused by SARS-CoV-2 evidenced the need for expediting the dispensation and usage process, poorly automated, of narcotic drugs and for optimising the most commonly used perfusions available in the hospital (midazolam, dexmedetomidine, propofol, fentanyl). With this intervention, significant improvements in efficacy and safety were expected, considering the fact that perfusions decrease the risk of infection, medication errors and the workload and exposure of nurses.

Aim and objectives To elaborate a physicochemical and microbiological stable fentanyl perfusion and to adapt the presentations of drugs (midazolam, dexmedetomidine, propofol, fentanyl) used for analgosedation in COVID-19 patients admitted to the intensive care unit (ICU).

Material and methods

1. A multidisciplinary team formed by intensive care doctors, nurses and clinical pharmacists was created in October 2020 to discuss areas of improvement and effort optimisation.

2. All midazolam and propofol presentations were changed for others of larger volume available on the market. A dexmedetomidine perfusion 2000 mg/250 mL was standardised thanks to previous stability data collected.

3. A new fentanyl perfusion was prepared and validated in sterile conditions after a literature systematic review, microbiological controls in tryptic soy broth (TSB) and thioglycollate broth, and a microbiological risk matrix were done.

4. Fentanyl perfusions were stocked in Pharmacy and individually dispensed according to the infusion speed of each patient. Control numbers were assigned to every preparation to maintain the narcotics’ traceability.

Results Each perfusion consisted of 1500 μg fentanyl (10 vials 150 μg/3 mL=1 perfusion) diluted in 100 mL sodium chloride 0.9%. The final stability given was 30 days at room temperature (all culture replicates in TSB and thioglycollate broth at days 0, 9 and 30 were negative). The daily number of preparations depended on the epidemiology of the disease. However, a median value of 13 perfusions was dispensed up to a total of 21 ICU beds.

Conclusion and relevance This model can be extrapolated to other Pharmacy Services as long as volumetric pumps, trained professionals and horizontal laminar flow cabinets are available. The intervention met some of the demands created during the pandemic and helped to slightly attenuate the pressure on healthcare professionals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest