

**Background and importance** According to the European Statements of Hospital Pharmacy, the overarching goal of the hospital pharmacy service is to optimise patient outcomes through working collaboratively within multidisciplinary teams in order to achieve the responsible use of medicines across all settings.<sup>1</sup> A comprehensive understanding of the satisfaction of hospital staff with the pharmacy service is necessary for improving the quality of service. However, no studies assessing contentment with hospital pharmacy services have been conducted in Estonia.

**Aim and objectives** The aim of the survey was to assess the satisfaction of hospital staff with hospital pharmacy services.

**Material and methods** A web-based survey was conducted from November 2020 to January 2021 in public hospitals in Estonia. Two regional, one central and two general hospitals were included in the study in order to cover different types of hospitals. Respondents were asked to assess the following service areas: (1) medication dispensing and distribution, (2) compounding, (3) clinical pharmacy services and medicine information, (4) clinical trials and (5) communication. A five-point rating scale was used to assess the satisfaction with services. All hospital staff were invited to participate in the study.

**Results** A total of 269 respondents participated in the survey; most of them were nurses (65.4%), doctors and other staff responded to a lesser extent. Overall satisfaction with hospital pharmacy services was 3.9 on a five-point scale. Satisfaction was higher in general hospitals compared to regional or central hospitals. The compounding service was rated the highest (4.2) and the medication dispensing and distribution service received the lowest score (3.7). User-friendliness of the electronic medicine ordering system, easily accessible medicine information, and communication on drug shortages were mentioned as the areas most in need of improvement.

**Conclusion and relevance** Although our survey showed that healthcare professionals and other specialists are generally satisfied with the hospital pharmacy service, there is room for improvement. We are planning to conduct the study in all Estonian hospital pharmacies with the aim of discovering the bottlenecks in pharmacy services throughout Estonia. This will enable the development of common standards and harmonise the provision of hospital pharmacy services.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. The European Statements of Hospital Pharmacy. *Eur J Hosp Pharm* 2014;**21**:256–258.

**Conflict of interest** No conflict of interest

#### 11SG-006 ESTIMATION OF DRUG COST AVOIDANCE IN CLINICAL TRIALS OF NON-SMALL CELL LUNG CANCER

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**Background and importance** Non-small cell lung cancer (NSCLC) is one of the most frequent oncological diseases with an important economic impact in the National Health System (NHS).

**Aim and objectives** To determine the avoided cost for the hospital attributable to drugs assigned to patients with NSCLC enrolled in clinical trials (CTs). It was considered as such the

cost that these drugs would mean for the NHS if the patients had not been included in a CT.

**Material and methods** Retrospective, descriptive study of the drug cost avoidance in CTs conducted in patients with NSCLC during the study period (January 2020–August 2021). CT title, protocol code, phase, promotor, masking and investigational drugs were collected via the software programs FarmTools and Fundanet. To calculate the avoided cost the following aspects were analysed: number of patients enrolled, scheme, dispensed drug(s), number of dispensations, duration of the treatment, standard of care and average drug prices for economic evaluation. CTs in NSCLC with included patients, with a therapeutic alternative available and those in which the sponsor provided the medicines under research, were included in the study.

**Results** 23 CTs with a total of 111 NSCLC patients were included in the study. A total of 43.5% were phase II, 34.8% phase III and 21.7% phase Ib/II. 82.6% belonged to the pharmaceutical industry and the rest were promoted by cooperative groups (19 and 14, respectively). 973 cycles were dispensed with an average of 17±7.5 cycles administered per patient. The total cost avoidance was € 2 314 274.25. The estimated average savings per CT was € 100 620.62, per cycle dispensed € 2378.49 and per patient € 20 849.32.

**Conclusion and relevance** CTs are essential for evaluating the efficacy and safety of new treatments. Furthermore, cost avoidance in investigational drugs is a tangible benefit of clinical trials, whose realisation is a source of economic benefits for the hospital as we observed in this study.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 11SG-007 ECONOMIC SAVINGS FROM WEIGHT-BASED DOSING OF PEMBROLIZUMAB: WHAT IS THE IMPACT IN A TERTIARY HOSPITAL?

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**Background and importance** Pembrolizumab is a humanised monoclonal antibody targeting PD-1 approved by the European Medicines Agency (EMA) in 2015. Currently, it has approval for several indications and is widely used.

**Aim and objectives** To calculate the budget impact difference of administering pembrolizumab at a personalised weight dose of 2 mg/kg every 3 weeks (Q3W) or 4 mg/kg every 6 weeks (Q6W) instead of a fixed dose of 200 mg (Q3W) or 400 mg (Q6W) in any indication since the new dosing strategy was applied in our hospital.

**Material and methods** Retrospective, observational, descriptive study of all the patients treated with pembrolizumab in all indications between July 2020 and June 2021. Collected variables: sex, weight, milligrams administered, number of cycles, vials used. The cost per milligram and per cycle of pembrolizumab was evaluated and the cost for two treatment strategies was calculated: cycles of 2 mg/kg (Q3W) or 4 mg/kg (Q6W) versus 200 mg (Q3W) or 400 mg (Q6W). All dispensations were transformed to cycles of Q3W for calculations.