

**Background and Importance** The incorporation of nirmatrelvir/ritonavir into the therapeutic arsenal for the treatment of SARS-CoV2 infection has made it necessary for Pharmacy departments to activate circuits and tools that allow us to adequately review the potential multiple interactions that ritonavir can produce.

**Aim and Objectives** To describe the interactions detected since the beginning of the use of nirmatrelvir/ritonavir in a tertiary hospital.

**Material and Methods** All patients who received nirmatrelvir/ritonavir from April to the end of August 2022 were included. The patient's usual treatment was consulted in the electronic prescription system of the region of Madrid, as well as an interview with the patient, and the medical history was consulted when deemed necessary. For the detection of interactions, the 'COVID-19 Drug Interactions' platform of the University of Liverpool was used and Farmaweb, an application of the Madrid Health Service, was used to validate the dispensing of medication. If there are any interacciones the pharmacist notifies the prescribing physician, as well as the necessary adjustments, these treatment modifications are also explained to the patient when the medication is given to them. An Excel table was used to record whether the patient had any interaction and, if there were any, the drugs were recorded.

**Results** During the study period, these drugs were dispensed to a total of 81 patients, and interactions with the patient's usual medication were detected in 61.73% (50 patients). 18 patients had one interaction, 21 patients had 2 interactions, 6 patients had 3, 4 patients had 4 and one patient had 5 potential interactions. The most commonly detected interaction was with atorvastatin (19) followed by metamizole (11), simvastatin (7), amlodipine (6) and tramadol (4).

**Conclusion and Relevance** The percentage of patients with interactions is very high, and it is very important to review the usual treatment as well as an interview with the patient to identify whether the patient is taking other unregistered medication that could interact.

This has highlighted the importance of interdisciplinary collaboration between the medical team (mainly in the emergency department, where most of these drugs have been prescribed) and the pharmacy team to ensure the correct use of this drug.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

#### 5PSQ-075 PROPOSAL FOR THE ADJUSTMENT AND OPTIMISATION OF THE MEDICATION PROVIDED BY THE PATIENT

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**Background and Importance** Many patients bring medication with them during their admission to hospital, which is a source of error

**Aim and Objectives** To adapt the Pharmacotherapeutic Guide (PTG) to home treatment and patient conformity to therapeutic exchange during admission.

**Material and Methods** Cross-sectional descriptive study of patients admitted to a second level hospital on 11-11-2021 with treatments prescribed as Medication Provided by the patient (MPP). The sources of information used were: the electronic medical record and the prescription programme. The variables collected were: age, sex, therapeutic group of the PPM according to the ATC classification, inclusion status in the PTG and/or in the therapeutic exchange protocol, and patient agreement with the exchange for another available.

**Results** A total of 96 patients had a prescription for MPP, representing 28.92% of the patients admitted. 42 were analysed after excluding those who could not be interviewed due to their clinical situation, with a median age of 74.5 years (IQR70-80.75), 59.52% being male. Of the MPPs, the most frequent therapeutic group was C (38.82%) followed by N (20%) and R (15.29%) among others. Analysing group C, the most frequent subgroup was: agents acting on the Renin-Angiotensin System(RAS) (33.33%), lipid-modifying agents (21.21%). 47.06% of the MAPs were included in the PT. Among those not included in the guidelines, 84.78% were included in the therapeutic exchange protocol while 15.22% were not, which were recommended to be maintained during admission. 80.56% of the patients showed compliance with the change for another medication available in the hospital

**Conclusion and Relevance** A striking percentage of patients admitted to the hospital bring medication, the most frequent therapeutic group and subgroup were those related to the cardiovascular system and the RAS, respectively. A high percentage of the MPP were found in the PTG, and could have been dispensed by the Pharmacy Service. Those medicines not available in the hospital were included in the therapeutic exchange protocol; For non-interchangeable drugs, was recommended to maintain during admission. Most patients would have no objection to their medication being exchanged during admission. We consider that the best approach would be to avoid the supply of medication by patients, with all medication being dispensed by the Pharmacy Service.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

#### 5PSQ-076 PATIENTS' SATISFACTION AFTER CHANGING FROM 150MG TO 300MG SECUKINUMAB PEN PRESENTATION

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**Background and Importance** Secukinumab is an anti-interleukin-17 drug used for psoriasis, psoriatic arthritis or spondyloarthritis. Recently, our hospital changed from 150mg to 300mg secukinumab pen presentation in order to simplify treatment and facilitate administration. However, as patients often have other expectations, desires and priorities evaluating the degree of satisfaction allows us to identify deficiencies and causes of dissatisfaction.

**Aim and Objectives** To determine patients' satisfaction after changing from 150mg to 300mg secukinumab pen presentation.

**Material and Methods** Retrospective study carried out in a regional hospital. Patients on treatment with secukinumab 2x150mg/month who changed presentation to 300mg/month