Aim and Objectives The purpose of this work was to demonstrate the economic advantage of a generic lenalidomide in real practice, showing and comparing costs and consumption during the period 2021 to 2022.
Material and Methods To conduct this analysis, patients, type of prescription (originator or generic), number of patients treated, number of cycles, administered milligrams and purchase prices, during the period September 2021 to August 2022, were extrapolated from pharmacy software and matched.
Results Compared with period from September 2021 to February 2022, during March to August2022, the number of treated patients remained similar (105 vs 104) and the number of cycles administered (388 vs 390).

Abstract 2SPD-002 Table 1

	Number patients treated	Cycles received in total	Cost
Generic lenalidomide 5 mg	22	92	€ 26,371.92
Original lenalidomide 5 mg	23	96	€ 238,950.61
Generic lenalidomide 10 mg	47	211	€ 26,863.21
Original lenalidomide 10 mg	39	192	€ 599,542.24
Generic lenalidomide 15 mg	12	35	€ 49,506.20
Original lenalidomide 15 mg	19	53	€ 188,691.08
Generic lenalidomide 20 mg	5	10	€ 11,317.07
Original lenalidomide 20 mg	3	7	€ 27,478.14
Generic lenalidomide 25 mg	18	42	€ 33,061.60
Original lenalidomide 25 mg	21	40	€ 150,177.08

The total expenditure of generic lenalidomide has been € 147,120 and original lenalidomide € 1,204,839.15, therefore the total saving has been 87.80%.

Likelihood, the generic lenalidomide has been as well tolerated as original lenalidomide.
Conclusion and Relevance Currently, cost savings and rationalisation policy are playing an essential role in healthcare systems, and generics represent a great opportunity to reallocate available resources. This study demonstrated that enhancing a generic lenalidomide is a good strategy for the sustainability of care. Lenalidomide costs decreased while the number of patients remained similar. In summary, generics constitute an efficient strategy for the sustainability of national health services, allowing resource reallocation and access to care to a larger number of patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
1. No conflict of interest

Conflict of Interest No conflict of interest

2SPD-003 ERRORS DETECTED IN THE TELEPHARMACY PROCEDURE

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Background and Importance After the rise of telemedicine with the COVID-19 pandemic, a telepharmacy consultation has been implemented in our hospital in the pharmacy outpatient area, sending medicines to community pharmacies within a population area of 600,000 inhabitants.

Aim and Objectives The purpose of this study is to analyse the medication errors (ME) that have occurred during a specific period of time, throughout the process of medication delivery. The aim is finding causes and possible improvements.
Material and Methods We carried out a retrospective descriptive study. The errors that occurred between January 2021 and August 2022 (20 months) in the telepharmacy process were analysed, taking into account everything from the preparation in the hospital pharmacy to the collection of the medication by the patient in the community pharmacy. The MEs were collected in a local database. We described date, personal data of the patient, codes assigned to the single shipping route and destination community pharmacy, type of error and step in which the ME was detected.
Results In the period studied, a total of 69 MEs were recorded. We break them down into the following types: 20 cases with a quantitative lack of medication (28.99%), 19 cases in which a different medication was sent (27.54%), 15 with another patient's medication (21.74%), 10 with medicine with wrong dose (14.49%), 2 cases in which the medicine was not sent (2.90%) and another 2 in which the medicine was sent badly packaged (2.90%), 1 case in which the one in which the misidentified medicine was sent (1.45%) and 1 case in which a larger quantity was sent (1.45%). 48 MEs were detected by the patient (69.56%), 15 were detected in the community pharmacy (21.74%), 4 were detected in the hospital pharmacy (5.80%) and 2 cases were detected during the transportation of the medication (2.90%). None of the errors detected had consequences for the patient to our knowledge.
Conclusion and Relevance Among the MEs detected, the most common were those related to a quantity defect or lack of a medication and those in which a different medication was sent. In general, they are errors that could be avoided by automating processes that are currently carried out manually.

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

2SPD-004 ECONOMIC EVALUATION AND BUDGET IMPACT FOR A REGIONAL HEALTH SERVICE ASSOCIATED WITH THE INCLUSION OF THE FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT IN A REGIONAL PHARMACOTHERAPEUTIC GUIDELINE

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Background and Importance Due to the high cost of the implant of fluocinolone acetonide (FAc) 190 µg, it is especially important to realise an economic evaluation and budget impact analysis before inclusion in the pharmacotherapeutic guide of any health institution.
Aim and Objectives Realise an economic evaluation and a budget impact analysis to assess its inclusion in our regional pharmacotherapeutic guide, maintaining the financing conditions of our National Health System (NHS).
Material and Methods PubMed and reports from independent evaluators were consulted: National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) among others.