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

A Sánchez Ruiz*, C Muñoz Cid, N Garcia Gomez, J Jerez Rojas. *Hospital Universitario de Jaén, Farmacia, Jaén, Spain*

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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

[1]MI Zas García*, [1]MA Gayoso Rodríguez, [1]A Fernández Pérez, [2]D López Suárez, [1]J Núñez Rodríguez. *[1]Hospital Valle Del Nalón, Hospital Pharmacy Service, Langreo, Spain; [2]Complejo Asistencial Universitario de León, Hospital Pharmacy Service, León, Spain*

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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.

Results According to the product information, an implant releases FAc for a maximum of 36 months, and an additional implant can be placed after 12 months if vision decreases or retinal thickness increases. Pivotal studies and the IRISS observational study concluded in the need to use 1.3 implants/eye and 1.13 implants/eye affected during the first 3 years respectively, this last value being the one considered by the ERG (Evidence Review Group). Taking this last reference, the cost of treatment/affected eye at € 1558.84/eye/year or € 4676.53/eye/3 years.

To estimate the target population, we used the criteria of the SMC evaluation report in which they considered a total of 179 patients with pseudophakic chronic DME eligible for treatment in the first year, increasing to 186 in the fifth year. Unlike the SMC, our NHS restricts its funding to third-line, after anti-angiogenic agents and in patients with a suboptimal response to various intravitreal dexamethasone implants or pseudophakic patients.

Making a parallelism with the Scottish population, 33.5 patients/1st year–34.8 patients/5th year would be candidates to receive FAc in our region.

NICE and the ERG found that in clinical practice 35% of patients would require bilateral treatment. Thus 12 patients/year would need treatment in both eyes in our population. The economic impact in our region would range between € 5,3000.56/year if it were inserted in only one eye and € 71,706.64/year in both eyes.

Conclusion and Relevance The financing conditions of our NHS position the drug in the third-line, which in a certain way contains the budget impact.

Since SMC restricting the conditions of use more than our NHS, the budget impact could be underestimated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

2SPD-005 NEW CLOSED SYSTEM TRANSFER DEVICE CONTAINS REAL DRUG VAPOURS FOR UP TO 28 DAYS

[1]D Navarro, [1]D Epstein*, [2]O Raz, [2]E Slutsky Smith. *[1]Nextar Chempharma Solutions Ltd., Analytical Laboratories, Ness Ziona, Israel; [2]Simplivia Healthcare Ltd., Design and Development, Kiryat Shmona, Israel*

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Background and Importance Several Closed System Transfer Devices (CSTDs) are currently approved a 7-day usage period. Increasing pressure to reduce drug costs and data supporting stability of some drugs beyond 7 days create a demand for CSTDs that contain hazardous drug vapours for 28 days. A previous study proved that a model air-cleaning CSTD contains drug vapours for 7 days.

Aim and Objectives The aim was to test drug vapour containment of an air-cleaning CSTD under extreme conditions for 28 days.

Material and Methods Cyclophosphamide (CP) was chosen as the representative drug. A model CSTD (Chemfort™) Vial Adaptor (VA) was connected to each vial, and CP was reconstituted using the CSTD Syringe Adaptor. VAs at the end of their shelf life, representing extreme conditions, were tested both immediately following and 28 days after reconstitution, with and without intact Toxi-Guard® air-cleaning systems (an integral part of the Chemfort™ VA).

Each vial was transferred to a closed test chamber connected to a vapour trap. To increase drug vapourisation, the chamber was heated to 50°C and nitrogen gas was constantly introduced into the vials. Any vapours potentially released from the Chemfort™ VA were trapped and then extracted with solvent.

Quantification of CP was performed using a validated LC/MS/MS method.

Results No CP was detected for any of the VAs with intact Toxi-Guard® components, whether tested immediately or 28 days after reconstitution, even when heat and gas flow were employed to encourage the production of vapours and when the VA was at the end of its shelf life. The limit of detection of the method was estimated at 0.02 ng. Without an intact Toxi-Guard®, 110.3 ng of CP were released into the environment.

Conclusion and Relevance The model CSTD utilising Toxi-Guard® air-cleaning technology contained drug vapours after a 28-day usage period, even under extreme conditions. A recent study proved 28-day prevention of microbial ingress by the same CSTD. Taken together, the two studies support pharmacists' decision to use drugs for their full shelf life or to extend the beyond-use-date up to 28 days when using an appropriate CSTD, thus reducing cost and waste.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest Corporate sponsored research or other substantive relationships:

Ofer Raz and Elana Slutsky Smith are employed by Simplivia Healthcare Ltd, the manufacturer of Chemfort™. Dekel Navarro and Daniel Epstein declare no conflict of interest relating to the material presented in the abstract. Funding for this project was provided by Simplivia Healthcare Ltd, the manufacturer of Chemfort™.

2SPD-006 ARE ALL BIOLOGIC AGENTS IN THE TREATMENT OF ANKYLOSING SPONDYLITIS EQUIVALENT ALTERNATIVES?

[1]I García Giménez, [2]O Montero Perez, [1]M Rodriguez Jorge*, [3]S Fenix-Caballero, [3]EJ Alegre-Del Rey. *[1]Hospital Juan Ramón Jiménez, Pharmacy Department, Huelva, Spain; [2]Instituto Catalan de Oncologia, Pharmacy Department, L'hospitalet de Llobregat, Spain; [3]Hospital Universitario Puerto Real, Pharmacy Department, Puerto Real, Spain*

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Background and Importance Nine drugs are currently approved for the treatment of ankylosing spondylitis (AS) in adults: adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, upadacitinib and tofacitinib. Tofacitinib was the last of them to receive its approval. However, there are no direct comparisons between them.

Aim and Objectives To establish whether the drugs approved for AS in adults can be considered equivalent therapeutic alternatives (ATE) in efficacy in AS.

Material and Methods A search of clinical trials of these drugs in adult patients with AS was conducted, phase II or III, double-blinded, controlled with another drug or placebo.

Other inclusion criteria were

- Endpoint: ASAS40 (a ≥40% improvement and an absolute improvement from baseline of the Assessment in SpondyloArthritis International Society).
- Follow-up time: 12-16 weeks.