precursors. Patients receive luspatercept every 3 weeks at a per-kilo dose (three steps of incremental doses in myelodysplastic syndromes, and two steps in b-thalassemia). A drug day was set up together with the clinicians.

Aim and Objectives The objective of this study was to assess whether the establishment of drug day could lead to significant savings for the preparation of luspatercept in 2022.

Material and Methods All prescriptions and preparations made at our Unit from 1 January to 31 December 2022 were analysed by means of data extraction from the internal management system for onco-haematologic therapies. The milligrams and vials that hypothetically should have been used were calculated and valued with those actually used.

Results In 2022, 21 patients were treated for a total of 155 treatments (average of 7.38 doses per patient). A total of 16,658 mg of luspatercept was prescribed. 177 bottles of 75 mg and 61 bottles of 25 mg were used for a total of 14,800 mg. The difference of 1,858 mg between hypothetical and actual data shows the presence of an overfill of average powder equal to 3,139 mg for the packaging of 25 mg and 9,417 mg for the packaging of 75 mg (12,56% of nominal filling). The VAT costs included for the individual bottles were: 2421,02€ for the 75 mg bottle and 807,01€ for the 25 mg bottle (exactly 1/3 of the higher dosage). The total expenditure incurred was € 477,748.15 against the hypothetical expenditure of € 538,275.61, with a net saving of € 60,527.52 (11.24% of the theoretical expenditure).

Conclusion and Relevance The administration of luspatarcept organised in drug day has led to a saving due to better management of waste and overfill. These results show how well-established pharmaceutical management and management strategies in clinical practice such as the drug day turn out to be an excellent method of minimising processing residues and controlling expenditure.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-021 1 YEAR-REVIEW OF THE EKOSONIC® ENDOVASCULAR SYSTEM (BOSTON SCIENTIFIC) IN THE MANAGEMENT OF PULMONARY EMBOLISM IN AN INTERVENTIONAL CARDIOLOGY DEPARTMENT

E Moguez*. *Orléans University Hospital Centre, Pharmacy, Orléans, France*

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Background and Importance Since September 2022, the EkoS (Boston Scientific) percutaneously inserted thrombolysis catheter has been used in interventional cardiology at the Orléans Regional Hospital Centre for the treatment of intermediate-risk or severe pulmonary embolisms (PE). This medical device (MD) enables in situ administration of actilyse, whose diffusion within the thrombus is promoted by the application of ultrasound. It is an expensive medical device that is not currently reimbursed.

Aim and Objectives The aim of this work is to collect the indications of patients treated, the therapeutic protocol (TP) used and to assess the financial impact of Ekos on their stays.

Material and Methods Over the period from September 2022 to August 2023, indications, clinical contexts and TPs were collected from patient records. A literature review was carried out on the recommended TP. A cost analysis was carried out, taking into account the EKOS and associated actilyse, and the medical information department (MID) was contacted for all PMSI data.

Results Six patients were treated, with a sex ratio M/F = 4/2 and a median age of 69. The indication of high-intermediate-risk bilateral pulmonary embolism was found in all patients, with two catheters used for each; no complications following their use were found. The TPs used indicate an administration of 6mg during 6h per catheter. With regard to financial data, the cost of the technique was € 6,300 excluding VAT (€ 3,000/catheter and € 150/actilysis vial). The coded main diagnosis was PE for all patients. Fibrinolysis procedures and the associated diagnosis of heart failure (always present when fibrinolysis is indicated) were found for only two patients. An intensive care package is associated with each patient. In total, the average amount received was € 6,453 per stay. A simulation was carried out with the MID in order to improve the coding: the value of the stay could then amount to € 12,898.00 i.e. double the initial amount.

Conclusion and Relevance EKOS is used for the indications specified by the manufacturer. The TP may evolve in line with new publications. At present, the amount allocated per stay does not cover the technique used. In the context of healthcare cost control, optimised coding will enable us to continue using EKOS at this hospital in the future.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-022 HOSPITAL PHARMACISTS' PERCEPTIONS OF THEIR PROFESSION IN TWO EUROPEAN COUNTRIES

[1]S El Mershati*, [2]E Degui. [1]*Assistance Publique – Hôpitaux de Paris, Pharmacy, Paris, France*; [2]*The Christie NHS Foundation Trust, Pharmacy, Manchester, UK*

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Background and Importance While 5 years of training are necessary to become a hospital pharmacist (HP) in the United-Kingdom, 9 years are required in France. The UK system allows HPs to acquire an independent prescribing qualification which is not possible for French HPs who tend to practice a wider range of non-prescribing roles.

Aim and Objectives The aim of this study is to compare French and UK HPs' perceptions about their roles and identify the challenges they are facing.

Material and Methods Results were gathered through an electronic survey distributed via emails and social networks. It was produced in English and French and encompassed 26 questions; 17 mandatory and six open. Statistical analysis was performed with a Z test and analysis to open questions was performed with ChatGPT.

Results After 6 weeks, 164 responses were collected: 94 from France, 70 from the UK.

Answers highlight that both groups share similar values such as feeling useful in the patients' care. Perceived workload and stress are higher in the UK ($p<0.015$, $p<0.001$). Patients and medical teams value the pharmacists' role to a higher level in the UK than they do in France ($p<10^{-4}$, $p<10^{-5}$). The levels of personal and job satisfaction are equivalent. Similar issues are raised such as workload, staffing and a need for more training. To tackle these challenges both groups would prioritise improvement of the IT systems, pharmacy technicians' recruitment, and administrative workload reduction. In

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Abstract 1ISG-022 Table 1 Percentage of positive responses by pharmacists

Description	UK	France
Running clinical activities:	86%	56%
- Less than 25% of total activity	20%	59%
- Satisfied with clinical share of duties	82%	47%
Doing out of hours duties	24%	52%
Having done additional training	89%	82%
Happy to prescribe drugs	99%	52%
Happy to prescribe follow-ups tests	90%	72%
Wishing to continue working in their current field	84%	82%

the UK, pharmacists also wish to reallocate tasks within the team ($p<0.005$).

Conclusion and Relevance This study shows that HPs enjoy their profession despite issues that require a reorganisation at a national level. Results suggest that UK pharmacists are more confident with being a prescriber than the French, who worry about responsibility and overwork.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-023 ECONOMIC IMPACT DERIVED FROM PARTICIPATION ON ANTIRETROVIRAL THERAPY CLINICAL TRIALS IN A THIRD-LEVEL HOSPITAL

S Gutiérrez, G Miralles Andreu, N Olcina Forner, O Guillén Martínez, C Matoses Chirivella, A Navarro Ruiz*. *Hospital General Universitario de Elche, Servicio de Farmacia, Elche, Spain*

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Background and Importance Antiretroviral therapy (ART) cost is an important expense in the annual Hospital Pharmacy Service (PS) investment. Clinical trials (CT) for ART development represent a high percentage of the CT carried out in a PS, being an opportunity for the hospital in terms of cost savings for these medications.

Aim and Objectives To analyse the avoided cost of ART medications because of patient participation in CT.

Material and Methods Retrospective observational study carried out from January 2021 to March 2023. All patients who were participating in CT against human immunodeficiency virus (HIV) treated with ART were included. Variables collected were: number of patients, investigational drugs, visits and dispensations performed, treatment that the patient would have received if they had not participated in the CT and its cost. Patient's treatment before enrolling in CT and standard therapies according GESIDA guidelines at the time of inclusion in CT were considered for that purpose. Information was obtained from Fundanet® and OrionClinic.®

Avoided cost was calculated as the difference between the cost of the treatment that the patient would have received if they had not participated in the CT and the CT treatment cost paid by the hospital.

Results 13 CTs were analysed and 89 patients were included with a median age of 44±12 years old and an 87% (77) of male prevalence. The average time participating in the CT was 16 months, having recorded 1,075 clinical visits (12 visits/patient) and 2,997 dispensations (26 dispensations/patient).

ART for intramuscular and oral administration were studied in three and 10 CTs respectively, with a median of two investigational drugs per CT. The alternative therapeutic combinations to CT participation were: dolutegravir +abacavir+lamivudine (32.6%), bictegravir+emtricitabine +tenofovir alafenamide (14.6%), dolutegravir+lamivudine (14.6%), darunavir+cobicistat+emtricitabine+tenofovir alafenamide (13.5%).

The theoretical total cost of treating patients outside of CT would have been € 734,432. The hospital provided part of the medication of one CT. Therefore, the total cost avoided was € 721,796, being a hospital saving of € 333,136.60 annually; € 8,110.10 per patient and € 3,743.10 per year/patient.

Conclusion and Relevance Patients' inclusion in HIV CT considerably reduces the pharmaceutical expenses related to ART medications since investigational drugs are provided free of charge by the sponsor. Therefore, CTs represent important economic savings for hospitals, contribute to the Spanish Health System sustainability and allow access to new therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-024 SINGLE-USE MEDICAL DEVICES IN THE TREATMENT OF CHRONIC DISEASES: WHAT IS THE ENVIRONMENTAL IMPACT?

MDS Lourenço, B Resende, C Diogo, MH Duarte, A Soares, S Ana Margarida, A Alcobia*. *Hospital Garcia de Orta- Epe, Pharmaceutical Services, Almada, Portugal*

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Background and Importance Single-use medical devices are a common practice in biological drugs administration, potentially improving compliance, reducing the risk of contamination and the need for recharge and sterilisation of used devices.

Rising prevalence of autoimmune diseases and therapeutic innovation promote their usage. However, there is limited literature regarding environmental impact resulting from increased plastic consumption, a component of these devices.

Aim and Objectives To assess the amount of plastic used in biological treatments with pre-filled pen/syringe single-dose format.

Material and Methods Descriptive study consisting in weighing devices for ambulatory dispensing, followed by calculation of expected annual plastic consumption, per drug and dosage.

Extrapolation of results considering the total number of patients undergoing treatment with these drugs as of September 2023.

Comparison of annual plastic consumption for these patients, assuming as alternative, one reusable pen/device annually.

Results Twenty-two drugs available in the institution were selected. Weight values ranged from 5.65g (anakinra) to 74.25g (golimumab), with an average weight of 36.37g per device.

Regarding the number of devices needed for annual maintenance, the lower and upper limits were four pens (ustekinumab, risankizumab, tildrakizumab) and 365 syringes (anakinra).

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