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

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10.1136/ejhpharm-2024-eahp.35

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?

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10.1136/ejhpharm-2024-eahp.36

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).