More studies are needed to evaluate the long-term effectiveness and safety of capsaicin 8% cutaneous patch.

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

5PSQ-091 SUITABILITY OF TERIPARATIDE AND LEVEL OF ACCEPTANCE OF PHARMACOTHERAPEUTIC RECOMMENDATIONS IN AN AREA OF HEALTH MANAGEMENT

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Background and Importance The use of teriparatide treatment has resulted in an increase of great economic impact at the hospital level in recent years.
Aim and Objectives To analyse the appropriateness of the prescription of teriparatide in the treatment of osteoporosis in the Orthopedic Surgery and Traumatology Service and to evaluate the degree of acceptance by the physician of the interventions performed.
Material and Methods A prospective, single-centre intervention study has been carried out between March-April 2023. Adult patients with an active prescription of teraparatide from the Orthopedic Surgery and Traumatology Service whose last dispensation was in January 2023 were included. The variables collected were: age, sex, treatment duration, dosing regimen, previous fracture and type of fracture, previous treatment, contraindications, osteoporosis.
Information sources electronic prescription application Prisma®, computerised medical records Diraya® and dispensing data using MicroStrategy software.

In case of inadequacy of treatment, individualised letters were prepared for each patient and sent to the responsible medical specialists along with recommendations for teriparatide treatment. The degree of acceptance of the interventions was measured by the percentage of patients with suspension or modification of treatment after pharmaceutical intervention.
Results A total of 43 patients (76.74% women) with a median age of 76.5 years (range 30–92 years) were included. 18.60% (n=8) of patients had treatment errors, of which 62.5% (n=5) due to dosing regimen >2 years, 12.5% (n=1) due to an error in the regimen and 25% (n=2) due to contraindications. In addition, 13 were prescriptions with a previous non-vertebral fracture, where 84.61% (n=11) were first-line teriparatide treatments, when it is not recommended. The degree of acceptance by the specialists after the intervention was 62.5%. The prescriber's modifications were suspension of teriparatide treatment for > 2 years and initiation of bisphosphonates, modification of the regimen error, and replacement of drugs that had contraindications with first-line drugs.
Conclusion and Relevance Although there are not many errors in the treatment in active prescriptions of teriparatide, the interventions carried out were partly accepted by physicians, but they continue being prescribed as first-line treatments when it is not recommended. In addition, prescription errors were reduced and medication safety increased, reflecting the importance of the role of the pharmacist at the hospital level.

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Conflict of Interest No conflict of interest.

5PSQ-092 ALTERED PHARMACOKINETICS PARAMETERS OF VANCOMYCIN IN PATIENTS WITH HAEMATOLOGIC MALIGNANCY WITH FEBRILE NEUTROPENIA, A BAYESIAN SOFTWARE ESTIMATION

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Background and Importance The pharmacokinetics of vancomycin vary significantly between specific groups of patients, such as patients with haematological malignancy with febrile neutropenia. Recent evidence suggests that the use of the usual standard dose of antibiotics in patients with febrile neutropenia may not offer adequate exposure due to pharmacokinetic variability.
Aim and Objectives To assess the effect of febrile neutropenia on the AUC0–24 hours as a key parameter for vancomycin monitoring, as well as to determine which vancomycin pharmacokinetics parameters are affected by the presence of febrile neutropenia using Bayesian software PrecisePK in haematological malignancy with febrile neutropenia.

To evaluate the difference in estimated AUC0–24 between febrile neutropenia and non-febrile neutropenia among patients with haematological malignancies.
Material and Methods The study included adult patients admitted between January 2017 and December 2020, who received vancomycin with measured steady-state trough concentrations before the fourth dose. Of the 297 patients treated, 217 met the inclusion criteria. Pharmacokinetic parameters for both neutropenic and non-neutropenic patients were estimated using the precise PK Bayesian platform.
Results The result showed that AUC0–24 was lower in febrile neutropenic patients $p < 0.05$ (403 vs. 461 mg·h/L) compared to non-febrile neutropenia patients. Also, there was a significant difference ($p < 0.05$) in vancomycin clearance, the volume of distribution at a steady state, the volume of distribution for the peripheral compartment, the half-life for the elimination phase, and the first-order rate constant for the elimination process in febrile neutropenia group compared to non-febrile neutropenic patients.
Conclusion and Relevance Febrile neutropenia has a significant effect on the pharmacokinetics parameters of vancomycin and AUC0–24, which may require specific consideration during the treatment initiation.

REFERENCES AND/OR ACKNOWLEDGEMENTS
1. Lines J, *et al. Int. J. Clin. Pharm.* 2021;**43:**263–269.
2. Marko R, Hajjar J, *et al. Can. J. Hosp. Pharm.* 2021;**74**:334–343.
3. Cockcroft DW, Gault MH. 1976;**16**:31–41.
4. Zimmer AJ, *et al. J. Oncol. Pract.* 2019.
5. Sime FB, *et al*. 2014;**58**:3533–3537.

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5PSQ-093 DOES EXPOSURE TO ANTIBIOTICS PRIOR TO TREATMENT WITH IMMUNE CHECKPOINT INHIBITORS AFFECT THEIR EFFECTIVENESS?

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Background and Importance Taking antibiotics weeks before immunotherapy alters the gut microbiota. It is therefore questionable whether the use of antibiotics prior to immunotherapy is associated with decreased effectiveness in cancer patients.
Aim and Objectives To evaluate the influence of the use of antibiotic therapy on the effectiveness of immunotherapy treatment in cancer patients.
Material and Methods Observational, retrospective, 68-month, retrospective study (January 2018 to August 2023) in patients diagnosed with renal cell, non-small-cell lung and head and neck cancers.

The difference in effectiveness was measured by comparing the median progression-free survival (mPFS) and median overall survival (mOS) of patients who received antibiotic therapy 2 months prior to the start of immunotherapy and those who did not receive antibiotic therapy.
Variables age, sex, *Eastern Cooperative Oncology Group* (ECOG) scale, immunotherapy received, number of previous lines, antibiotic prescription 2 months prior to the start of immunotherapy and duration of treatment.
Data source computerised medical records and electronic prescribing programme.
Results A total of 138 patients (71.0% male; median age 67 years) were analysed. Of the patients, 42.0% received antibiotic therapy 2 months prior to the start of immunotherapy.

The group receiving antibiotherapy (56.8% male; median age 68 years): ECOG < 1 (89%), by immunotherapy (pembrolizumab: 58%; atezolizumab: 23%; nivolumab: 19%), number of previous lines (2[1–3] median). mPFS was 5.1 (3.2–7.1) months and mOS was 16.4 (12.7–22.5) months.

The antibiotic-naive group (81% male; median age 65 years): ECOG < 1 (91%), by immunotherapy (pembrolizumab: 54%; atezolizumab: 28%; nivolumab: 18%), number of prior lines (2[1–3] median). mPFS was 5.6 (4.6–9.5) months and mOS was 17.8 (12.6–21.8) months.

The differences in both groups on mPFS and mOS were not statistically significant (p=0.57) and (p=0.78), respectively.
Conclusion and Relevance Despite limitations in sample size, our study reveals that the use of antibiotic therapy 2-months prior to the start of immunotherapy does not make a difference to the effectiveness of immunotherapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. No conflict of interest.

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5PSQ-094 INCIDENCE OF HYPERSENSITIVITY REACTIONS IN PACLITAXEL INFUSIONS FOLLOWING THE DISCONTINUATION OF RANITIDINE

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Background and Importance Current literature supports that the use of H2 antihistamines in paclitaxel-containing regimens is not essential, although publications are scarce.[1]
Aim and Objectives To determine the incidence of hypersensitivity reactions (HRs) during paclitaxel infusion after the withdrawal of ranitidine from the market.
Material and Methods Observational, retrospective and descriptive study in which patients undergoing chemotherapy with paclitaxel-containing schemes for adjuvant (ABC) and neoadjuvant (NBC) breast cancer, cervical cancer (CC), ovarian (OC) and endometrial (EC) were included. The study period was from 2 February 2022 (cessation of marketing of ranitidine) to 31 August 2023.

HRs were analysed after modification of the premedication protocol, which included the same treatment guidelines, excluding ranitidine.
Variables age, sex, type of neoplasm, line of treatment, treatment schedule, administration time, premedication, HRs and measure adopted.
Data source computerised medical records and electronic prescribing programme.
Results A total of 493 administrations of paclitaxel were infused to 68 patients (100% female) with a median age of 64 years [31–89]. 20% corresponded with ABC, 29% OC, 14% CC, 11% EC and 26% NBC. Sixty-seven percent of patients were first-line.

Six HRs were observed during the first or second cycle. Three (50%) were related to paclitaxel administration, one in ABC (paclitaxel 80 mg/m^2 weekly over 1 hour), one in OC (paclitaxel 175 mg/m^2 over 3 hours) and one in EC (paclitaxel 175 mg/m2 over 3 hours). The remaining three were related to the administration of carboplatin in patients on OC.

HRs appeared in patients aged 43–67 years. One required discontinuation of treatment, the rest were given premedication the day before the cycle and increased infusion time.
Conclusion and Relevance The use of premedication protocols without H2 antihistamines appears to be a safe practice. Our study has limitations in terms of sample size. However, it is important to know the role of these drugs and it is necessary to involve the pharmacist in the development of hospital protocols to identify patients to benefit from these drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Gelderblom H, Zwaveling J. No need for H2-antagonists in premedication regimens for paclitaxel infusions: less is more. *Br J Cancer.* 2021;**124**(10):1613–4.

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5PSQ-095 HOSPITAL PHARMACISTS ENGAGEMENT IN PHARMACOVIGILANCE PRACTICES DURING COVID-19 IN THE NORTH MACEDONIA

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Background and Importance Pharmacists are acknowledged as safety leaders worldwide, since they have high impact of patients' safety, and it was confirmed during COVID-19 pandemic. In the Republic of North Macedonia hospital pharmacists (HPs) were nationally recognised as a key factor for implementation of good pharmacovigilance (PV) practices and since 2017 they are engaged in PV working group in