interpretation using a computer application based on analysis by Bayesian methods. (PKS® Abbott). The data analysis was based on pharmacokinetic models published in the literature.[1,2] Subsequently, the pharmacokinetic recommendation was provided to the physician, who made the final decision.

Results Twenty-eight patients (50% men and 50% women) with a mean age of 40 years were included. Regarding diagnosis, 53,6% was ulcerative colitis and 46,4% was Crohn's disease. Thirty-three determinations were made (17 adalimumab and 13 infliximab). The total percentage of acceptance of the pharmacokinetic recommendations was 84,8% and was distributed as follows: Maintenance of regimen (33.3%), interval intensification (27.7%), dose intensification (12.12%), dose and interval intensification (12.12%), change of treatment (9.09%), de-intensification (3.03%) and discontinuation of treatment (3.03%).

Conclusion and Relevance The degree of acceptance of the pharmacokinetic recommendations was high. It remains to be determined in the long term whether this type of intervention will yield a positive clinical impact, potentially enhancing treatment persistence.

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Conflict of Interest No conflict of interest.

4CPS-067 EFFECTIVENESS AND SAFETY OF 1 IU/ML TOPICAL INSULIN TO TREAT PERSISTENT CORNEAL ULCERS

JC Sáez Hortelano*, D Ozcoidi Idoate, MC Guindel Jiménez, A Vélez Blanco, X Casás Fernández, C De Castro Avedillo, R Varela Fernández, A Fernández Vázquez, A Martín Sanz, D López Suárez, JJ Ortiz De Urbina González. *Complejo Asistencial Universitario De León, Hospital Pharmacy, León, Spain*

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Background and Importance The presence of epithelial corneal ulcers due to various reasons significanttly impacts in plenty of patient's quality of life. Recently, the use of topical insulin has emerged as a potential alternative treatment, with promising preclinical results. However, clinical evidence remains limited.

The presence of insulin and insulin-like growth factor receptors in corneal keratocytes and epithelial cells may explain these findings.

Aim and Objectives These study aims is to assess the effectiveness and safety of insulin 1 IU/mL eye drops for persistent corneal ulcers (PCU).

Material and Methods Observational retrospective study conducted in a tertiary hospital among patients receiving topical insulin 1 IU/mL treatment for PCU between January 2021 and July 2023. Data collected included patient demographics, PCU etiology, treatment duration, prior and concurrent hospital treatments, clinical response (assessed via anterior segment biomicroscopy) and adverse effects.

Pharmacy Hospital prepared insulin eye drops at a concentration of 1 IU/mL, and were administrated 3 or 4 times daily.

Results 54 patients were treated with 1 IU/mL topical insulin for PCU, including 23 (43%) males, with a median age of 70 (58–79) years. The most common PCU etiologies were post-surgical in 11 (20.4%) patients, herpetic in 10 (18.5%), neurotrophic in 9 (16.7%), dry eye in 6 (11.1%) and infectious in 5 (9.3%) patients. 8 (14.8%) patients had diabetes.

12 (22.2%) and 16 (29.6%) patients previously received autologous serum or cyclosporine eye drops, respectively; and 9 (16.7%) and 12 (22.2%) concurrently used autologous serum or cyclosporine eye drops, respectively.

The median duration of treatment was 2,2 (1.4–5.6) months. 17 (31.5%) patients finished treatment due to PCU improvement, 6 (11.1%) due to PCU resolution, 18 (33.3) due to lack of efficacy, 1 (1.9%) due to intolerance and 7 (13.0%) continued in treatment at follow-up ending. Patients with improvement or resolution had a treatment duration of less than 5 months.

Response (PCU improvement or resolution) were better in infectious (60.0%) and post-surgical (54.5%).

Conclusion and Relevance The 1 IU/mL topical insulin eye drops formulation appears to be an effective, safe and rapid option for patients with PCU. However, treatments without effectiveness in the first 5 months do not seem to be effective. Further studies are needed to confirm these findings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-068 TARGET THERAPY IN NON-SMALL CELL LUNG CANCER (NSCLC): A RETROSPECTIVE ANALYSIS TO GUARANTEE THE APPROPRIATENESS OF THE PRESCRIPTIONS IN OUR HOSPITAL

[1]I Martignoni*, [1]E Santarossa, [2]L Stefanizzi, [1]M Gambera. *[1]Ospedale P. Pederzoli, Pharmacy, Peschiera Del Garda VR, Italy; [2]Ospedale P.Pederzoli, Pathology, Peschiera Del Garda VR, Italy*

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Background and Importance During past years several target therapies have been approved for various mutations in non-small cell lung cancer (NSCLC). Target therapy has been shown to be effective in several metastatic cancers with specific gene mutations or molecular biomarkers, and sophisticated molecular diagnostics allow greater personalised treatment selection to prevent treatment failure, avoid unnecessary treatment, and improve survival.

Aim and Objectives The aim of this retrospective analysis is to verify that in the actual clinical practice of our hospital target therapy prescriptions and deliveries for patients diagnosed with NSCLC match with a proper molecular diagnostic testing (human DNA/RNA analysis).

Material and Methods The pharmacist crosses data regarding patients' gene mutations and anti-cancer oral drugs deliveries to patients. Data sources are pathology department software that includes mutations tested with a real-time PCR fully automated and pharmacy software that includes for each patient the name of the anti-cancer drug, the number of confections, the date of delivery.

Results From April 2020 to August 2022, target oral therapies for lung cancer were provided to 90 patients: 53 treated with osimertinib, 16 with alectinib, 3 with gefitinb, 8 with afatinib, 3 patients with trametinib and dabrafenib, 1 with entrectinib, 1 with crizotinib, 2 with erlotinib. 58 patients were transferred from another centre with a prescription yet and for the other 32 patients we performed the molecular test in site. 25 of the 53 patients treated with osimertinib, carried out the