Inappropriate drug use and limited funding triggered the implementation of restrictions to regulate highly-prescribed drugs consumption such as ferric carboxymaltose (FC) and human albumin (HA).

Mandatory completion of a designed order form (DOF) was introduced as a prerequisite in hospital daily practice.

**Purpose**
To clarify the efficacy of Pharmacy Intervention (PI) in decreasing irrational drug use.

**Material and methods**
- Observational study in a tertiary hospital (945-beds) was conducted in two phases.
  - January 2013 - May 2018: Retrospective Analysis
  - June 2018 - December 2018: After PI
- For FC, PI refers to DOF completion where ferritin serum value and previous oral administration of ferric formulations were taken into account.
- For HA, strictly adjustment to clinical guidelines and evidence-based indications were applied throughout local protocol.
- Total and per clinic FC and HA monthly average consumption data in pre and post PI were conducted.
- Average drug cost was calculated.

**Results**
- **FC**: An augmentative trend throughout the first study period was observed.
- **HA**: Up to 12/2017 slight differences were presented whereas periodic limited supply led to an expected consumption decline.
- Significant variations in prescription profile in clinics of similar specialty were detected.
- DOF implementation resulted in overall utilization downsize and prescribers modification mentality.
- PI for FC and HA resulted in a cost supply reduction of 16.000 €/month and 40.000 €/month, respectively, which corresponds to 672.000 €/year save.
- PI measures in Ceftazidime/Avibactam and Human Immunoglobulin have successfully been implemented.

**Conclusion**
- PI evaluation revealed DOF’s necessity to guarantee high-cost medications rationalized use associated with anticipated prescription accuracy and compliance.