PHARMACEUTICAL INTERVENTIONS IN A NON-ONCOHAEMATOLOGICAL DAILY HOSPITAL
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BACKGROUND AND IMPORTANCE
The role of the pharmacist in the validation and dispensing of medication is already known. But the increasingly frequent use of high-cost drugs makes that role essential for the sustainability of health systems.

AIM AND OBJECTIVES
To describe and analyse the pharmaceutical interventions carried out in a non-oncohaematological daily hospital (NOHDH). To evaluate the economic impact of these interventions.

MATERIALS AND METHODS

RESULTS
- 30 interventions were carried out in 434 patients (6.9% patients) and 2240 dispensations (1.3% dispensations).
- 29 of them were accepted (97%).
- Classification of interventions according to:
  - Type of intervention:
    - Presentation changes
    - Dose adjustments
    - Request errors
    - Change of medication
  - Services:
    - Rheumatology
    - Nephrology
    - Digestive
    - Neurology
    - Nursing Unit
    - Hematology
    - Allergies
    - Pediatrics
    - Others
  - Drug:
    - Rituximab
    - Infliximab
    - Immunoglobulins
    - Tocilizumab
    - Vedolizumab
    - Reslizumab

- The total estimated savings from performing the interventions was 12,186.9€ (406.2€/intervention).

CONCLUSION AND RELEVANCE
- Approximately half of the interventions carried out consisted of the exchange to the biosimilar drug, after consensus.
- Although the number of interventions is low, their economic impact is important.
- Despite not being able to prepare these medications centrally and individually, the validation of the prescription and monitoring of the dispensations by the pharmacist is essential.