The structured and commented reviews (SCREV) are individual assessments for drugs not included in the Pharmacotherapeutic Guide (NIPG) and off-label drugs requested by prescribers, in order to approve their use.

**PURPOSE:** The objectives were to describe SCREV performed and to estimate the economic impact derived from the recommendation of pharmacy.

**MATERIAL AND METHODS:**
- A three-year descriptive retrospective study was designed with SCREV performed in this period.
- SCREV contained information about indications (NIPG or off-label), efficacy, safety, convenience, costs, including alternatives and cost/utility analysis, with a limit of 40,000€/QALY.
- The final recommendation of pharmacy included:
  - **APPROVAL**
  - **CONDICIONAL APPROVAL**
  - **REFUSAL**
  - **NON-OPOSISSION WITH NEGATIVE OPINION**

In case **C**, the savings achieved using the average time of treatment were estimated.

In case **D**, the effectiveness and the economic impact associated to the use of drug were calculated.

**RESULTS:**

48 SCREV were analyzed, 17 off-label and 31 NIPG. The highest number of requests came from Oncology (48%). The recommendations of pharmacy were: 16.6% A, 54.2% B, 18.75% C and 10.45% D.

The results are summarized in the table:

<table>
<thead>
<tr>
<th>SCREV N=48</th>
<th>A Approval</th>
<th>B Conditional approval</th>
<th>C Refusal</th>
<th>D Negative opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=8 (16.6%)</td>
<td>N=26 (54.2%)</td>
<td>N=9 (18.75%)</td>
<td>N=5 (10.45%)</td>
</tr>
<tr>
<td>cost 40,000€/QALY</td>
<td>N=2 not calculated: N=6</td>
<td>N=8 not calculated: N=10 lower cost: N=1</td>
<td>N=1 not calculated: N=4</td>
<td></td>
</tr>
<tr>
<td>No Alternatives treatments</td>
<td>N=3</td>
<td>N=13</td>
<td>N=0</td>
<td>N=2</td>
</tr>
</tbody>
</table>

The savings achieved with **C recommendation** were **229,324€**.

The economic impact of **D recommendation** (all of them offered to the patients before request) was **63,447€**.

Their effectiveness measured by overall survival (OS), and progression-free survival (PFS) were **OS < 2months**, **PFS < 5 months** in all cases.

**CONCLUSIONS:**
- Individual SCREV showed utility for taking complicated decisions about off-label and NIPG drugs use at hospital, with important savings achieved.
- More than a half of the drugs requests were approved with adjusted conditions of use.
- The cases with negative opinion of pharmacy showed low effectiveness.