

DRUGS TO AVOID. AN OPPORTUNITY IN HEALTHCARE PATIENTS: CHECKING PRESCRIRE'S RECOMMENDATIONS (5PSQ-223)



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BACKGROUND AND IMPORTANCE

There are drugs should be avoided despite authorisation by Agencies.

Can we justify drugs with no proven efficacy or relevant clinical outcomes?

- 1 Prescrire's (non-profit organization, IF:0,18) publishes an annual review of drugs to avoid.
- 2 They identified 105 drugs that cover studies between 2010-2019.
- 3 Better harm-benefit balance drugs are available in most of cases

AIM AND OBJECTIVES

To analise and check how strong is a pharmacotherapeutic guide (PG) according to 2020 Prescrire's review.

MATERIALS AND METHODS

We evaluated the 2020 annual review of drugs to avoid of *Prescrire's* and the concordance with a PG of a II-level-hospital and the impact of use and cost vs alternatives available between January-August-2020.

Information were recollected of the Farmatools® software of hospital pharmacy management and the *Prescrire's* review.

Data recollected:

- The PG. Drugs and *Prescrire's* alternative proposal include in the PG.
- \$ Use [Defined Daily Dose (DDD)] and cost of the drugs of *Prescrire's* include in the PG and his alternatives and the entire PG.

RESULTS **Rest in PG Teriflunomide Alternative** Alternatives 60 had better 82 (78,1%) had not -58 (96,7%) (IFN-β) (20)(13)harm-benefit alternative presence in the PG in our PG DDD 4.580 1907 8.592 1.507.87 COST € 132.179 184.296 5.421,8 110.327 **105** drugs to avoid The global PG use was around 14.000.000€ 15 with guarantee **15** (100%) better choice in our PG **23** (21,9%) had Any (trabectedin y presence in the PG use vinflunina) IFN-β guarantee (Terifluonomide) better choice (in our PG)

CONCLUSION AND RELEVANCE

- △ Our study shows our **PG** is well adapted according to *Prescrire's* recommendations.
- △ Drugs to avoid presence is low, and the majority because their use is well established in the clinical practice or are reserve for very specific situations. The global impact (without Teriflunomide) in total cost and use is worthless.
- △ Our next step is to reevaluate the results and made a better PG, special focus in Teriflunomide (currently has a strong follow-up) and minimize the use of those essential for the physician in very specific situations.

Ot it is possible to conclude that our PG, develop by hospital pharmacists in multidisciplinary team, is a guarantee of quality, security and efficiency matter.



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REFERENCES