73) and the MMH (4th edition). A list of non BNF cited preparations was established. A questionnaire was conducted, to evaluate the efficacy and utilization of the previous edition of the formulary, both the book version and the online version. Questionnaires were distributed among 62 pharmacists.

Results: Out of the 6240 entries within the MA, 3359 were found in the BNF, 623 were found in the MMH and 2258 entries have their active ingredient and/or trade name not found in neither the BNF nor the MMH. Pharmacists (65%) replied that they do use the MMH, yet many commented that further improvements are required. The introduction of an online version, released in 2015 was an improvement but only 30% were aware of this availability.

Conclusion: When comparing the 4th edition of the MMH to the 5th edition that will be published, the number of non cited entries has increased greatly from 1550 to 2258. (Scicluna T. Formulary for non-BNF cited items. [Dissertation] Msida (Malta) : Department of Pharmacy. University of Malta ; 2016)

P3.24
Supplementary pharmacist prescribing in community pharmacy

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Introduction: This study aims to propose a supplementary pharmacist prescribing model for conditions which may be identified and managed through the use of point-of-care tests within a community pharmacy setting.

Methods: Treatment frameworks for three common chronic diseases in Malta were developed, namely; hypertension in adults, Type 1 and Type 2 Diabetes Mellitus. The developed frameworks were based on the National Institute for Health and Care Excellence guidelines. The frameworks are to be used in the context of a supplementary prescribing model for the pharmacist to decide upon the optimal treatment for individual patients, following confirmation of the diagnosis by a physician. A questionnaire regarding pharmacist and physician opinions on the Introduction of pharmacist prescribing was developed. Point-of-care tests commonly available in community pharmacies and their perceived reliability for use in prescribing scenarios was determined. The frameworks were validated by means of this questionnaire. The questionnaire was disseminated to all community pharmacies (218) and 250 physicians.

Results: A response of 57 physicians (22.8 %) and 142 pharmacies (65.14 %), yielding responses from 205 pharmacists, was obtained. Analysis revealed that when asked if pharmacists are competent to prescribe medications 18.7 % strongly agreed and 49.6 % agreed. Conversely, 12.2 % strongly disagreed and 1.1 % disagreed. Suggested adjustments for the frameworks included colour coding of treatment routes and examples of starting doses for each step.

Conclusion: The perception of community pharmacists and physicians is in support of supplementary pharmacist prescribing for hypertension and Diabetes Mellitus.

P3.25
Pharmacogenetic testing for drugs used in malignancy

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Introduction: The aim was to assess the use of pharmacogenetic testing in local practice for drugs prescribed in malignancy.

Methods: Drugs used in malignancy available on the Maltese Government Formulary List (GFL) were identified. The Pharmacogenomics Knowledgebase (PharmGKB) was used to identify the drugs with pharmacogenetic implications and which are annotated as 'Testing required'. The European Medicines Agency (EMA) Summary of Product Characteristics (SmPC) and the US Food and Drug Administration (FDA) drug label were compared for each drug. Discussion with the Chair of Haematology and Oncology at Sir Anthony Mamo Oncology Centre was held to assess local pharmacogenetic testing practice for the identified drugs.

Results: Twenty-two drugs on the GFL (July 2018) used in malignancy have pharmacogenetic implications; thirteen of these drugs are annotated as 'Testing required' in PharmGKB. The EMA SmPC and FDA drug label are in agreement that pharmacogenetic testing is required before prescribing for six drugs (dabrafenib, erlotinib, everolimus, imatinib, trametinib, trastuzumab). Six drugs (anastrazole, exemestane, letrozole, rasburicase, tamoxifen, tretinoin) only have the FDA drug label available which indicates pharmacogenetic testing as required before prescribing. There is discrepancy between annotations for lenalidomide since the FDA drug label is annotated as 'Testing required' and the EMA SmPC is annotated as 'Informative pharmacogenetics' rather than 'Testing required'. The oncologist confirmed that locally pharmacogenetic testing is being requested before prescribing for all thirteen drugs annotated as 'Testing required' in PharmGKB.

Conclusion: Local practice for requesting a pharmacogenetic test prior to prescribing drugs with pharmacogenetic implications in the oncology setting conforms to international specifications.

P4.01
Investigation into the genetic and functional relevance of the association of rs12477314 with pulmonary function

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Introduction: Recent Genome-Wide Association Study (GWAS) metaanalyses have identified a number of significant association signals for pulmonary function, one of which maps to a locus (rs12477314) in an intergenic region on 2q37.3 flanked by two oppositely transcribed genes - HDAC4 and Twist2, and a lincRNA (FLJ43879).