

In total, 13.46% (n=7) of patients stopped treatment with omalizumab: 3 patients receiving a dose of 150 mg for improvement in disease, 3 for inefficiency and in 1 the reason was unknown. Adverse reactions occurred in 2 patients: 1 patient had alopecia and asthenia and another patient gained weight.

Conclusion and relevance There was a high percentage of patients in our centre who received a dose of omalizumab 300 mg monthly for CIU but a reduced dose (150 mg monthly) was equally effective and safe, even stopping treatment for improvement in CIU which would also have an economic impact.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-145 EVALUATION OF A PHARMACEUTICAL CARE PROGRAMME FOR PATIENTS BEING TREATED WITH OMALIZUMAB

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Background and importance The problem of severe asthma refractory to treatment has been addressed in clinical practice guidelines but there is still a notable percentage of patients poorly controlled, under treated and with inadequate follow-up. The pharmacy service (PS) of a third level hospital proposed a pharmaceutical care programme (PCP) to dispense omalizumab in prefilled syringes for self-administration in hospital and subsequently the patient would self-administer at home.

Aim and objectives To evaluate the effectiveness and safety of treatment with omalizumab after implementation of a PCP for asthmatic patients treated with omalizumab in January 2019.

Material and methods In this observational retrospective study, all patients treated with omalizumab in our hospital and who had started the PCP were included. The primary endpoint was the degree of effectiveness and safety of omalizumab in patients with the new protocol. The effectiveness indicators used to compare the study periods were: the number of exacerbations due to asthma, asthma control test for people over 12 years of age (ACT12 score) and clinical status assessment of asthma by a doctor (reduction in forced expiratory volume in 1 s (FEV₁)). Exacerbation was defined as an increase in symptomatology that required systemic corticosteroid recovery treatment. Secondary endpoints included adherence to treatment and treatment modifications.

Results A total of 28 patients were evaluated, 50% women, with a mean age of 24 years (8–56), and an average treatment duration with omalizumab of 29 months (1–66). Since the introduction of the PCP, 18% of patients suffered exacerbations (1–4) with an average ACT12 score of 11: 40% of patients showed an improvement in FEV₁ and no patient reported a reaction at the injection site. Adherence to omalizumab was 96% but adherence to the basic treatment was only good in 45% of patients and was 0% in four patients.

Conclusion and relevance Implementation of the PCP allowed follow-up of efficacy and safety of omalizumab treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. European public assessment report of omalizumab (https://www.ema.europa.eu/en/documents/product-information/xolair-epar-product-information_en.pdf).

I would like to express my great appreciation to the staff of the service.

No conflict of interest.

4CPS-146 EFFECTIVENESS AND SAFETY OF OMALIZUMAB IN THE TREATMENT OF SEVERE UNCONTROLLED ASTHMA

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Background and importance New biological antiasthmatic therapies have been recently developed. In the absence of comparative studies of these therapies, there is a need to provide a better understanding of their behaviour in the real world. Omalizumab is the first monoclonal antibody for the add-on treatment of severe allergic asthma (SAA).

Aim and objectives To evaluate the effectiveness and safety of omalizumab in SAA.

Material and methods A retrospective observational study was conducted in all patients with SAA who were started on omalizumab treatment since 2009. Through pharmacy recordings and electronic clinical records, we collected demographic variables, treatment data (mean dose at baseline and changes during treatment, treatment duration until the last medical review (LMR), need for oral corticosteroids (CO)), forced expiratory volume in 1 s (FEV₁), scores in the asthma control test (ACT), adverse drug reactions (ADR) and reasons for treatment discontinuation.

Results Forty-six patients were included, 63% women, median age 45 years (range 10–74). The mean values for FEV₁ at baseline, week 16 and LMR were 65±17%, 77±18% and 80±20%, respectively. FEV₁ >80% was reached in 58.7% (27/46) of patients; in 26% (12/46) it increased by an average of 13% although FEV₁ >80% was not reached. In the remaining patients (15.3% (7/46)), FEV₁ decreased by an average of 11% compared with baseline. Data from the ACT questionnaire were recorded in only 37% (17/46) of patients with the following results: total control (ACT >25) in 23.5% (4/17), good control (ACT 20–24) in 29.4% (5/17) and poor control (ACT <20) in 47.1% (8/17). At the beginning of treatment, 67.3% (31/46) of patients required daily administration of CO compared with only 10.8% after omalizumab treatment. Regarding ADR, 28% (13/46) of patients suffered any ADR. Treatment was stopped in 15 patients (inefficacy (n=5), ADR (n=5), non-compliance (n=1), clinical improvement (n=4)) after an average treatment duration of 24 months.

Conclusion and relevance Omalizumab improved lung function in patients with SAA, eliminating the use of CO and with an acceptable safety profile. We noticed that there is a need to improve the registration of some clinical parameters in order to ensure adequate therapy monitoring that will help to provide knowledge of the role of each of these therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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