and trastuzumab. Infliximab biosimilar was introduced in September 2015 and rituximab and trastuzumab in August 2018. The results were analysed with Excel.

Results We identified 203 patients treated with infliximab, 16.2% for rheumatoid arthritis (RA) and its derivatives, 80.3% for inflammatory bowel disease (IBD) and 3.5% for other pathologies. A total of 54.7% of patients were treated with a biosimilar, 46.8% as the initial treatment and 7.9% as a switch. All (100%) switches were in patients treated for IBD.

Rituximab was used in 158 patients, 60.8% for different types of haematological cancer, 13.9% for RA, 5.1% for lupus and 20.2% for other diseases. A total of 51.3% of patients were treated with a biosimilar, 36.7% as the initial treatment and 14.6% as a switch. Most (65%) of the switches were found in haematological pathologies. Subcutaneous BRP were given to 29.7% of the total patients.

There were 77 patients treated with trastuzumab, 92.2% for breast cancer and 7.8% for gastric cancer. Of the 71 patients with breast cancer, 59.1% were treated with a biosimilar, 22.5% as the initial treatment and 36.6% as a switch. The remaining 40.9% were treated with subcutaneous BRP. In gastric cancer, 100% of patients were treated with a biosimilar, 66.7% from the beginning and 33.3% as a switch.

Conclusion and relevance The use of biosimilar drugs is more consolidated in new patients and switching is a slower dynamic. The arrival of new biosimilars in the coming years will increase their use. Some medical specialties are more likely to using biosimilar drugs. The presence of a subcutaneous BRP can make the use of biosimilar drugs more difficult as a switch or in new patients as physicians will prescribe a subcutaneous BRP instead of an intravenous biosimilar.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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No conflict of interest.

4CPS-158 PRESCRIBING TRENDS OF ADALIMUMAB AND ETANERCEPT BIOSIMILAR DRUGS IN A THIRD LEVEL HOSPITAL

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Background and importance Adalimumab and etanercept are two of the most used biologic drugs worldwide in a variety of chronic diseases. The introduction of biosimilar drugs (BS) for both has revolutionised the market and may enable more patients to access these treatments.

Aim and objectives To measure the use of etanercept and adalimumab biosimilars since their introduction in a third level hospital.

Material and methods We studied the number of patients treated with biological reference products (BRP) and with their corresponding biosimilars since the introduction of etanercept (April 2018) and adalimumab BS (January 2019) in our hospital until September 2019. The results were analysed with Excel.

Results There were 211 patients treated with etanercept, 36.7% for spondyloarthropathy, 35.1% for rheumatoid arthritis, 14.8% for psoriatic arthritis and 13.4% for psoriasis. In 41.7% of patients, treatment was with a BS the, 38.4% as a new treatment and 3.3% as a switch. Of the 3.3% who switched, 43% were patients with psoriasis, 29% with psoriatic arthritis, 14% with rheumatoid arthritis and 14% with spondyloarthropathy. We found that 4.9% of the total number of patients started with the BRP.

We identified 452 patients being treated with adalimumab, 46.2% for arthropathies, 31.0% for inflammatory bowel disease, 16.4% for psoriasis and 6.4% for other diseases. In 18.9% of patients, treatment was with a BS, 17.0% in new patients and 1.9% as a switch. Every switch was done in psoriatic patients. We found that 1.3% of the total number of patients started treatment with the BRP.

Conclusion and relevance The use of the biosimilars of etanercept and adalimumab was highly accepted when initiating a new treatment and switching is starting to increase, especially in psoriasis. It is important to design a strategy that could enhance switching from the BRP to the biosimilar drug in pathologies other than psoriasis where patients have chronic conditions and will need treatment for a long period of time.

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4CPS-159 MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA AT A TERTIARY CARE TEACHING HOSPITAL

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Background and importance The implementation of community acquired pneumonia (CAP) guidelines has led to shortening the duration of antibiotic treatment, reducing costs and improving pneumonia related morbidity and mortality. Adherence to CAP guidelines is varied in multiple international studies. This study aimed to evaluate the rate of adherence to the 2007 guidelines from the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) for the diagnosis and treatment of CAP in hospitalised patients. We also wanted to identify patient related factors that may influence adherence to treatment guidelines at our tertiary care teaching hospital

Aim and objectives The aims of the study were to evaluate adherence to IDSA guidelines for the management of CAP.

Material and methods Patients admitted with CAP had their charts prospectively reviewed from 1 April to 31 July 2018. Patients were eligible to participate in the study if they were >18 years of age and the admitting diagnosis was CAP. Demographic data, comorbid conditions, smoking history, antibiotic culture and sensitivity, duration of antibiotic therapy, relevant laboratory data and diagnostic procedures were retrieved from the medical records. The proportion of patients who were treated according to CAP guidelines were recorded and compared with the most widely referenced guideline, IDSA/ATS for the treatment of CAP.

Results During the study period, 138 eligible patients were identified, 51.4% were women, mean age was 59.1±20 years and 49.3% had diabetes. Only 8% of patients received a