for adverse events (CTCAE) V.4.0 grades. Mean adherence at 96 weeks was calculated by the medication possession ratio based on pharmacy refill records.

Results Thirty-three patients started alirocumab treatment in 2017 and 31 (93.9%) were still on treatment after 96 weeks. Two patients (6.1%) discontinued therapy: one due to an active malignancy and one due to loss of follow-up.

Patient characteristics were 58.1% men with a median (IQR) age of 65 (11) years. Alirocumab dose was 75 mg/2 weeks in 87.1% of patients and 150 mg/2 weeks in 12.9%. Secondary prevention was 83.9% and there was a high cardiovascular risk in 80.6%. Type of hypercholesterolaemia was heterozygous familial in 29.0% of patients, polygenic in 67.7% and combined familial hyperlipidaemia in 3.2%. Statin intolerance was found in 38.7% of patients. Comorbidities included diabetes mellitus 19.4%, hypertension 54.8% and smoking 3.2%.

Median (range) adherence was 100% (81.7–100%) (only 2 patients (6.5%) with adherence <90%). Median (IQR) reduction in LDL-c reduction was 59.5 (22.6)%. Only one patient did not have a reduction in LDL from baseline (adherence 82%). A high cardiovascular risk was the only patient factor associated with 100% adherence (p=0.034). Mild adverse effects were present in 19.3% of patients (27.3% constipation, 18.2% flu-like syndrome, 18.2% pruritus and other (dizziness, palpitations, headache, dysgeusia) 9.1% each). All adverse effects (100%) were classified as CTCAE grade 1.

Conclusion and relevance More than 90% of patients starting alirocumab persisted with treatment for 96 weeks after initiation. Alirocumab showed good long term efficacy with a median reduction in LDL of >50%. It was also well tolerated because all reported adverse events were mild and did not lead to any treatment discontinuation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-024 EFFECTIVENESS OF ANTI-INTERLEUKIN-17 DRUGS IN PSORIASIS IN CLINICAL PRACTICE

[1]A Retamero Delgado*, [2]C Seguí Solanes, [1]V Charques Trallero, [1]S Mendiola Garcia, [2]N Rudi Sola, [1]D Ferrandez Martí. *[1]Consorci Sanitari De L'anoia, Pharmacy, Igualada, Spain; [2]Hospital General De Granollers, Pharmacy, Granollers, Spain*

10.1136/ejhpharm-2020-eahpconf.125

Background and importance Anti-interleukin-17 (IL-17) drugs are a new option for treating patients with psoriasis which have demonstrated high efficacy in clinical trials.

Aim and objectives To analyse the effectiveness of anti-IL-17 drugs for psoriasis in clinical practice.

Material and methods A cross sectional study was conducted in two regional hospitals with a total of 196 biologic treatments (BT) for psoriasis. Inclusion criteria were patients in active treatment for at least 12 weeks with an anti-IL-17 drug (secukinumab or ixekizumab) for psoriasis until October 2019. Data collected included patient characteristics, type of psoriasis, previous and actual treatment, effectiveness measured by the psoriasis area severity index (PASI) and the impact on quality of life measured by the dermatology life quality index (DLQI). Statistical analysis was carried out with SPSS Statistics V.22. Results are presented as mean (SD) for quantitative data and percentages for qualitative data.

Abstract 4CPS-024 Table 1

	Previous	Post	P value
PASI	12.5 (5.7)	0.9 (1.3)	<0.001
DLQI	10.0 (7.4)	0.6 (1.1)	<0.001

Results Thirty patients were included in the study (15.3% of the total BT for psoriasis in both hospitals), 16 (53.3%) of whom were men, and mean age was 50.2 (13.6) years.

Distribution by types of psoriasis: 30 (100.0%) plaque, 7 (23.3%) nail, 6 (20.0%) palmoplantar, 6 (20.0%) scalp and 2 (6.6%) inverse psoriasis. Thirteen (43.3%) patients had more than one type.

Distribution by treatment: 23 (76.7%) secukinumab and 7 (23.3%) ixekizumab. Twenty-three (76.7%) patients had received at least one systemic agent, which was usually methotrexate (69.6%), followed by acitretin (26.1%) and ciclosporin (4.4%). Moreover, for 13 (43.3%) patients, the anti-IL-17 drug was the first BT, while in 17 (56.7%) there had been another BT previously. Two (6.7%) patients had previously received an anti-IL-17 drug, which in both cases was secukinumab. Effectiveness is shown in table 1.

Twenty-two (73.3%) patients achieved a PASI of 90 (almost complete clearance of psoriatic lesions) and 24 (80.0%) had a DLQI ≤1 (no impact on quality of life) within 12 weeks of treatment. No significant differences in previous and actual PASI and DLQI were found between secukinumab and ixekizumab.

Conclusion and relevance

- More than half of the patients had more than only plaque psoriasis.
- Most patients had been treated previously with one systemic treatment.
- Anti–IL–17 drugs were effective in clinical practice.
- There were no differences between secukinumab and ixekizumab in terms of effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-025 DUPILUMAB IN THE TREATMENT OF MODERATE TO SEVERE ATOPIC DERMATITIS: CASE REPORTS

C Palomo-Palomo*, MM Romero Alonso, D Guerra Estevez, M Barrera Ledesma, J Estaire Gutierrez. *Hospital Infanta Elena, Hospital Pharmacy, Huelva, Spain*

10.1136/ejhpharm-2020-eahpconf.126

Background and importance Dupilumab is authorised in the European Union for the treatment of moderate to severe atopic dermatitis (AD) in adult patients who are candidates for systemic treatment. It is a non-funded drug in Spain, so patients can only access this treatment through medication management under special circumstances according to the Spanish Agency for Medicines and Health Products (AEMPS).

Aim and objectives To analyse the criteria for use, effectiveness and economic impact of dupilumab in the treatment of moderate to severe AD.

Material and methods This was a study of a series of patients diagnosed with moderate to severe AD and treated with dupilumab until October 2019. The data were obtained from the clinical history and the electronic prescription programme (SILICON). The variables recorded were: sex, age, previous treatments, cost of the vial through the medication management website in special situations and number of dispensations. Each case was evaluated by the local Biological and High Impact Medicines Commission (CAL). The criteria used to access the treatment were: diagnosis of moderate to severe AD, defined by a score on the doctor's global score scale (PGA) $\geq$3 and the eczema area and severity index (EASI) $\geq$16, and minimal involvement of the body surface area (BSA) $\geq$10%, and been treated with glucocorticoids, oral antihistamines and cyclosporine. Effectiveness was assessed as a 75% reduction in EASI (EASI-75) at week 16 and a decrease in immunoglobulin E (IgE). The average cost per patient was calculated.

Results Three patients (two men) were included, with a median age of 23 years (17–32). In all cases they had been treated with topical and systemic glucocorticoids, oral antihistamines and cyclosporine. One of the patients had received methotrexate. All patients met the utilisation criteria agreed by the CAL. At week 16, all three patients reached EASI-75, and this was maintained over time. Baseline IgE values were: 1500, 10 004 and 6013. The levels decreased to normal values in the three patients. The average cost per patient was € 17 400 over the 26 weeks of treatment.

Conclusion and relevance The effectiveness of dupilumab was significantly improved by reducing injuries and itching. The criteria of use allowed the selection of those patients who could obtain the greatest benefit. The analytical determination of IgE could be a criterion to select the most serious patients, and a decrease IgE could be used as a variable to evaluate the effectiveness of dupilumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-026 DALBAVANCIN OFF-LABEL USE: EFFECTIVENESS AND SAFETY

M Arrieta*, JM Caro-Teller, S Ortiz-Pérez, C Rosas-Espinoza, MD Canales-Siguero, F Martínez De La Torre, JM Ferrari-Piquero. *Hospital Universitario 12 De Octubre, Pharmacy, Madrid, Spain*

10.1136/ejhpharm-2020-eahpconf.127

Background and importance Dalbavancin is approved for treating complicated skin and soft tissue infections. However, there is growing evidence that other severe gram positive infections could be treated with this antibiotic.

Aim and objectives To evaluate the use of dalbavancin in a tertiary hospital in Spain, as well as its effectiveness and safety for off-label indications.

Material and methods A retrospective observational study was carried out including all patients treated with dalbavancin in our hospital (October 2016–June 2019). Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions due to the same infection in the following 3 months after receiving dalbavancin.

Results Ninety-two patients received treatment during the period of the study (70.7% men, n=65; median age 69.1 ±15.0 years). In 64 cases (69.6%) the treatment was off-label: bacteraemia (68.7%, n=44), endocarditis (18.8%, n=12), osteomyelitis (9.4%, n=6) and septic arthritis (3.1%, n=2).

Infections were caused by: *Staphylococcus aureus* (68.9%, n=44), *Enterococcus* (14.2%, n=9), empiric (6.3%, n=4), *Staphylococcus epidermidis* (3.1%, n=2), *Staphylococcus lugdunensis* (1.5%, n=1), coagulase negative *Staphylococcus* (1.5%, n=1), *Staphylococcus haemolyticus* (1.5%, n=1), *Streptococcus oralis* (1.5%, n=1) and *Streptococcus gordonii* (1.5%, n=1).

All patients had previously received antibiotics. Reasons for switching to dalbavancin were: patient discharge (85.9%, n=55) and toxicity caused by the previous antibiotic therapy (14.1%, n=9).

Dosage was: 1500 mg single dose (79.8%, n=51), 1500 mg on days 0 and 15 (11.0%, n=7), 1500 mg on day 0 and 500 mg on day 15 (3.2%, n=2), 1000 mg on day 0 and 500 mg on day 7 (1.5%, n=1), 1500 mg every 15 days: 3 times (1.5%, n=1), 4 times (1.5%, n=1) and 7 times (1.5%, n=1).

The first doses were administered during hospitalisation and the following doses, if required, in the outpatient setting. Length of hospital stay was reduced to 18.9±10.7 days/patient.

A total of 92.2% of patients (n=59) presented clinical and microbiological resolution of the infection at the end of treatment. However, five patients were readmitted for treatment of the same infection during the follow-up period. Serious adverse effects related to dalbavancin were not reported.

Conclusion and relevance In most of our patients, dalbavancin was used off-label. Our results suggest that dalbavancin is a safe and effective alternative in the treatment of gram positive infections. Its dosage facilitates an early discharge and outpatient management of these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-027 ANTIBIOTIC THERAPY REASSESSMENT AND ITS DOCUMENTATION: CAN VIRTUAL TOOLS IMPROVE PRACTICES?

[1]M Bonsergent*, [1]C Humbert, [2]L Escaut, [3]D Osman, [1]A Barrail-Tran. *[1]Chu Bicêtre, Pharmacy, 94270 Kremlin-Bicêtre, France; [2]Chu Bicêtre, Infectious Diseases, 94270 Kremlin-Bicêtre, France; [3]Chu Bicêtre, Medical Reanimation, 94270 Kremlin-Bicêtre, France*

10.1136/ejhpharm-2020-eahpconf.128

Background and importance Documentation of 48–72 hour antibiotic therapy reassessment is one of the evaluation criteria of good antibiotic use in health facilities. This item is only found in 30–50% of patient medical records in the literature.

Aim and objectives To assess the documentation at 72 hours of reassessment of antibiotic therapy in the medical records and to assess the impact of antibiotic awareness with virtual tools.

Material and methods A first audit of the 48–72 hour antibiotherapy reassessment documentation was carried out. A total of 200 patient records were drawn randomly from 10 units. Following the results, several corrective actions were conducted. Results were presented to units, followed by a free discussion with prescribers. Then, an e-learning module was developed and validated by the local antibiotic commission.

This module contained 3 clinical cases and 13 questions emphasising reassessment and its documentation. A pop-up alert in the prescribing software was created for each