beginning of the study, population data (sex and age) and analytical data were collected at baseline and at 24 weeks: viral load (VL), CD4 lymphocytes and any adverse event (AE) produced by BIC/FTC/TAF.

Results During the study period, 95 patients were included: 25 naïve (76% men) with an average of 40 years and 70 patients who switched (66% men) with an average of 43 years.

Results for immunovirological efficacy were

- naïve group: median VL and CD4 at the beginning were 764 026 copies/mL and 402 cells/mL, respectively. After 24 weeks, 22 (88%) patients had undetectable VL (<50 copies/mL) and the remaining 12% failed due to poor adherence. Adherence was reinforced for them and in the next analysis they had undetectable VL. The median CD4 with undetectable VL was 736 cells/mL.
- switched group: median VL and CD4 lymphocytes at baseline were 120 413 copies/mL and 639 cells/mL, respectively. After 24 weeks, 65 (93%) patients had undetectable VL with median CD4 lymphocytes in these patients of 728 cells/mL.

In total, there were four patients (4.2%) who had insomnia during treatment with BIC/FTC/TAF. Also reported were: 3 (3.2%) patients with headache, 1 (1.1%) patient with osteoarticular pain, 1 (1.1%) patient with increased menstrual bleeding and 1 (1.1%) patient with gastrointestinal pain. None of these AE was a reason for treatment interruption.

Conclusion and relevance BIC/FTC/TAF was safe (mild AE with a low incidence rate) and effective (high percentages of undetectable VL and good results for CD4 lymphocytes).

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-260

ANALYSIS OF DRUGS INTERACTIONS BETWEEN CORONAVIRUS (COVID-19) ANTIVIRAL TREATMENT AND CONCOMITANT MEDICATION

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Background and importance Drugs used for COVID-19 (lopinavir/ritonavir, hydroxychloroquine) have a large number of interactions. If any of these drugs are used, we should be cautious and monitor the clinical evolution of each patient closely. The hospital pharmacist plays an important role in the revision of treatment to ensure its safety and efficacy.

Aim and objectives To analyse potential drug interactions of treatment for COVID-19 and to evaluate physician acceptance of pharmacist recommendations.

Material and methods This was a prospective interventional study from March to May 2020. We included all patients who started antiviral treatment for COVID-19 with a positive PCR test and hospital admission. Data were collected from the electronic medical record (DIRAYA) and the prescription programme (PRISMA). The databases used for the detection of interactions were: Drugs.com and COVID-19 drug interactions.org (University of Liverpool).

Collected data were age, sex, concomitant medication, interaction classified according to severity (major/moderate),

mechanism of the interaction (MI) (pharmacokinetic/pharmacodynamic), drugs that prolong QT interval and pharmaceutical recommendation (PR).

Detection of an interaction was reported in the clinical course of the patient. In the case of a serious interaction or clinical risk situation, the prescribing doctor was notified directly. Descriptive statistics were used to analyse the results.

Results 178 patients (56.2% men) were analysed, with a median age of 63 (range 22–90) years. 267 interactions were detected (56.9% moderate/43.1% major). The MI involved was pharmacokinetic (63.9%)/pharmacodynamic (36.1%). 22.8% of the collected drugs could affect the QT interval.

Antiviral therapy used was lopinavir/ritonavir (96.6%) and hydroxychloroquine (94.9%). 72.5% of patients had at least one interaction. The main therapeutic groups involved were: 15.7% selective calcium channel blockers, 11.2% topical nasal corticosteroids, 10.5% angiotensin II receptor blockers and 8.8% HMG-CoA reductase inhibitors. 185 PR were made. The rate of acceptance was 70.8%: 35.2% change dose, 24.1% change treatment and 11.5% drug suspension.

Conclusion and relevance Pharmacist participation in the multi-disciplinary COVID team was relevant for the detection of multiple interactions, helping doctors in decision making about drugs not commonly used in an overwhelmed healthcare situation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. <https://www.drugs.com/>
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Conflict of interest No conflict of interest

4CPS-261

USE OF INTRAVENOUS IMMUNOGLOBULIN: BY THE BOOK?

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Background and importance Intravenous immunoglobulin (IVIG) is a blood product used for replacement therapy and immunomodulation in various conditions. Its use is usually restricted to situations with clinical benefit and established evidence, due to the drug's production method and high economic value. Recently, the Portuguese National Pharmacy and Therapeutics Committee (NPTC) released guidance for a more evidence based IVIG use approach.¹

Aim and objectives To characterise the IVIG prescription profile in our institution; to assess if IVIG is prescribed and used in accordance with guidance No 8, May 2020, from NPTC and the National Medicines Formulary (NMF); and to evaluate the impact of IVIG consumption on the hospital's financial budget.

Material and methods All IVIG prescriptions from January 2018 to May 2020 were analysed. Indications, doses, infusion rates (IR) and adverse reactions (AR) were registered in an Excel spreadsheet. The indications were classified as either on or off-label, regarding their inclusion in the aforementioned guidance and as per the NMF. The economic impact was calculated from the average price, using SGICM-GLINTT pharmacy software.

Results The study included 131 prescriptions, of which 92.4% conformed to the NMF: 60.3% were replacement therapy,