Results 30 patients were treated with tofacitinib from 2017 to March 2020, 23 women and 7 men, with a median age of 55 (48–62) years; 40% of patients were overweight. 23 patients were diagnosed with rheumatoid arthritis, 3 patients with psoriasis arthritis, 1 patient with vitiligo, 1 patient with alopecia areata and 1 patient with polyarthritis. 50% of patients were pre-exposed to at least one biological agent and all of the patients were pre-exposed to methotrexate, leflunomide and/or hydroxychloroquine. Median time to stop tofacitinib was 307 (114–557) days. Reasons for stopping tofacitinib were: insufficient response (n=9), infection (n=1), headache (n=3), haematemesis (n=1) and pregnancy (n=1). 15 patients have continued treatment with tofacitinib with a good response. Elevation of liver enzymes, or changes in the levels of lymphocytes, neutrophils and haemoglobin have not been detected in any patient. 30% of patients had adverse events; more frequent adverse events were infections in 13% of patients and headache in 13% of patients.

Conclusion and relevance The efficacy and safety of tofacitinib have been demonstrated in clinical trials. This retrospective analysis of real life data showed that tofacitinib was also effective and safe in a real life setting but only 50% of the patient cohort achieved a response with a dose of tofacitinib 5 mg twice daily. Due to the size of the group, these results should be interpreted with caution; future analysis in clinical practice is necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-312 PHARMACEUTICAL INTERVENTIONS IN A NON-ONCOHAEMATOLOGICAL DAILY HOSPITAL


Background and importance The role of the pharmacist in the validation and dispensing of medications is already known. But the increasingly frequent use of high cost drugs makes that role essential for the sustainability of health systems.

Aim and objectives To describe and analyse the pharmaceutical interventions carried out in a non-oncohaematological daily hospital (NOHDH) and to evaluate the economic impact of these interventions.

Material and methods From April 2019 to March 2020, pharmacist interventions in the validation and dispensing of electronic prescriptions of intravenous treatments in the NOHDH were recorded. It should be noted that preparation of infusions is not centralised in the pharmacy but is carried out in the daily hospital units. Infusions prepared in the pharmacy, acute treatments and intravenous iron were excluded. To calculate the economic impact, only the dose administered and the average cost of drugs during the year of the study were considered.

Results 30 interventions were carried out in 434 patients (6.9% patients) and 2240 dispensations (1.3% dispensations). 29 were accepted (97%). They were classified according to the type of intervention: 15 presentation changes (14 to a biosimilar), 10 dose adjustments (5 to commercial presentations), 4 request errors (1 of dose and 3 of administration date) and 1 change of medication. Intervention according to services: 10 rheumatology (9.6% of patients and 2.2% of dispensations), 5 nephrology (26.3% and 11.4%), and...
Background and importance Baricitinib is an immunosuppressive agent included as one of the therapeutic options for COVID-19 in the Spanish protocol Agencia Española del Medicamento y Productos Sanitarios.

Aim and objectives The objective was to assess the effectiveness of this drug in hospitalised but non-critically ill patients.

Material and methods An observational retrospective study was conducted in a third level hospital from 26 March to 5 May. Inclusion criteria were: hospitalised patients diagnosed with COVID-19 pneumonia and treated with baricitinib. Data collected were: age, gender, comorbidities, severe pneumonia diagnosis, ferritin and interleukin 6 (IL-6) prior to the beginning of treatment with baricitinib, standard of care according to the hospital’s protocol, concomitant treatment with anakinra, duration of treatment with baricitinib, average hospital stay (AHS), deaths and hospital discharges. The data were collected from the electronic medical records and the hospital’s management department.

Results 171 patients treated with baricitinib were included, with an average age of 69.5 (34–96) years. 71.3% (122) were men. 87.1% (149) had comorbidities and 73.1% (125) were diagnosed with a severe pneumonia, with 25% of them dying (31). Median duration of treatment with baricitinib was 5 days (1–12). AHS for the baricitinib group was 14.60 (3–47) days, and AHS for the whole sample of patients diagnosed with COVID-19 pneumonia was 17.2 days. 23.4% (40) of patients had high levels of ferritin (>2500 U/L). Among them, 87.5% (35) were discharged and 12.5% (5) died. IL-6 levels were high (>40 U/L) in 29.8% (51) of patients, <40 U/L in 37.4% (64) and not measured in 32.7% (56). In the group with high IL-6 levels, 70.6% (36) were discharged and 29.4% (15) died. Among those with normal levels of IL-6, 93.8% (60) were discharged and 6.3% (4) died. 84.2% (144) of baricitinib patients were also treated with the SoC.

Conclusion and relevance AHS for baricitinib patients was shorter than for the whole sample of COVID-19 patients. The percentage of patients with high levels of IL-6 was superior to that of patients with high ferritin, with mortality greater in patients with IL-6 >40 U/L. Hence IL-6 level appears to be a better prognostic factor of mortality than ferritin. This could also be related to a greater patient’s immune response. Regarding treatment effectiveness, mortality of patients who were treated with SoC plus baricitinib was similar to that of patients treated with anakinra plus baricitinib.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest