age of the patients were collected. Adalimumab's persistence was calculated in months from the beginning of treatment to the last dispensation register. We collected dispensation data from January 2007 to May 2019 to calculate adalimumab's persistence until this date. The drug's survival was calculated using the Kaplan–Meier method and the log rank test to compare survival in each of the pathologies. A significant difference was considered with a p value <0.05 .

Results 125 patients started treatment with adalimumab between January 2007 and December 2016; 48 patients (38.4%) were diagnosed with rheumatoid arthritis, 43 (34.4%) with ankylosing spondylitis and 34 (27.2%) with psoriasis arthritis. 52.1% of all patients were naïve for biological drug treatments. 83.3%, 48.8% and 52.9% were women aged 57.6 ± 43.8 , 47.1 ± 10.1 and 55.6 ± 14.0 years in the rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis groups, respectively.

After analysing the data using the Kaplan–Meier method, we obtained an overall survival of adalimumab in each pathology, which was greatest in psoriatic arthritis with 59.9 months (95% CI 39.6 to 80.2), followed by 46.8 months in rheumatoid arthritis (95% CI 31.5 to 62.0) and 38.8 months (95% CI 25.1 to 52.4) in ankylosing spondylitis. When we compared the different pathologies by the log rank test, adalimumab's persistence was statistically significant for rheumatoid arthritis and ankylosing spondylitis ($p < 0.00513$, $p < 0.0025$, respectively).

Conclusion and relevance Adalimumab is a biologic drug with proven therapeutic efficacy in the treatment of these pathologies. According to our data, adalimumab showed considerable persistence, which was greatest in psoriatic arthritis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-327 EFFECTIVENESS, SAFETY AND ADHERENCE OF BARICITINIB AND TOFACITINIB IN RHEUMATOID ARTHRITIS

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Background and importance Janus kinases (JAK) inhibitors, baricitinib and tofacitinib, have emerged as an effective class in the treatment of rheumatoid arthritis (RA), which when administered orally offer an alternative to subcutaneous or intravenous biologic drugs, with efficacy and safety results comparable with those of biological therapies.

Aim and objectives To assess the effectiveness, safety and adherence to JAK inhibitors in patients with RA.

Material and methods A retrospective observational study was conducted in patients diagnosed with RA who received treatment with JAK inhibitors between 2017 and 2019 in a secondary hospital. Variables included were: sex, age, time since diagnosis, number of previous biologic treatments, dose and concomitant use of conventional disease modifying antirheumatic drugs. Clinical disease activity was assessed at months 0, 6 and 12 using the DAS28-ESR score.

Safety was evaluated according to adverse effects (AE). Adherence was calculated using the medication possession ratio

(MPR), percentage of days' supply obtained/refill interval or fixed interval, obtained from the pharmacy system.

Results 36 patients were included, 86% women (4 patients received both treatments). Age was 54 (SD 9) years and average time since diagnosis was 11 (SD 7) years. Average number of previous biologics was 2 (IQR 0–4). Treatment prescriptions were 50% tofacitinib (5 mg twice daily) and 50% baricitinib (4 mg four times a day except for two patients who had 2 mg four times a day). 53% of patients were taking concomitant methotrexate and 8% leflunomide.

From the 40 treatments assessed, 12 were stopped before 6 months and 3 before 12 months. The main reasons for discontinuation were: AE (40%) (headache, meningitis, oedema, skin lesions), primary treatment failure (33%) and secondary treatment failure (20%). DAS28-ESR before JAK inhibitors was 4.9 (SD 0.7), at 6 months 3.4 (SD 1.1) (22% in remission) and 3.4 (SD 0.5) (0% in remission) at 12 months. DAS28-ESR was reduced by ≥ 1.2 points (moderate response) in 44% of patients at 12 months.

AE were observed in 44% of patients, most commonly: infections (14%), headache (11%) and gastrointestinal disorders (8%). The mean MPR was 92 (SD 0.1)% after 6 and 12 months. Two patients had an MPR $< 80\%$ at 6 months and 4 at 12 months.

Conclusion and relevance In our study, the percentage of adherence to JAK inhibitors was high. Despite no patients in remission at 12 months, almost half showed a moderate response to treatment. However, more than a third of patients reported AE.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-328 BIOLOGICAL DRUGS FOR THE TREATMENT OF MODERATE-TO-SEVERE PLAQUE PSORIASIS: ANALYSIS ACCORDING TO THE MECHANISM OF ACTION

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Background and importance In the past years, many biological drugs have been approved for the treatment of moderate-to-severe plaque psoriasis.

Aim and objectives We aimed to describe the population of outpatients treated with biological drugs for moderate-to-severe plaque psoriasis according to the number and type of therapeutic shifts.

Material and methods We identified patients treated with a biological drug for moderate-to-severe plaque psoriasis (code ICD-9-CM 696.1 other psoriasis) from February 2017 to September 2020. Data were collected from drug refills by our pharmacy and electronically recorded. Biological drugs were considered according to the mechanism of action: anti-TNF- α (adalimumab, certolizumab, etanercept), anti-IL-17 (brodalumab, ixekizumab, secukinumab) and anti-IL-23 (guselkumab, risankizumab, tildrakizumab and ustekinumab). The therapeutic shift was intended as a change in the active substance, regardless of changes from an originator to its biosimilar/s, the pharmaceutical form (pen or syringe) or the dose.

Results From February 2017 to September 2020, 357 patients were treated with at least one biological drug for plaque