retrospectively (January 2016 to December 2018). Post-implementation (January 2019 to July 2020), an initial PIP was identified prospectively in the CMA. The total number of recommendations and acceptance rate were recorded for the post-implementation period.

Results At baseline, the median proportion of residual PIPs was 69.0% (range 50.0–83.3%) with a median number of 13.1 (range 9.5–15.8) residual PIPs per day. After the CMA intervention, the median proportion and median number decreased to 11.8% (range 0–50%) and 2.2 (range 0–9.5), respectively. Clinical rules showed an immediate relative reduction of 66% ($p < 0.0001$) in pain related residual PIPs. A significant decreasing time trend was observed during the post-implementation period. Over 1 year in the post-implementation period, the clinical pharmacists provided 1683 recommendations for 1427 individual patients during 1478 hospital admissions. The treating physicians accepted 74.3% of the recommendations.

Conclusion and relevance We proved that the CMA approach improved analgesic prescribing, as the number of pain related residual PIPs was reduced in a highly significant and sustained manner. The downward trend in the post-implementation period might indicate a learning effect on physicians, resulting in a higher acceptance rate of recommendations over time. More pharmacist involvement and the use of clinical rules during hospital stay should be further promoted to optimise appropriate prescribing of analgesics.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-337 PERSISTENCE OF BIOSIMILAR TREATMENT FOR IMMUNE MEDIATED INFLAMMATORY DISEASES IN CLINICAL PRACTICE

V Charques Trallero*, A Retamero Delgado, M Camps Ferrer, D Ferrandez Marti, J Serrais, RM Pares Marimon, S Mendiola. *Consorci Sanitari De L'anoia, Pharmacy, Igualada, Spain*

10.1136/ejhp-pharm-2021-eahpconf.169

Background and importance Maintaining persistence is a key element in pharmacotherapy follow-up. Adverse effects of biosimilars may be one of the main causes for discontinuing treatment.

Aim and objectives To analyse persistence as an effectiveness and safety indicator for different biosimilars in immune mediated inflammatory diseases (IMID) in clinical practice.

Material and methods A retrospective study was conducted in a regional hospital with a reference area of 110 000 inhabitants and 230 biological treatments (BT). All patients with an IMID who had received a biosimilar of infliximab, etanercept or adalimumab from the first biosimilar's entry in the pharmacotherapeutics guide until February 2020 were included. Variables studied were demographic data (gender, age), medical speciality, previous treatments and time receiving the biosimilar. Reasons for discontinuation and activity of the disease were registered. Data collection was done with SAVAC, an electronic prescription system. Statistical analysis was performed using SPSS Statistics V.22. Categorical variables are shown as percentages and quantitative variables as mean (SD).

Results 64 patients (27.8% BT) were included: 28 (43.8%) were men and mean age was 43.7 (SD 16.3) years. 26 (40.6%) patients had received previous BT, most of them with

an anti-TNF (53.8%). Only 11 (17.2%) patients switched from the original to the biosimilar drug. Distribution by drug was: 27 (42.2%) infliximab, 21 (32.8%) etanercept and 16 (25.0%) adalimumab. Distribution by medical speciality was: 34 (53.1%) digestology, 26 (40.6%) rheumatology and 4 (6.3%) dermatology.

31 (48.4%) patients stopped or changed treatment: 13 (41.9%) infliximab, 12 (38.7%) etanercept and 6 (19.4%) adalimumab. Reasons were: 14 (45.2%) adverse effects, 14 (45.2%) inefficacy and 3 (9.6%) other reasons, mainly loss to follow-up. Persistence of treatment was 26 (SD 31.2) weeks. Adverse effects causing discontinuation of the biosimilar were: 3 (16.6%) cases of pain, 2 (11.1%) infections, 2 (11.1%) hypersensitivity reactions, 2 (11.1%) headache, 1 (5.6%) dyspnoea, 1 (5.6%) swelling, 1 (5.6%) asthenia, 1 (5.6%) dizziness, 1 (5.6%) diarrhoea, 1 (5.6%) arthralgia, 1 (5.6%) skin lesions, 1 (5.6%) pruritus and 1 (5.6%) lupus drug induced.

33 (51.6%) treatments remained active: 15 (45.4%) infliximab, 9 (27.3%) adalimumab and 9 (27.3%) etanercept. Persistence of treatment was 55 (SD 39.6) weeks. 27 (81.8%) patients were in remission, 3 (9.1%) presented low activity and 3 (9.1%) moderate activity.

Conclusion and relevance Patients that changed or stopped taking a biosimilar had an average treatment of 6 months. The most common reasons were adverse effects and inefficacy. Regarding adverse effects, 50% were subjective symptoms. A possible placebo effect could not be discarded. Patients who continued with a biosimilar had a persistence of more than 1 year.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-338 USE AND EFFICACY OF TOCILIZUMAB IN PATIENTS WITH SEVERE COVID-19 PNEUMONIA

¹JL Ortiz Latorre, ¹N Martinez Casanova, ²C Perez Lopez, ¹E Sanchez Yañez, ¹I Moya-Carmona*. ¹Hospital Virgen De La Victoria, Pharmacy, Malaga, Spain; ²Hospital Virgen De La Victoria, Physician, Malaga, Spain

10.1136/ejhp-pharm-2021-eahpconf.170

Background and importance Tocilizumab is an anti-human IL-6 receptor monoclonal antibody used in the treatment of cytokine release syndrome in patients with pneumonia associated with coronavirus disease. Despite the data from the COVACTA study, tocilizumab continues to be the gold standard for patients in our centre.

Aim and objectives To describe the use of tocilizumab in the first peak versus the second peak of the SARS-CoV-2 pandemic, and to describe the results of the use of tocilizumab in both situations.

Material and methods All patients treated with tocilizumab were included in the study periods: first peak (March to June 2020) and second peak (August to the present 2020). Demographic and clinical variables were collected. Data were obtained from the electronic medical records and prescription applications.

Results 65 patients were included, 36 patients (55.38%) in the first peak versus 29 patients (44.62%) in the second peak.

Conclusion and relevance In the first peak, tocilizumab was prescribed to more serious patients: those admitted to the ICU, with a higher FINE score and needing aggressive support