Conclusion and relevance Although no statistically relevant signification was determined comparing both groups, a narrower range in the median of MTX clearance was observed in the IMP group. Thus, early MTX monitoring could possibly result in faster MTX elimination and lower length of hospital stay.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

4CPS-240 DEVELOPMENT OF A 25% BENZYL BENZOATE LOTION FOR A CASE OF RESISTANT NORWEGIAN SCABIES

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Background and importance Norwegian scabies is a severe type of scabies affecting immunocompromised patients caused by *Sarcoptes scabiei* var. *hominis*, a highly contagious variant unresponsive to the first-line scabies drugs, permethrin and ivermectine.

Aim and objectives The aim of this study was to formulate a 25% benzyl benzoate lotion for the treatment of Norwegian scabies in an oncology patient who had previously received first-line treatments without result, and to evaluate its efficacy and tolerability.

Material and methods A search of the available literature on the use of benzyl benzoate in Norwegian scabies and its physicochemical characteristics was performed. A Standard Operating Procedure was created following the guidelines of the Good Manufacturing Practice Guide.

The patient's evolution in terms of the lesions was monitored.

Results We found literature supporting the efficacy of benzyl benzoate in Norwegian scabies. However, there is no commercially available lotion containing this active ingredient at the required concentration.

Benzyl benzoate is a lipophilic liquid, insoluble in water and miscible in fatty oils, which makes it necessary to formulate it in oily vehicles; in our case we used the ones we had available in the laboratory to make other formulations.

The formula designed was: benzyl benzoate 25 g, coconut oil 37.5 g and liquid petroleum jelly 37.5 g.

Modus operandi: weigh the components separately in a beaker. Mix the coconut oil, previously tempered in a water bath at 25°C, with the liquid petroleum jelly. Gradually add the above mixture to the benzyl benzoate and homogenise. Package in a polypropylene bottle.

A shelf life of 30 days at room temperature was assigned according to the 'Spanish Guide to Good Practice in the Preparation of Medicines in Hospital Pharmacy Services'.

It was administered alternately with permethrin and after 2 weeks of treatment the patient's lesions improved and the itching disappeared.

Conclusion and relevance The preparation was effective, safe and well tolerated. However, a comparison between patients treated with this formulation and a control group with the oily vehicles alone would be necessary to ascertain whether the efficacy is due to the benzoate or to the occlusive effect of the oils on the *S. scabiei*. Similarly, patients treated with permethrin monotherapy should be compared with those treated with permethrin alternating with benzoate.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

4CPS-241 EFFECTIVENESS, DURABILITY AND SAFETY OF DOLUTEGRAVIR AND LAMIVUDINE VERSUS TENOFOVIR ALAFENAMIDE, EMTRICITABINE AND BICTEGRAVIR IN A REAL-LIFE COHORT OF HIV-INFECTED ADULTS

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Background and importance Real-world studies on the effectiveness, durability and safety of two-drug regimens (2-DR) compared to three-drug regimens (3-DR) are needed to confirm clinical trial results and support their use in clinical practice.

Aim and objectives To assess the virological effectiveness of a 2-DR with dolutegravir/lamivudine (DTG/3TC) versus a 3-DR with tenofovir alafenamide/emtricitabine/bictegravir (TAF/FTC/BIC) and to compare the durability and safety of both regimens in an intention-to-treat analysis at 24 weeks in a real-life cohort of HIV-1 treatment-naïve (TN) and treatment-experienced (TE) patients.

Material and methods This was an observational, ambispective study that included all TN and TE patients who started 2-DR or 3-DR between 1 July 2018, and 30 September 2021. The primary endpoint was the percentage of patients with viral load (VL)≥50, at 24 weeks, of 2-DR versus 3-DR in TN and VL <50 copies/mL in TE. Rate of patients that continued with treatment and number of adverse events (AE) were also measured. Statistical analyses were performed with Stata 15.0.

Results 239 patients were included (27 TN and 212 TE). In TN group, 74% were on 2-DR and 55% were on 2-DR in TE group. In TN, logVL at study treatment initiation was 4.6 (4.1–5.1) in 2-DR and 5.4 (3.9–6) in 3-DR. Percentage of TE with VL<50 copies/mL at study treatment initiation was 84.6% in 2-DR and 73.7% in 3-DR. Five (20%) TN on 2-DR had VL≥50 copies/mL at week 24 versus two (29%) patients in 3-DR group, (difference: –8.8%; 95% CI –57.3 to 39.8%, p=0.71). In TE patients on 2-DR, 85.5% achieved VL<50 copies/mL at week 24 versus 87.5% in 3-DR group (difference: –2%; 95% CI –13.5 to 9.5%, p=0.74). At week 24, 95% of 2-DR patients continued with treatment versus 85.7% in 3-DR. In TE, 93.8% of 2-DR were on treatment versus 91.2% 3-DR patients. Eight TN in the 2-DR group (40%) reported any AE and two (28.6%) in the 3-DR group (p=0.68). In the TE group, 23 patients (19.7%) on 2-DR had an AE compared to 25 patients (26.3%) in 3-DR group (p=0.25).

Conclusion and relevance This study shows a similar effectiveness profile of DTG/3TC compared to TAF/FTC/BIC at 24 weeks. Additionally, durability and safety of 2-DR were confirmed to be similar to 3-DR.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest