5PSQ-028 ASSESSMENT OF SUSPICION OF ALLERGY TO CORONAVIRUS DISEASE 2019 VACCINE BY SKIN TESTING: RESULTS FROM A MONOCENTRIC COHORT

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Background and importance National recommendations mention vaccinating against COVID-19 patients at risk of allergy after referring them to an allergologist. Included patients had suspected allergy to one of the vaccine's components (polyethylene glycols (PEG) and polysorbates) or with a history of immediate reaction to a first injection of an mRNA vaccine. Patients at risk were referred to the allergology unit for investigation.

Aim and objectives The purpose of this monocentric retrospective study was to assess positive skin tests (ST), and anaphylaxis reaction during vaccination after allergological work-up.

Material and methods For any tested patient, pharmacy extemporaneously prepared: PEG 400 and 4000 (100 mg/mL), prick 1:1 and intradermal tests (IDT) 1:100 000, 1:10 000, 1:1000, 1:100, 1:10; polysorbate 80 (PS80) (0.4 mg/mL), prick 1:1, IDT 1:1000, 1:100, 1:10; and Comirnaty vaccine (30 µg/0.3 mL), prick 1:1 and IDT 1:10. ST readings were done after 20 minutes.

Patients' characteristics, test results and indications of allergological work-up were collected. Vaccination was authorised if negative ST. Patients were systematically recalled after vaccination to assess side effects including anaphylaxis.

Results Between 1 February and 31 August 2021, 49 patients, age (mean±SD) 54.5±17.8 years and female 81.6%, performed ST: 20 were tested after a reaction to the Comirnaty (19 after the first dose and 1 after the second dose) and 29 for a suspected allergy to an excipient. Among them, 3 had positive ST (one patient to PS80 prick test and vaccine IDT 1:10, and two patients to vaccine IDT 1:10 without positive ST to PS80 and PEG). Vaccination with Cominarty was contraindicated for these 3 patients. Four patients had delayed positive ST to the vaccine. They were not considered allergic and vaccination was authorised. Of the 46 patients with negative ST, 39 (85%) were vaccinated (one with VaxZveria) without any anaphylaxis reaction (7 did not answer the pharmacist's call).

Conclusion and relevance Positive ST to the vaccine are rare (6%). No patients had simultaneously positive ST to the vaccine and PEG. These results may suggest that the exact predictive positive value remain uncertain and that IDT to the vaccine might be irritating.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-029 EVALUATION OF THE EFFICACY AND SAFETY OF ERENUMAB IN THE PROPHYLAXIS OF CHRONIC AND EPISODIC MIGRAINE

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Background and importance The use of monoclonal antibodies against the CGRP receptor in the treatment of migraine was approved by the Commission of Pharmacy within the programme of drugs capable of evaluating health outcomes (MERS). An evaluation should be carried out in 3 months with a reduction of at least 50% in the number of episodes.

Aim and objectives The purpose was to evaluate the efficacy and safety of erenumab in the treatment of chronic and episodic migraine

Material and methods This was a retrospective observational study. Patients with chronic or episodic migraine and treated with erenumab (between November 2019 and January 2021) were included.

Demographic and clinical data were collected with the following variables: classification of migraine, number of episodes/month before treatment, days of migraine per month during the treatment and adverse events.

For the collection of the number of migraines and rescues a registration calendar was designed that was delivered to the patient at each visit.

Results 30 patients were included, median age 50.5 years,78.4% women, 66.7% suffered chronic migraine and 33.3% episodic migraine.100% of the patients had tried at least three previous treatments.

In the patients with chronic migraine the mean of days of migraine previous to the treatment were 24.52±4.18 and in the patients with episodic migraine this was 12.5±1.69. After 3 months of treatment 10 (50%) chronic migraine patients and 7 (70%) episodic migraine patients responded to the treatment (at least a 50% reduction compared to the previous number of basal migraines).

The percentage of reduction of the number of migraines/month in responder patients was greater at 6 months (71% of mean reduction for both chronic and episodic migraines) than 3 months after the start (57% of mean reduction for chronic and 63% for episodic migraines).

In relation to the safety of erenumab, 15 patients showed possible adverse effects, the most common being constipation (9 patients, 30%) and skin reactions (4 patients, 15.3%), detecting two cases of serious adverse reactions which forced treatment to be stopped.

Conclusion and relevance The ratio of response to the treatment in both chronic and episodic migraines were greater than 50%which contrasts with the results in the pivotal trials. This can be explained because of the different inclusion criteria. Moreover according to our results we can observe a tendency towards a greater response as the persistence of the treatment is increased. We can conclude that erenumab is an effective and safe drug in the treatment of migraine.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-030 USE OF CEFIDEROCOL FOR MULTIDRUG-RESISTANT *ACINETOBACTER BAUMANNII* IN PATIENTS WITH SARS-COV-2: TWO CASE REPORTS

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Background and importance Cefiderocol is a new siderophore cephalosporin for the treatment of multidrug-resistant Gram-negative pathogens such as *Acinetobacter baumannii* (AB).

Aim and objectives To describe our clinical experience with cefiderocol use in two SARS-CoV-2 patients with ventilator-associated pneumonia (VAP) due to multidrug-resistant AB (MRAB).

Material and methods A descriptive retrospective study on cefiderocol therapy in two patients with MRAB was conducted until 31 Augsut 2021. The electronic medical record was used to collect data: comorbidities, baseline clinical context, treatment, and clinical evolution of patients.

Results A 49-year-old man with hypertension, obesity and chronic renal insufficiency was diagnosed with SARS-CoV-2. He required orotracheal intubation (OI) and mechanical ventilation (MV). The patient presented VAP after 4 weeks in the intensive care unit (ICU). Panresistant AB was isolated from bronchoalveolar lavage (BAL) and was treated with cefepime, imipenem, tigecycline and nebulised colistin. Given his poor clinical improvement, cefiderocol 2 g/8 hours (14 days) was initiated. No renal dose adjustment was performed for cefiderocol. Clinical evolution was favourable. The patient remained afebrile and acute phase reactants (APR) decreased. Unfavourable evolution and increased APR were observed on the third day after treatment with cefiderocol, with presence of AB in BAL. The patient died of multiorgan dysfunction syndrome 8 days later.

A 65-year-old man with hypertension, dyslipidaemia and diabetes was diagnosed with SARS-CoV-2. He required OI and MV. After 4 weeks in ICU, the patient presented VAP due to MRAB and coinfection with *Mycoplasma pneumoniae*. Tigecycline, nebulised colistin and ceftazidime/avibactam were used. A clinical worsening was observed and cefiderocol 2 g/8 hours (14 days) and amikacin (5 days) were started. The patient remained afebrile and APR slightly decreased after initiation of cefiderocol and amikacin treatments. BAL culture was negative, although AB colonisation persisted in pharynx. Tigecycline, piperacillin/tazobactam and nebulised colistin were administered. After 71 days in ICU, the patient was transferred to a hospital ward, where he remained for 98 days before discharge.

Conclusion and relevance The use of cefiderocol led to a slight improvement in two patients with VAP caused by MRAB. One patient died due to multiorgan dysfunction syndrome after cefiderocol therapy, and the other case required subsequent antibiotherapy due to persistence of MRAB.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-031 EVALUATION OF THE SAFETY AND TOLERANCE OF THE COMMERCIAL PRESENTATION OF CYCLOSPORINE 0.1% COLLYRIUM

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Background and importance Cyclosporine collyrium is used in the treatment of severe keratitis in adult patients with xerophthalmia who do not improve despite treatment with eye drops. The current commercial presentation has a concentration of 0.1% although there is also a 0.05% formulation.

Aim and objectives The purpose was to evaluate the safety of 0.1% cyclosporine collyrium and assess the rate of patients who do not tolerate this presentation and its causes.

Material and methods This was a retrospective observational study. It was carried out in a model hospital in this area. All patients treated with cyclosporine collyrium between January and September 2021 were included.

Demographic (sex and age) data were collected from the computerised clinical history.

A questionnaire was produced for the clinic interview of the external patients who had adverse reactions after treatment with 0.1% cyclosporine collyrium such that they had to switch to the 0.05% formulation. In this questionnaire the reason for the switch, the type of adverse reaction, severity and time of appearance (immediate/late) were included.

Results 137 patients who picked up 0.1% cyclosporine collyrium from the Pharmacy External Patients Unit were included, 84.67% were women and the mean age was 64 years.

11.67% of the patients suffered some adverse reaction which forced them to switch from the 0.1% cyclosporine presentation to the 0.05% cyclosporine compound made by the Pharmacy Unit.

Within the described adverse reactions, 100% of patients exhibited stinging, 31.25% irritation, 25.00% pain, 12.50% blurry vision, 31.25% reddening, 12.5% swelling, 31.25% photosensitivity and 18.75% dry eyes.

100% of the adverse reactions occurred immediately following application of the collyrium. The adverse reactions were classified as severe (68.75%), moderate (25%) and mild (6.25%) by the patients.

The adverse reactions were reversible and autolimited.

The switch to our compounding was well tolerated in 100% of cases.

Conclusion and relevance The 0.1% cyclosporine presentation is safe and it was well tolerated by most of our patients; only 11.67% experienced an adverse reaction.

Moreover, these patients did not suffer any adverse reaction with our preservative-free 0.05% cyclosporine Pharmacy Unit compound, thus we do not know if the adverse reactions were due to the higher cyclosporine concentration or some of its excipients. Further research is needed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-032 COMPLIANCE ANALYSIS OF PAEDIATRIC ANTICANCER DRUG DOSING

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