5PSQ-058 EFFICACY AND MARGINAL COST OF TREATMENT WITH TOCILIZUMAB IN COVID-19 PATIENTS

A Garcia*, M Alos, R Sanchez, M Anton, R Ferriols. *Hospital Clinico de Valencia, Clinico-Malvarrosa, Valencia, Spain*

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Background and importance Pharmacological treatment of SARS-CoV-2 infection focuses primarily on antiviral and immunomodulatory agents. Tocilizumab is a humanised monoclonal antibody that binds to the IL-6 receptor (IL6-R) that has been used to combat the disease. Effectiveness results in controlled trials are controversial and therefore it is necessary to evaluate the evolution of patients in real clinical practice, as well as the cost of treatment.

Aim and objectives The aim of this study was to evaluate overall survival of patients treated with tocilizumab and the factors that influence survival. In addition, the marginal cost of treatment with tocilizumab is analysed.

Material and methods Retrospective observational study in a cohort of COVID-19 patients (n=508) treated with tocilizumab. The time period of the selected patients was 1 year. Patients were stratified according to hospitalisation unit (intensive care unit (ICU) or non-ICU) at the time of administration of the first dose of tocilizumab. Survival was assessed by Cox regression. The costs assumed were the acquisition costs and were evaluated using the cost-effectiveness ratio. Costs were analysed by bootstrapping in each subgroup. The efficacy measure was calculated as the restricted median survival (RMST). The cost-effectiveness ratio was calculated as the ratio cost (€)/RMST (years). SPSS software was used for analysis.

Results Age and ICU hospitalisation negatively affect the survival of patients treated with tocilizumab. Patients older than 71.5 years have a worse survival rate than younger patients (58.8% vs 88.7%, p=0.000). Survival rate of ICU patients vs non-ICU patients was 67.7% vs 79.1% (p=0.037). The mean cost of treatment in our cohort was € 534.07/year (€ 697.84/year in patients older than 71.5 years vs € 466.82/year in younger patients).

Conclusion and relevance Treatment with tocilizumab in patients with COVID-19 is more effective in patients admitted to the non-ICU versus ICU. In addition, survival is higher in younger patients aged 71.5 years. The mean cost of treatment with tocilizumab was € 534.07/year. The cost-effectiveness ratio is important from the healthcare payer's point of view because it is indicative of the cost of treatment per unit of efficacy measured in survival years in each subgroup. There is a bias in treatment efficacy due to the different severity of ICU and non-ICU patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-059 CHARACTERISATION OF MEDICATION ERRORS IN A PUBLIC HOSPITAL

A Jorge, C Oliveira*, C Ferrer, M Augusto, J Simões. *Hospital Vila Franca de Xira, Pharmacy, Vila Franca de Xira, Portugal*

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Background and importance Health care is associated with risk management in which we include medication errors. These remain a major cause of morbidity and mortality. In 2017, the World Health Organization launched the Global Patient Safety Challenge: Medication Without Harm, the goal of which is to globally reduce the level of severe, avoidable harm related to medications by 50% over 5 years.

Aim and objectives Characterisation of medication errors according to the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) Index.

Material and methods An observational, descriptive and retrospective study was conducted over 2 years.

This study included all prescriptions with at least one pharmaceutical intervention conducted on inpatients admitted from 1 January 2019 to 31 December 2020 and it was based on pharmaceutical records and clinical files. The identified medication errors were categorised according to the NCCMERP Index (Category A: no error; Category B, C, D: error, no harm; Category E, F, G, H: error, harm and Category I: error, death). The medication errors that could not be categorised according to the NCCMERP Index due to omission of information were excluded.

Results From a total of 8076 pharmaceutical interventions, it was possible to categorise 1831 medication errors.

According to the NCCMERP categories the following distribution was found: 57.67% (1056/1831) Category A; 15.78% (289/1831) Category B; 19.93% (365/1831) Category C; 3.77% (69/1831) Category D; 2.51% (46/1831) Category E; 0.16% (3/1831) Category F; 0% Category G; 0.05% (1/1831) Category H; and 0.11% (2/1831) Category I. These results include 57.67% with no error, 39.48% with error and no harm, 2.72% with error and harm and 0.11% with error and death.

The medication errors from Categories E to I involved 16 medications. Acenocoumarol and enoxaparin were the drugs involved in the errors that led to death.

Conclusion and relevance Characterising medication errors is essential to identify system failures and their severity. Evidence suggests that knowledge can improve perception of safety culture and potentially reduce patient harm.

The pharmacist is a core element in the health care system, improving patient safety and care quality, by raising awareness of medication management among other healthcare providers.

The overall challenge is to identify the weaknesses at each stage of the medication process and find strategies to avoid them and/or minimise their frequency and impact.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-060 LONG-TERM EFFECTIVENESS OF OMALIZUMAB FOR CHRONIC IDIOPATHIC URTICARIA IN CLINICAL PRACTICE

[1]MD Gil-Sierra*, [2]MDP Briceño-Casado, [3]C Moreno-Ramos, [3]E Rios-Sanchez, [3]JM Borrero-Rubio. *[1]Hospital Universitario Puerto Real, Pharmacy, Puerto Real, Spain; [2]Hospital Nuestra Señora del Prado, Pharmacy, Talavera de La Reina, Spain; [3]Hospital Universitario de Puerto Real, Pharmacy, Puerto Real, Spain*

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Background and importance Omalizumab is a monoclonal antibody directed against immunoglobulin-E and used in patients with antihistaminic refractory chronic idiopathic urticaria

(CIU). Real-life data on the long-term effectiveness of omalizumab could provide relevant information for healthcare professionals.

Aim and objectives To evaluate the long-term effectiveness of omalizumab in CIU in clinical practice.

Material and methods Descriptive retrospective study was developed. All patients on treatment with omalizumab between October 2020 and June 2021 were included. Digital clinical history and Farmatools application were used to collect the following variables: gender, age, previous therapy, duration of treatment, regimen with omalizumab and baseline Urticaria Activity Score during a 7-day period (UAS7). Effectiveness endpoint was measured using UAS7 at 6, 30 and 60 months. No response to treatment (NR) was defined by UAS7 >15. Mild disease (MD) was defined as UAS7 = 7–15. Adequate disease control (DC) presented UAS7 ≤6. Total response (TR) was considered as UAS7 = 0. Patients with NR and omalizumab therapy suspension in a certain month were considered as NR in the following months.

Results Forty-seven patients were included in the study: 23.4% of patients were male and 76.6% were female. Median age was 45 (11–76) years. All patients had previously received H1 antihistamines and 72.3% were treated with corticosteroids. Median duration of treatment with omalizumab was 18 (11–56) months. Omalizumab regimens were as follows: 19.1% of patients were treated with 150 mg/28 days, 78.7% received 300 mg/28 days and 2.2% were treated with 450 mg/28 days. All patients presented NR at baseline, with UAS7 >15. Effectiveness data for UAS7 at 6 months were: 5.7% of patients presented NR, 14.3% MD, 5.7% DC and 74.3% TR. Effectiveness evaluations of UAS7 at 30 months: 6.7% of patients had NR, 6.7% MD, 40% DC and 46.6% TR. Effectiveness assessments of UAS7 at 60 months were: 28.6% of patients had NR, no patients presented MD, 28.6% DC and 42.8% TR.

Conclusion and relevance Omalizumab showed long-term effectiveness in CIU patients, maintaining almost half of the patients with TR and almost one-third of patients with DC at 60 months.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None

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5PSQ-062 REAL CLINICAL PRACTICE RESULTS OF INTERLEUKIN-23 BLOCKERS IN REFRACTORY PSORIASIS

[1]MD Gil-Sierra*, [2]MDP Briceño-Casado, [3]C Moreno-Ramos, [3]E Rios-Sanchez, [3]JM Borrero-Rubio. *[1]Hospital Universitario Puerto Real, Pharmacy, Puerto Real, Spain; [2]Hospital General Nuestra Señora del Prado, Pharmacy, Puerto Real, Spain; [3]Hospital Universitario de Puerto Real, Pharmacy, Puerto Real, Spain*

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Background and importance Risankizumab and guselkumab are anti-interleukin-23 monoclonal antibodies used for moderate to severe psoriasis (msPs).

Aim and objectives To evaluate the effectiveness and safety of interleukin-23 blockers in patients with msPs refractory to other biological agents in clinical practice.

Material and methods A descriptive retrospective study conducted from November 2017 to September 2021. All patients with msPs receiving risankizumab or guselkumab and previously treated with other biological agents were included. Electronic medical history and Farmatools application were used to record the following variables: age, sex, previous biological treatments, anti-interleukin-23 monoclonal antibodies used, therapy duration and baseline Psoriasis Area and Severity Index (PASI). Guselkumab regimen was 100 mg by subcutaneous administration at weeks 0 and 4, followed by a maintenance dose of 100 mg every 8 weeks. Risankizumab scheme was 150 mg by subcutaneous injection at weeks 0 and 4, followed by a maintenance dose of 150 mg every 12 weeks. Effectiveness endpoint was PASI90 (≥90% reduction from baseline PASI) at 16 and 52 weeks. Safety was assessed by adverse events (AE) and treatment withdrawals associated with AE.

Results Thirty-six patients were included: 40% of patients were female and 60% were male. Median age was 48 (28–82) years. The most frequent previous biologic treatments were: 94.3% patients with adalimumab, 88.6% etanercept and 77.1% ustekinumab. Median number of previous biological agents was 4 (1–6) therapies. Guselkumab was used in 65.7% of patients and risankizumab in 34.3%. Median duration of interleukin-23 blocker treatment was 12 (1–31) months. Median of baseline PASI values was 13 (7–21). PASI90 was reached by 44% of patients at week 16 and 70.6% at week 52. According to the safety profile of therapies, 17.1% of patients presented some AE. A total of 14 AE were collected: 5 hypercholesterolaemia, 3 hypertriglyceridaemia, 2 hypertransaminasemia, 2 hyperglycaemia, 1 albuminuria and 1 non-alcoholic fatty liver. No treatment withdrawals associated with AE were observed.

Conclusion and relevance The effectiveness of anti-interleukin-23 antibodies increased over time in our patients with msPs refractory to other biological agents. Almost three-quarters of patients reached PASI90 at week 52. Safety was acceptable, without treatment withdrawals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None

Conflict of interest No conflict of interest

5PSQ-063 PERSISTENCE OF TYROSINE KINASE INHIBITORS IN ADVANCED RENAL CELL CARCINOMA

MI Guzman Ramos, P Barriga Rodríguez, MD Alvarado Fernández, I García Giménez*, MD Santos Rubio. *Hospitalario Universitario Juan Ramón Jiménez, Hospital Pharmacy, Huelva, Spain*

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Background and importance Tyrosine kinase inhibitors (TKI) are increasingly used as oral targeted therapies in oncology, where advanced renal cell carcinoma (RCC) is one the main indications.

Aim and objectives To assess the persistence of treatment with TKI in patients with RCC.

Material and methods Retrospective observational study of patients with RCC in treatment with TKI from January 2019 to December 2020. Patients who were in clinical trials were excluded.

Variables collected were age; gender; TKI: sunitinib, pazopanib, axitinib, cabozantinib or tivozanib; line treatment, start and discontinuation date and causes of suspension TKI treatment. Persistence was defined as time (months) from the start of treatment until its discontinuation due to toxicity or inefficiency. Persistence was calculated with Kaplan–Meier survival