6ER-025 REAL-LIFE USE OF REMDESIVIR IN HOSPITALISED COVID-19 PATIENTS WITH SEVERE PNEUMONIA: AN OBSERVATIONAL STUDY FROM AN ITALIAN UNIVERSITY HOSPITAL

[1]L Pivato*, [1]M Bettio, [1]D Mengato, [1]G Iadicicco, [1]S Faoro, [2]M Mazzitelli, [2]AM Cattelan, [1]F Venturini. [1]*University Hospital of Padova, Department of Pharmacy, Padua, Italy*; [2]*University Hospital of Padova, Infectious Disease Unit, Padua, Italy*

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Background and importance Since June 2020, the European Medicines Agency granted conditional approval to the antiviral drug Veklury (remdesivir) as a treatment for COVID-19 pneumonia. Many studies have shown conflicting results regarding its efficacy. Data from observational studies should be encouraged in order to provide valuable information about its real-life effectiveness.

Aim and objectives The aim of the study was to describe the effectiveness of remdesivir in terms of mortality rate and duration of hospitalisation in a cohort of patients admitted to an Italian University Hospital during the COVID-19 pandemic.

Material and methods We carried out a retrospective observational study at a 1600-bed University hospital in Northern Italy. Our cohort included all patients who received remdesivir between September 2020 and April 2021, corresponding to the second and third pandemic waves in Italy. As a primary endpoint, we measured the mortality rate at any time after initiation of therapy. Secondary endpoints included 30-day mortality and duration of hospitalisation. As a post hoc analysis, we compared patients requiring high-flow oxygen supplementation (HFO) after starting remdesivir and patients who did not require HFO (eg, NHFO group). High-quality data were extracted from the medical records and from the Veklury AIFA (Agenzia Italiana del Farmaco) monitoring register. Statistical analyses were carried out with R (R Core Team 2021).

Results The study sample included 528 patients, mainly men (68.4%) with a median age of 66.7 years. The overall mortality rate was 5.1%, while the 30-day mortality rate was 4.2%. In the post hoc analysis, 291 patients (55.1%) fell in the NHFO group. HFO therapy confirmed a stronger association with mortality (11.0% HFO vs 0.3% NHFO, $p<0.001$). The NHFO group performed better in all the considered endpoints: rate of discharge to home, mortality, intensive care unit admission/transfer, and length of hospital stay.

Conclusion and relevance In our study, the mortality rate was similar to that reported in clinical studies. Since no reports of adverse drug reactions were notified, these data support remdesivir as a possible therapeutic option, given the positive benefit–risk profile. As expected, patients who required high-flow oxygen were at increased risk of negative outcomes. This seems to suggest that potential early use of remdesivir could optimise its clinical efficacy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-026 EFFECTIVENESS AND SAFETY OF APREMILAST IN A THIRD-LEVEL HOSPITAL

[1]E Rodriguez Campos*, [1]A Gómez Lobón, [1]MF Pérez Almagro, [1]M Gómez Zamora, [1]MM Santandreu Estelrich, [2]P Pacheco Lopez, [1]O Delgado Sanchez. [1]*Son Espases University Hospital, Hospital Pharmacy, Palma de Mallorca, Spain*; [2]*Morales Meseguer University Hospital, Hospital Pharmacy, Murcia, Spain*

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Background and importance Apremilast is indicated for the treatment of psoriatic arthritis (PA) alone or in combination with disease-modifying antirheumatic drugs (DMARD), and the treatment of moderate to severe plaque psoriasis (PP) in adult patients who failed to respond or have a contraindication, or are intolerant to DMARD or other systemic therapy, including biological.

According to the European Medicines Agency (EMA), reasons for discontinuation are the lack of response at 24 weeks, diarrhoea and nausea.

Aim and objectives The aim of the study was to assess the effectiveness and safety of apremilast in patients with PA or PP.

Material and methods Retrospective study performed in a third-level hospital. Patients who started apremilast between June 2016 and February 2021 were included, and their evolution was followed until August 2021. Demographic, clinical and treatment variables at baseline were collected. Efficacy and safety were analysed based on the general subjective assessment of the physician.

Data were obtained from medical records. Analysis was performed using Microsoft Excel.

Results A total of 47 patients were selected (38 PP and 9 PA). PP patients (13 women, median age 53.5 (22–82) years), 16 had received prior non-biological systemic treatment, 11 biological, 9 topical and 2 phototherapy. PA patients (6 women, median age 46 (28–70) years), 8 had received DMARD and 1 biological.

Apremilast was effective in 24 patients (19 PP and 5 PA) at 6 months. In PP, 8 achieved total whitening and 11 partial. In PA, 4 achieved a moderate disappearance of pain and 1 mild. 7 patients discontinued before 6 months due to adverse effects (AE), it not being possible to determine the response.

At the end of follow-up, 8 patients (7 PP and 1 PA) continued with apremilast, with a median of 21 (8.6–30.9) months. The drug was discontinued in 31 PP patients after a median of 3.4 (0.5–24.8) months (12 lack of response (LR), 11 loss of efficacy (LE), 3 vomiting, 2 diarrhoea, 1 headache and 1 death) and 8 PA patients after a median of 6.2 (3.7–10.8) months (4 LR, 3 LE and 1 diarrhoea).

Conclusion and relevance Apremilast has been effective in half of the patients at 6 months, but less than a quarter remain on treatment.

Regarding the safety profile, 8 patients discontinued due to AE, the gastrointestinal AE being the most common.

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6ER-027 BLOOD CYTOKINE EVALUATION IN PATIENTS WITH INTRAVITREAL RANIBIZUMAB FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

[1]L García-Quintanilla*, [2]P Almuiña-Varela, [1]C Mondelo-García, [2]M Gil-Martínez, [2]MJ Abraldes, [2]MJ Rodríguez-Cid, [2]MI Fernández-Rodríguez, [1]A Castro-Balado, [1]I Zarra-Ferro, [1]A Fernández-Ferreiro. [1]*Área Sanitaria Santiago de Compostela e Barbanza, Pharmacy, Santiago de Compostela, Spain*; [2]*Área Sanitaria Santiago de Compostela e Barbanza, Ophthalmology, Santiago de Compostela, Spain*

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Background and importance Inflammation is involved in the development and pathogenesis of age-related macular degeneration (n-AMD) although the roles that the inflammation-