duration was 40.5±14.8 weeks. The reasons for discontinuation were: lack of effectiveness (n=1), treatment simplification (less-pills regimen) (n=3), abandonment (n=2), drug-drug interactions (n=2), kidney failure (n=1), death (n=1) and follow-up losses (n=2).

Conclusion and relevance A broad spectrum of DAT combinations were used according to patients' characteristics. Although 14 patients were not at virological suppression at baseline, DAT showed a high durability at 48 weeks and only 2 patients discontinued due to lack of effectiveness or toxicity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-177 A QUALITATIVE STUDY ON PHARMACIST PRESCRIBING FOR PATIENTS WITH CHRONIC KIDNEY DISEASE

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Background and importance Chronic kidney disease (CKD) has a high risk of morbidity and mortality. The available evidence worldwide demonstrates that non-medical prescribing by pharmacists in various clinical specialties is a safe and effective approach. There is lack of evidence of information on the implementation and development of pharmacist prescribing for patients with CKD.

Aim and objectives Aim was to explore the development, implementation and evaluation of pharmacist prescribing for patients with CKD in the UK.

Material and methods This study used a qualitative semi-structured interview. The development of the theory-based semi-structured interview tool followed a rigorous iterative process using findings from the literature, underpinned by the Consolidated Framework for Implementation Research (CFIR) and reviewed independently by an expert panel. A date/time for a telephone interview was arranged following receipt of signed consent. All interviews were transcribed verbatim. Interview data were analysed thematically. The Francis method of checking for data saturation was used. Ethical approval was granted by RGU School of Pharmacy.

Results Data saturation was reached after 14 interviews. Demographic details included: 11 female, 7 had >16 years experience in the profession, all had secondary care as their main practice setting and 8 had >11 years as a prescriber. The interviewees were generally very positive about their prescribing practice and they articulated that they were prescribing in a variety of settings. CFIR helped identify themes related to facilitators and barriers to advancing prescribing practice. There was enthusiasm for the future development of prescribing practice including further establishment of clinics and taking responsibility for groups of patients.

Abstract 4CPS-177 Table 1 Themes and interviewee illustrative quotes for facilitators and barriers to advancing prescribing practice

Themes	Quote
Facilitators – management support	*"I think because I've built a rapport with the team and get lots of support from them."* [Pharmacist 13]
Barriers – no renal specific training	*"We could have better course around use of medications in patients with CKD."* [Pharmacist 3]

Conclusion and relevance This work provides information relating to the current status of the development of pharmacist prescribing practice in the UK. Further 'deep dive' case study work will help explore the practice of leading edge advanced and consultant level practitioners to learn even more about practice development.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-181 CLINICAL-PHARMACEUTICAL MEDICATION COUNSELLING FOR PNEUMOLOGICAL PATIENTS IN OUTPATIENT AND INPATIENT AREAS

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Background and importance This project focused on direct interaction between hospital pharmacists and patients, through clinical pharmaceutical counselling. Drug safety and patient well-being are promoted and possible user errors and uncertainties concerning the medication and interactions are communicated directly. During the consultation patients were given the opportunity to ask questions, express uncertainties and receive information regarding their medication. Two different settings for the project (outpatient and inpatient) allowed investigation of which questions were of primary concern in these different situations.

Aim and objectives Most *chronic obstructive pulmonary disease* (COPD) patients have up to at least three comorbidities in addition to their primary pneumological disease. These can affect the heart, bones, metabolism and/or psyche, among others. Therefore polymedication is almost inevitable. Clinical-pharmaceutical counselling of patients is intended to promote adherence and medication safety. Especially for these patients, adherence to therapy is crucial and close monitoring of the medication is essential. This patient-oriented service is intended to be a tool for optimal drug therapy, since it has already been shown that clinical-pharmaceutical interventions, such as the targeted education of patients, can reduce adverse drug events and readmissions.

Material and methods A guideline with predefined questions about health status, medication scheduling, intake modalities, uncertainties, and a final satisfaction survey was created in order to be able to offer a comparable consultation to all patients. Prior to the consultation, patient records were reviewed and the medication was checked for possible interactions using drug interaction software programs.

Results It could be shown that the consultation for the inpatient area was related to medication changes during the stay and the expected benefits from those changes, thus promoting the patients' medication knowledge for the time after hospital discharge, whereas most outpatients' questions were about self-medication and over the counter (OTC) drugs. In this cohort some examples of severe drug interactions could be found.

Conclusion and relevance In summary, this medication consultation benefits the patients by increasing their knowledge regarding their medicine which leads to better adherence and

therefore less rehospitalisation, therefore showing a high impact for the work of clinical pharmacists.

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

4CPS-191 SWITCH TO BENRALIZUMAB FOR SEVERE EOSINOPHILIC ASTHMA

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Background and importance Mepolizumab and benralizumab are monoclonal antibodies directed against anti-IL-5 and anti-IL5R, respectively, and their use reduces exacerbation rate and maintenance oral corticosteroid requirements in severe eosinophilic asthma.

We observed that a minority of patients treated with mepolizumab experienced a suboptimal response and switched to benralizumab which provides a more complete depletion of eosinophils.

Aim and objectives To study the effectiveness and safety of benralizumab in patients with severe refractory uncontrolled eosinophilic asthma after failure of mepolizumab.

To compare patients' annual asthmatic exacerbations after switching to benralizumab.

Material and methods Observational, retrospective study of patients with severe eosinophilic asthma treated with benralizumab for at least 6 months with prior mepolizumab therapy in a tertiary level hospital. The study was conducted until October 2021.

Data collected: sex, age, adherence level, duration of treatment with mepolizumab, pulmonary function tests: forced expired volume in the first second (FEV1), FEV1/forced vital capacity ratio (FEV1/FVC); blood eosinophil value, points for the Asthma Control Test (ACT) and number of exacerbations. The average of variation in these parameters 24 weeks before and after starting treatment with benralizumab was analysed. Adverse events were also collected. Statistical analysis was performed using the Student's t-test.

Results 30 patients previously treated with mepolizumab after its failure or lack of asthma control, started treatment with benralizumab. 21 were women with a median age of 53 (17–80) years.

The average level of adherence, according to the dispensing registry, was 90.62±6.70%.

The median duration of treatment with mepolizumab was 13 (3–39) months.

FEV1 increased by 8.26±3.90 mL ($p<0.01$), FEV1/FVC ratio increased by 3.24±1.43 ($p<0.01$) and ACT improved by 4.84±0.25 points ($p<0.001$). Eosinophilia decreased from 160.43±94.7 to 24.26±20 cells/µL ($p<0.001$).

Annual asthmatic exacerbations were reduced from 2.19 (1–6) to 0.57 (0–3) ($p<0.0001$).

1 patient did not respond to benralizumab and was switched to dupilumab after 6 months.

Adverse events due to benralizumab were recorded in 3 patients, and in 2 of them treatment had to be definitively discontinued. Adverse effects were: moderate erythema nodosum, allergic reaction, hot flashes and back pain.

Conclusion and relevance We report substantial and clinically meaningful improvements in exacerbation rate, asthma control and ACT scores. Benralizumab may be an effective alternative for those patients with lack of asthma control with mepolizumab.

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

4CPS-199 EVALUATION OF FREMANEZUMAB RESPONSE IN MIGRAINE PROPHYLAXIS

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Background and importance Fremanezumab is a humanised monoclonal antibody (IgG2) that binds to the calcitonin gene-related peptide (CGRP). CGRP is a neuropeptide that, in addition to modulating nociceptive signals, is a vasodilator that is associated with migraine. CGRP levels have been found to increase significantly during migraine and normalise with headache relief.

Aim and objectives To study the effectiveness and security of fremanezumab in migraine prophylaxis after 3 months of treatment.

Material and methods Retrospective observational study. All patients with more than 3 months of fremanezumab treatment in our hospital were included.

Data collected: sex, age, previous biological therapy, dosage regimen, moderate-severe migraine days per month and score on the Headache Impact Test-6 (HIT-6), Migraine Dissability Assessment Scale (MIDAS) and any adverse event.

Results Forty-five patients were included with a median age of 43 (23–70) years of whom 39 (86.7%) were women. Effectiveness data could be extracted for 35 of them.

No patient had any other previous biological treatment for migraine. 32% of patients were treated with fremanezumab 675 mg once every 3 months and the remainder with 225 mg monthly.

Patients presented pre-baseline versus after 3 months (mean ± standard deviation): 17.7 ± 7.2 vs 10.9 ± 9.4 migraine days/month ($p<0.001$); MIDAS scale: 94.8 ± 80.4 vs 82.3 ± 102.7 ($p>0.1$) and HIT-6 scale: 65.4 ± 9.8 vs 63.2 ± 11 ($p>0.01$).

Treatment was effective (reduced by half the number of migraine days per month) in 53% (20 patients). 5.7% of patients (n=3) were discontinued due to a response of less than 30%. Of the 3 patients who did not respond, 2 switched to galcanezumab and 1 to botulinum toxin.

31% patients presented some type of adverse event. Most of them were due to reactions in the area of administration, asthenia and gastrointestinal disorders, and all were of mild-moderate intensity.

Conclusion and relevance Fremanezumab has demonstrated consistent efficacy in some patients by achieving a fast reduction in the number of migraine days per month, although the reduction in pain and disability was not shown to be statistically significant.

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