days. The cumulative probability of treatment persistence was analysed by Kaplan-Meier method. Secondary endpoint: PASI90 response at 1 year, change in HRQL through dermatology life quality index (DLQI) at 1 year, and safety profile.

Results 44 patients were included (26 women), 30 received guselkumab and 14 risankizumab. Mean age was 53.5 years. 93.2% received biologic therapies before, and 86.3% conventional systemic treatment. At data cut-off time, 73.3% and 92.8% patients remained on guselkumab and risankizumab respectively. The main cause of discontinuation was primary failure. In 13.3% of guselkumab patients, dose interval was extended >8weeks and in 7.1% of risankizumab patients was extended >12 weeks. The cumulative probability of guselkumab treatment persistence was 79.7% at 1 year and for risankizumab 92.6%. The median PASI score was 8 and 9 at guselkumab and risankizumab treatment initiation respectively. 50% of guselkumab patients and 64.3% of risankizumab patients achieved PASI90 improvement at 1 year. 44.8% of guselkumab and 71.4% of risankizumab patients achieved a minimal clinically significant difference (>4-point reduction) in DLQI score at 1 year. One patient experienced one adverse reaction (ARs) related to guselkumab: headache and two risankizumab patients experienced increase in transaminases.

Conclusion and Relevance Our cohort shows a moderate persistence rate and PASI improvement at 1 year with guselkumab and a moderate benefit in improving HRQL. High persistence rate and moderate PASI improvement was reached with Risankizumab and a substantial improvement in HQRL. No important adverse reactions were found, without treatment withdrawals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-118 PATIENTS' EXPERIENCE WITH SUBCUTANEOUS INJECTION SELF-ADMINISTRATION AND THE ROLE OF VIRTUAL REALITY

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Background and Importance The number of patients treating themselves via the subcutaneous (SC) administration route has widely increased in recent years. Although self-medication can reduce waiting times and save money, is a public health concern that it may carry some potential risks associated with inappropriate management. Getting the correct method of administration is essential to ensure the drug's effectiveness and minimise the risk of complications.

We propose to take advantage of the benefits that new technology, such as virtual reality (VR), could provide for patients' performance.

Aim and Objectives This investigation aimed to explore patients' perceptions of their experiences with SC injection self-administration and their willingness to implement VR to improve their learning process of the method of administration.

Material and Methods An observational and transversal study was performed. The adults who attended for subcutaneous medicine dispensing were included. A yes/no survey was conducted regarding to medication first self-administration knowledge, handling skills, administration errors, risk perception, clarity of information received and whether a VR environment would help their learning.

Results

Forty-five patients were included Mean ± SD age was 51 ± 12 years. Most of the patients interviewed were in treatment with drugs for immune-mediated inflammatory disorders. The first administration was done by a health professional in 53.3% of the cases, 44.4% were done by themselves and 2.2% were done by a family member. Although 95.6% of the participants considered that the information given by the pharmacist was clear enough, 15.6% of them discarded the injections due to handling failures and 66.7% reported injection site reactions. Finally, 75.6% of participants believed that VR may help to learn the administration process.

Conclusion and Relevance Although the information and training provided by the pharmacist were clear enough, some patients do not feel confident with their first self-administration having to discard the medication due to some handling failures.

The VR represents a potential alternative for promoting a safe environment to improve the knowledge, skills and attitudes in SC injection self-administration through reproducing environments close to the real one.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-119 A NEW PHARMACEUTICAL CARE PROGRAMME FOR COVID-19 PATIENTS TREATED WITH PAXLOVID®: IMPLEMENTATION AND SAFETY OUTCOMES REPORTED

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Background and Importance The COVID-19 pandemic has highlighted the important role that hospital pharmacists play in improving pharmacotherapy outcomes. Paxlovid® (Nirmatrelvir/ritonavir) was recently granted an Emergency Use Authorisation for the treatment of mild to moderate COVID-19. However, the use of Paxlovid® with certain other drugs in high-risk patients may result in potentially significant drug-drug interactions (DDI) and adverse drug events (ADE).

Aim and Objectives To assess the impact of a comprehensive pharmaceutical care program (CPCP) focusing on the prevention of DDI and ADE, initiated in a hospital pharmacy for patients with mild to moderate COVID-19 treated with Paxlovid®.

Material and Methods Design: Quasi-experimental study performed between 1 May and 31 July 2022. Pharmacists were responsible for proposing COVID-19 local guidelines to physicians, monitoring adherence to guidelines, managing DDI and ADE, providing patient education, and evaluating health outcomes. A telephone consultation was carried out 10 days after the end of Paxlovid® treatment.

Potential DDI were detected according to Lexi-Comp® and Liverpool COVID-19 databases. Paxlovid-related ADE reported were graded according to Common Terminology Criteria for Adverse Events, version 4.

Results 140 patients (60.7% outpatients) initiated Paxlovid® and were enrolled in the CPCP. Adherence to local guidelines for the use of Paxlovid® was 100%.

Overall, 232 DDI were detected in 111 (79.3%) patients, 142 (61.2%) of which required specific management (34.5% discontinuation of the concomitant drug and 65.5% dose adjustment).

Pharmacists made 267 interventions that led to the prevention of 177 ADE (1.3/patient), 96 (54.2%) of which were grade G-H (NCC MERP classification).

At day 10, 96 ADEs were reported in 42 patients (26.1% of which were grade $\geq$3), being dysgeusia and diarrhoea the most common. Premature discontinuation of Paxlovid® due to ADEs was necessary in 4 (2.8%) patients.

Conclusion and Relevance The implementation of a CPCP developed by hospital pharmacists for patients treated with Paxlovid® was an effective approach for monitoring adherence to guidelines, managing DDI, providing patient education, and evaluating safety outcomes. Paxlovid® showed an acceptable safety profile.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-120 ANALYSIS OF THE PHARMACEUTICAL INTERVENTIONS PERFORMED ON ONCO-HAEMATOLOGICAL PATIENTS THROUGH AN ONCO-HAEMATOLOGY PHARMACY CONSULTATION

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Background and Importance In the area of onco-haematology, medication errors are of great importance because oral antineoplastic drugs have a narrow therapeutic margin, complex dosing regimens, possible interactions with other drugs and foods, and low supervision of their self-administration by healthcare professionals, increasing the risk of medication errors.

Aim and Objectives To analyse the pharmaceutical interventions performed on onco-haematology patients seen in an Onco-haematology Pharmacy consultation.

Material and Methods Prospective observational study of onco-haematology patients in a tertiary hospital for a period of one year. To identify the type of intervention performed, a database was created using an Excel® spreadsheet to record and categorise it. Once identified, it was entered as an episode in the patient's clinical history in the Diraya Clinica® programme so that the clinician could consult it in the patient's evolution. Finally, errors, interactions and adverse reactions avoided by performing these interventions were recorded.

Results A total of 35 onco-haematology patients underwent pharmaceutical interventions. 55% men and 45% women. The median age was 64 years. The patients belonged to two clinical services, 40.8% to Haematology and 59.2% to Oncology. The onco-haematological pathologies where most interventions were performed were: Prostate Cancer (30%), Colon Cancer (25%), Chronic Lymphatic Leukaemia (16%), Multiple Myeloma (10%), Ovarian Cancer (7%), Brain Tumours (5%), Lung Cancer (4%), Breast Cancer (3%). 45% of the pharmaceutical interventions performed were incorrect doses of antineoplastic drugs, 25% relevant drug interactions, 18% omission of the drug, 10% incorrect frequency of administration and 2% detected adverse reactions. The most frequent dose errors were poor adjustment for renal function (40%), failure to write the dose in the patient's clinical course (30%), failure to adjust for liver failure (20%), poor adjustment for body surface area (10%). 100% of the errors were detected in the pharmaceutical validation process during the dispensing of oral cytostatics. 100% of the pharmaceutical interventions were entered in the patient's clinical history as a clinical report. 97% were accepted and prevented 97% of medication errors in patients.

Conclusion and Relevance Pharmaceutical interventions have proven to be an effective tool to contribute to the achievement of the patient's therapeutic goals.

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5PSQ-122 COVID-19 VACCINE VIGILANCE: COMPARATIVE STUDY BETWEEN HOSPITAL, REGIONAL AND NATIONAL DATA

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Background and Importance Following AIFA's authorisation of first mRNA vaccine on 27/12/2020, COVID-19 vaccination campaign started in Italy together with vaccine vigilance in order to individuate expected and unexpected Adverse-Events-Following-Immunisation (AEFIs) and the benefit/risk balance.

Aim and Objectives The aim of this work is comparing reports of vaccine vigilance in our Hospital from December 2020 to June 2022 to national and regional data.

Material and Methods Starting from data of the National System of Pharmacovigilance (RNFV), we analysed reports by age, sex, severity of reaction, reporter and System-Organ-Class (SOC) involved (Meddra classification system). Finally, we compared results with twelfth vaccine surveillance report published on June 2022 by the Italian Agency of Drugs (AIFA) and to 2021 annual regional report.

Results In the period our Hospital administered about 111000 doses (99%Comirnaty, 0.3%Vaxzevria, 0.6%Spikevax). 176 reports were collected: 69(39%) concerned Covid vaccination (reporting-rate RR0,06%). 52(75,4%) of Covid-reports were not severe and 17(24,6%) were severe; among those severe, 2 cases of ineffective vaccination (Comirnaty), 1 case of heart attack (Spikevax), 1 case of adrenal hematoma (Vaxzevria) and 1 episode of deep vein thrombosis (Comirnaty). 59 (85,5%) involved women and 10(14,5%) men. 65 (94,4%) involved Comirnaty (23% severe, and further 9% of severe reaction are given by association with other drugs, RR0,06%), 2 (2,9%) Spikevax (50% severe, RR0,6%), 2 (2,9%) Vaxzevria, (50% severe, RR0,3%). 216 AEFIs were collected; 83 (38%) general diseases and conditions related to site of injection (13 fever, 9 asthenia); 37 (17%) nervous system diseases (26 headache); 30 (14%) generalised muscular pains (8 myalgia). Little