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Conflict of Interest No conflict of interest

2SPD-007 USE OF DRUGS IN SPECIAL SITUATIONS

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Background and Importance The use of medications in special situations is a common practice worldwide, even though it is a field with very few published studies at present. A lot of effort is spent daily in hospital pharmacy services to process requests for these medications. Knowing which medical specialties and which drugs are most commonly used in such situations can be a good policy to know what economic weight these drugs have over the total.
Aim and Objectives Analyse the drugs used in special conditions in the hospital in 2021. The specific objectives were to describe the use and budgetary impact of foreign drugs and drugs authorised under conditions other than those established in the technical data sheet. In addition, another objective was the description of the use of compassionate medicines.
Material and Methods Electronic search on the AEMPS website for drug use under special conditions.

Search for the cost of each of the foreign drugs purchased.

Data mining of individualised requests for treatment with indications not included in the prescribing information drug.

Calculation of the cost per patient of those drugs used under conditions other than those authorised in prescribing information drug.
Results 173 patients were treated with foreign drugs (55 active ingredients in 71 indications).

The foreign drugs requested the most in 2021 were thyrotropin alfa, alpha tocopheryl acetate and defibrotide. The majority corresponded to oncology and haematology requests. Total expenditure was € 1,346,000.

There were 259 compassionate drug applications processed (35 active ingredients in 38 indications). Remdesivir was the most widely used compassionate drug.

Off-label drugs were validated and dispensed for 2,033 patients (108 active ingredients in 193 indications) with an expenditure of € 6,308,000 in 2021.

88.2% of the off-label drug requests were made under protocols authorised by the Pharmacy Commission.

The most frequent individualised off-label drug requests were for ustekinumab and pembrolizumab, and the active ingredients with the greatest economic impact were ustekinumab and atezolizumab/bevacizumab, accounting for 25.9% of total expenditure.
Conclusion and Relevance There is a need to continue with the protocolisation of special uses to improve their knowledge and facilitate their availability. The information systems should be completed to speed up the use of data and to include requests for drugs pending funding.

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2SPD-011 COMPARATIVE EFFICACY OF EPTINEZUMAB, GALCANEZUMAB, FREMANEZUMAB AND ERENUMAB IN THE PREVENTIVE TREATMENT OF CHRONIC MIGRAINE

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Background and Importance Several monoclonal antibodies for preventive treatment of chronic migraine have been approved in recent years. However, there are no studies that directly compare these treatments.
Aim and Objectives To establish, through an indirect comparison (IC) against placebo, whether eptinezumab (Ep), galcanezumab (Ga), fremanezumab (Fre) and erenumab (Ere) could be considered equivalent alternatives in efficacy for the preventive treatment of chronic migraine.
Material and Methods A PubMed search was performed for pivotal clinical trials (CTs) of eptinetumab (300 mg/12 weeks), galcanezumab (240 mg/4 weeks), fremanezumab (675 mg/12 weeks) and erenumab (140 mg/4 weeks) for the preventive treatment of chronic migraine. The variable for comparison was the percentage of patients with ≥75% response (% of patients with a 75% reduction in migraine days per month) at week 12 after the start of treatment. With the results of ≥75% response, relative risk (RR) compared to placebo was calculated. Finally, with these values, an IC of these drugs was performed using the Bucher method (ITC calculator, Indirect Treatment Comparisons, of the Canadian Agency for Health Technology Assessment). The results were analysed, seeing if there were statistically significant differences between these four drugs.
Results Four CTs were found, one with each drug, all of them compared to placebo as a common comparator. All the studies presented a similar methodology. However, CT of erenumab was a phase 2 CT, while the others were phase 3. Moreover, in the erenumab CT the sample size (667 patients) was smaller than in the other CTs (between 1072 and 1130 patients). These limitations for IC were eventually accepted. After applying the Bucher method, the following results were obtained:

OR (Ep 300 mg vs Gal2 40 mg) 0,89 [IC 95% 0,48–1,65]; p=0,70

OR (Ep 300 mg vs Fre 675 mg) 0,95 [IC 95% 0,56–1,61]; p=0,85

OR (Ep 300 mg vs Ere 140 mg) 1,21 [IC 95% 0,69–2,13]; p=0,50

OR (Fre 675 mg vs Gal 240 mg) 0,93 [IC 95% 0,46–1,89]; p=0,85

OR(Ere 140 mg vs Gal 240 mg) 0,73 [IC 95% 0,35–1,52]; p=0,40

OR(Fre 675 mg vs Ere140 mg) 1,28 [IC 95% 0,66–2,46]; p=0,47
Conclusion and Relevance According to the results obtained, given that no statistically significant differences have been established between the different drugs in terms of efficacy, the choice of one or the other should be based on safety and efficiency criteria. Nevertheless, it would be of special interest

to have a direct comparison of these drugs to confirm the equivalence.

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2SPD-012 COMPARATIVE EFFICACY OF ABROCITINIB, BARICITINIB AND UPADACITINIB IN MONOTHERAPY FOR THE TREATMENT OF ATOPIC DERMATITIS

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Background and Importance Several oral drugs for atopic dermatitis have been approved in recent years. However, there are no studies that directly compare these treatments.

Aim and Objectives To establish, through an indirect comparison (IC) against placebo, whether abrocitinib, baricitinib and upadacitinib can be considered equivalent alternatives in efficacy for the treatment of atopic dermatitis, when used as monotherapy.

Material and Methods A PubMed search was performed for pivotal clinical trials (CTs) of abrocitinib (200 mg/24h), baricitinib (4 mg/24h), and upadacitinib (30 mg/24h) for atopic dermatitis, as monotherapy. The main variable for comparison was the results of the EASI75 (Eczema Area and Severity Index) at week 16 after the start of treatment. With the results of the EASI75 (%), the relative risk (RR) compared to placebo was calculated. Finally, with these values, an IC of these drugs was performed using the Bucher method (ITC calculator, Indirect Treatment Comparisons, of the Canadian Agency for Health Technology Assessment). The results were analysed, seeing if there were statistically significant differences between these three drugs.

Results Five CTs were found, one with abrocitinib, two with baricitinib (CTB1, CTB2) and upadacitinib (CTU1, CTU2), all of them compared to placebo as a common comparator. All the studies presented a similar methodology. However, in the CT of abrocitinib, patients under 18 years of age were not included, while in upadacitinib (13.5%) and baricitinib (22%) they were. Moreover, in the abrocitinib CT the EASI75 is measured at 12 weeks while in the others at 16 weeks. These limitations for IC were eventually accepted. After applying the Bucher method, the following results were obtained:

OR (abrocitinib 200 mg vs baricitinib 4 mg) 0,53 [IC 95% 0,24–1,18]; p=0,12 (in CTB1) and 0,65 [IC 95% 0,27–1,54]; p=0,32 (in CTB2),

OR (abrocitinib 200 mg vs upadacitinib 30 mg) 0,92 [IC 95% 0,46–1,82]; p=0,81 (in CTU1) and 1,04 [IC 95% 0,52–2,08];p=0,92 (in CTU2),

OR (baricitinib 4 mg CTB1 vs upadacitinib 30 mg) 1,73 [IC 95% 0,98–3,07]; p=0,06 (in CTU1) and 1,95 [IC 95% 1,08–3,52]; p=0,03 (in CTU2),

OR (baricitinib 4 mg CTB2 vs upadacitinib 30 mg) 1,42 [IC 95% 0,73–2,73]; p=0,30 (in CTU1) and 1,6 [IC 95% 0,81–3,13]; p=0,17 (in CTU2).

Conclusion and Relevance According to the results obtained, it could be that Upadacitinib 30 mg presented greater efficacy than Baricitinib 4 mg as it is the only IC that has given a statistically significant difference. However, due to the aforementioned limitations, these results should be taken with caution and safety and efficiency criteria should also be taken into account.

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2SPD-019 EXPLORING ECONOMIC AND QUALITATIVE ASPECTS OF DRUG USE IN A PENITENTIARY INSTITUTE

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Background and Importance Penitentiary institute contain a population of prisoners or interned who, from the moment they enter the prison, they bring with them their personal experience of discomfort that results in the concentration in a single environment of physical, mental and behavioural diseases. The direct consequence is the use of a large number of drugs. The activities of the hospital pharmacy include the distribution of drugs to the penitentiary institute.

Aim and Objectives The objective of the study was to analyse the use of drugs in the prison population strongly influenced by the contingent situation and which has a high demand for health needs.

Material and Methods A study was conducted to examine data of drugs required from the penitentiary institute in terms of quantity expressed in dosage units and costs from the data consumption of hospital medicines in the three-year period 2019–2021.

Results The total cost of medicine consumption in the penitentiary institution considered is € 103522.9 in 2019, € 81.484.31 in 2020, down by 21.2% compared to the previous year and € 86.525.72 in 2021 (Δ% 21–20 = +5.8). Analysing the first level of Anatomical Therapeutic Chemical (ATC) classification system, the highest consumption value is related to drugs for the nervous system (N), followed by those active on alimentary tract and metabolism (A) and cardiovascular drugs (C). By analysing costs, the highest value is observed for the category of drugs for the nervous system, 68% in 2019–2020 of the total cost and 61% in 2021. Drugs active on alimentary tract and metabolism represent the 7% in 2019–2020 and 11% in 2021 respectively. The therapeutic category with the highest consumption are psycholeptics, antiepileptics and drugs for disorders related to acid secretion. Among the substances with the greatest cost are clonazepam and aripiprazole in 2019–2020, while in 2021 is promazine. Valproic acid and quietapine are the most used substances in the three-year period.

Conclusion and Relevance The data described the use of drugs in a penitentiary institute emphasised the high pharmacological burden consequence of many pathologies in this population. In fact, psychotropic drugs are the most commonly used substances. This data is related to the presence of neuro-psychiatric disorders in prisoners.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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