Background and Importance Monoclonal antibodies targeting the calcitonin gene-related peptide (anti-CGRP) are recently available for migraine treatment. Real-world data on the utilisation of these drugs in clinical practice is scarce, but this information could help hospital pharmacists afford a better selection of the available drugs.
Aim and Objectives The study aimed to explore differences in medication persistence in patients with migraine treated with erenenumab, a human monoclonal antibody that binds to the receptor for CGRP, or fremanezumab and galcanezumab, humanised monoclonal antibodies that bind CGRP.
Material and Methods RPT is a drug registry of patients with migraine initiating biologic treatment in public university hospitals in Catalonia. For this study, we retrieved from the registry data of patients initiating treatment after 01/02/2020 with erenumab, fremanezumab or galcanezumab. The primary outcomes assessed were: gender, age, discontinuation rate, time to discontinuation, and the causes of it. We also collected data to measure the treatment response, such as migraine days per month and the validated quality of life scales (Migraine Disability Assessment Scale and Headache Impact Test-6).

Retrieved data was dissociated before any analysis. Chi-square was used to compare proportions and t-Student for continuous variables.
Results Data from 131 patients was retrieved: 55/131 were treated with erenumab and 76/131 with galcanezumab/fremanezumab. 85% of patients were women, with a median age of 51. Medication persistence three months after initiating treatment was 36/55 with erenumab and 57/76 with fremanezumab/galcanezumab. There were no significant differences between the two mechanisms of action.

The mean time to discontinuation in patients treated with erenumab was 8,9 months and in patients treated with fremanezumab or galcanezumab, 6,8 months, without significant differences.

2/19 and 3/19 patients discontinued treatment due to toxicity with erenumab and fremanezumab/galcanezumab, respectively.

30/131 patients' treatment were switched to a different mechanism of action. A three-month follow-up after the treatment change revealed significant improvement in 15/30 patients.
Conclusion and Relevance Medication persistence in migraine treatment with anti-CGRP monoclonal antibodies seems similar for both mechanisms of action.

More extensive studies are needed to clarify the difference in response to different anti-CGRP monoclonal antibodies.

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

4CPS-190 ANALYSIS OF IBRUTINIB DOSE REDUCTION IN PATIENTS DIAGNOSED WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: ARE WE DOING IT RIGHT?

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Background and Importance The usual oral dosage of ibrutinib in chronic lymphatic leukaemia (CLL) is 420 mg every 24h. However, comorbidities, adverse effects and drug interactions require a dose reduction (DR), and the efficacy of treatment may be compromised.
Aim and Objectives To analyse the reasons of ibrutinib dose reduction and its consequences on disease progression/death.
Material and Methods Retrospective observational study that includes patients (n=60) diagnosed with CLL treated with ibrutinib between 09/16/2020-09/16/2022 and not involved in a clinical trial. The demographic characteristics of patients were the following: 43 males (72%), mean age 72.9 years (53-89).

Data collection include DR requirements, DR reasons, treatment suspensions, disease progression and death with their respective date recording.

The percentage of patients requiring DR and the reason thereof were calculated. Percentage of disease progression and death also. In addition, median treatment durations were calculated in months and expressed in percentages; overall median duration (OMD) and after DR requirement (DRMD).

The data was obtained from the electronic medical record (Osabide Global) and the electronic prescription program (Onkobide).
Results 35% of patients (n=21) required DR during the study period. The main reasons for DR were toxicity 76,1% (n=16), pharmacological interactions 9,5% (n=2), efficacy 4,8% (n=1), aging 4,8% (n=1) and patient decision 4,8% (n=1). 10% of DR patients (n=2) suffered CCL progression and 29% (n=6) died. 5% (n=2) of patients non-requiring DR suffered CCL progression and 13% (n=5) died. The OMD of the treatment was 17 months (0-73) and the DRMD was 12 months (0-70).
Conclusion and Relevance The ibrutinib DR does not influence the disease progression or mortality, although the sample size is not enough for a formal statistical analysis. Toxicity was identified as the most common reason for DR. The OMD and DAMD data presented in this work are lower than those commonly published in the literature (1) due to the technical limitations on the software systems.

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Conflict of Interest No conflict of interest

4CPS-191 IMPACT OF THE COVID-19 PANDEMIC ON THE ADHERENCE OF HIV PATIENTS

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Background and Importance In 2020 Spain was involved in the SARS-CoV-2 pandemic. This situation entailed in the dispensing of drugs from pharmacy services to patients' homes. This way of reaching the patient facilitated the access to antiretroviral treatment (ART) in this difficult situation. However, due to the social stigmas, certain patients did not consent to access this dispensing system.

Aim and Objectives The objective is to study how adherence to antiretroviral treatment was affected in HIV-positive patients during the months of the first alarm state in Spain (March 14 to June 21 2020); because during those period ART was home dispensation.
Material and Methods Observational retrospective study, included patients HIV-positive who received ART during the first alarm state in Spain during COVID-19 pandemic and in the same period of 2019.
Collected data were: sex, age and variables related to pharmacological treatment (ART in the selected periods, number of dispensations made, galenic units dispensed).

To measure adherence, an indirect method was used, comparing the dispensations made in the hospital pharmacy of the hospital of León during the studied period and the same dates of the previous year.

% adherence = [dispensed galenic units/planned galenic units] x100
Results We analyse 444 patients with a median age of 54 years (45-59) being 77.93% (n=346) men.

During the study period 83 patients (18.69%) changed their ART. 38.55% (n=32) carried out a simplification of ART in 2020 (from a treatment based on several pharmaceutical forms to a treatment based on a single one).

The mean adherence in the periods studied in 2019 and 2020 was 91.89% (CI 90.44-92.90) and 90.25% (CI 87.61-92.90), respectively. In 2019, 67.12% (n=298) of patients had adherence greater than 95%, compared to 86.71% (n=385) in 2020.

For 38 patients there are no medication dispensations during the 2020 period. Of the majority (n=27) the reason for the absence is unknown; 6 were not disposed of from the hospital of León for spending the confinement outside the city; 4 have died and 1 did not accept home dispensation.
Conclusion and Relevance The implementation of home dispensing could have positively influenced adherence in HIV-positive patients. It is necessary to evaluate in the future that the implementation of new telepharmacy programmes can have a positive influence on adherence.

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Conflict of Interest No conflict of interest

4CPS-192 ANALYSIS OF ADHERENCE AND ASSOCIATED RISK FACTORS IN MULTIPLE SCLEROSIS PATIENTS UNDER DISEASE-MODIFYING THERAPY

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Background and Importance Multiple sclerosis (MS) is one of the most frequent causes of disability among young people. Understanding patients' adherence to treatments is of great importance to assess the effectiveness and safety of the prescribed treatments.

Aim and Objectives To analyse the adherence of patients with MS that were prescribed with disease-modifying treatment (DMT) and to identify risk factors.
Material and Methods A retrospective observational study was conducted including MS outpatients under active DMT in 2021. Variables collected: gender, age, drug type (subcutaneous interferon beta 1b, intramuscular interferon beta 1a, subcutaneous interferon beta 1a, teriflunomide, dimethyl fumarate, fingolimod), route of administration (oral vs parenteral), polypharmacy (> 5 drugs/day), adverse effects (AEs), type of MS (relapsing remitting MS -RRMS-, secondary progressive MS -SPMS-, primary progressive MS -PPMS-), time course, Expanded Disability Status Scale (EDSS) score at onset of DMT, number of previous flares and hospitalisations, and comorbidities.

Adherence was calculated through the Medication Possession Ratio (MPR) using pharmacy dispensation record database. Good adherence was considered MPR $\geq$ 80%. A statistical analysis was performed with IBM SPSS Statistics v21.0.
Results A total of 214 patients were included [(62.1% female), mean age 43.9 (SD 9.7) years].

The most prescribed drug was teriflunomide (26.6%), followed by dimethyl fumarate (20.6%), subcutaneous interferon beta 1b (14.5%), glatiramer acetate (12.6%), fingolimod (12.1%), intramuscular interferon beta 1a (7.0%), and subcutaneous interferon beta 1a (6.5%). The most frequent route of administration was oral (59.3%) vs parenteral (40.7%). 38.3% of patients were polymedicated and 53.7% suffered AEs.

95.3% of patients had RRMS and 4.7% had SPMS. Median time with MS was 11 (0.2 – 45) years and median EDSS was 1.5 (0 – 8). Previous flare-ups were 51.4%, hospitalisations 39.3% and comorbidities 79.4%.

Good adherence (MPR$\geq$ 80) was determined for 89.7% of the patients. Median MPR was 100 (19 – 100).

Adherence was influenced by route of administration (p=0.024) and comorbidities (p=0.014) with statistically significant differences. A statistically significant difference was not observed for the any other variable.
Conclusion and Relevance Adherence was satisfactory in most patients. Determining modifying factors of adherence is important to identify patients at risk of non-adherence who shall receive personalised pharmaceutical care and optimised treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-193 SUITABILITY OF THE DUAL ANTIPLATELET THERAPY TO THE GUIDELINES OF EUROPEAN SOCIETY OF CARDIOLOGY IN ACUTE CORONARY SYNDROME

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Background and Importance The dual antiplatelet therapy (DAPT) consisting of acetylsalicylic acid plus one P2Y12 platelet receptor inhibitor represents the first line to treat patients with diagnosis of acute coronary syndrome (ACS).
Aim and Objectives To review the DAPT prescribed to patients with ACS admitted in a third level hospital and to assess their