

#### 4CPS-210 EFFECT OF MONOCLONAL ANTIBODIES TO PREVENT PROGRESSION TO SEVERE COVID-19 DISEASE: REAL-LIFE DATA OF A UNIVERSITY HOSPITAL

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**Background and Importance** Since February 2021, our National Medicines Agency has temporarily authorised for emergency use the monoclonal antibodies to treat COVID-19 disease.

Furthermore, first authorised and most used ones in our Hospital were bamlanivimab-etesevimab monoclonal antibody combination, casirivimab-imdevimab combination and sotrovimab.

Monoclonal antibody therapy for Coronavirus disease 2019 (COVID-19) is recommended in mild to moderate disease patients who are at risk of progressing to severe disease, with at least one risk factor, including age over 65.

**Aim and Objectives** Aim of the study is to evaluate the effect of monoclonal antibody therapy for COVID-19 to prevent disease's progression, hospital admissions and deaths.

**Material and Methods** Data related to treated patients from 29/03/2021 to 02/05/2022 were collected from our National Medicines Agency database. These data were: sex, age, outcomes of the treatment and antibody administered.

**Results** 336 patients were treated in our Hospital from 29/03/2021 to 02/05/2022.

Patients treated with bamlanivimab-etesevimab (700 mg + 1400 mg) combination were 117: 48 females (F); 69 males (M); 64 patients aged over 65. These patients were treated with this combination from 29/03/2021 to 29/12/2021. The outcomes were: 112 healings, 3 hospitalisations or emergency department visits, 1 death, 1 not available.

Patients treated with casirivimab-imdevimab combination (1200 mg + 1200 mg) were 121: 59 F and 62 M ; 72 patients aged over 65. These patients were treated with this combination from 16/07/2021 to 31/12/2021. The outcomes were: 110 healings, 9 hospital discharges (2 patients, treated with high dosage (4000 mg + 4000 mg), were hospitalised for COVID-19 while 7 were hospitalised for other reasons), 2 hospitalisations or emergency department visits.

Patients treated with sotrovimab (500 mg) were 98: 42 F and 56 M ; 38 aged over 65. These patients were treated with this antibody from 29 December 2021 to 2 May 2022. The outcomes were: 96 healings, 1 hospital discharge (hospitalised for other reasons) and 1 not available.

**Conclusion and Relevance** The administration of monoclonal antibodies in patients with COVID-19, with comorbidities, who are at risk of severe disease's progression reported a reduced risk of hospitalisation or death (only 5 hospitalisations or emergency department visits and 1 death on 336 treated patients).

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-212 SPECIALIST PHARMACIST-LED MULTIDISCIPLINARY CARE PATHWAY FOR OPTIMISING LIPID THERAPY – SIX MONTHS INTERIM ANALYSIS

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**Background and Importance** Cardiovascular disease (CVD) is a leading cause of mortality worldwide and accounts for approximately 27% of all deaths in United Kingdom. The relationship of hypercholesterolemia to CVD is well established and understood in terms of atherogenesis. Reduction of atherogenic lipoproteins, in particular, low-density lipoprotein with lipid modification treatments has been shown to reduce the risk of CVD events and mortality.

**Aim and Objectives** Design, test and develop an integrated care pathway that utilises specialist cardiovascular pharmacists working with primary care teams. This involves optimising secondary prevention with lipid modification therapy in people with established CVD across 42 General Practitioner practices over one-year pilot programme .

**Material and Methods** Specialist cardiovascular pharmacists were commissioned to work with primary care clinicians to identify, review and optimise secondary prevention in high-risk patients not receiving lipid modification therapy.

Eligible patients' clinical notes were reviewed to confirm CVD diagnosis, history of treatment, blood test results and CVD risk factors. Complex cases were reviewed by a virtual lipid specialist multidisciplinary team to agree a treatment plan. Patients were contacted for a virtual consultation to discuss and initiate tailored lipid modification therapy.

**Results** A preliminary review of practices CVD list showed 20% (2200/11233) of patients had a CVD diagnosis and were not receiving lipid modification therapy. A six-month interim analysis of 1100 out of the 2200 clinical reviews conducted by specialist pharmacists, identified that 60% (660/1100) were eligible for statin therapy with only 4% (44/1100) of patients having a true statin intolerance.

The remaining 36% (396/1100) were not for lipid modification therapy. Of these patients: 6% (66/1100) declined treatment, 9% (96/1100) were palliative or the risk of treatment outweighed the benefits, 8% (90/1100) had non-atherosclerotic CVD, 9% (100/1100) had incorrect CVD diagnosis and the remaining 4% (44/1100) were no longer part of the practice list.

**Conclusion and Relevance** An integrated care pathway using specialist cardiovascular pharmacists supporting a multidisciplinary workforce within primary care has shown a significant improvement in lipid modification therapy prescribing to reduce the risk of myocardial infarction (MI) and stroke. Extrapolating these results nationally would avert 17,000 MIs and 5,000 strokes over a 5-year period.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest