The Cox model's analysis indicated that high activity significantly increased the risk of treatment discontinuation due to lack of effectiveness (HR: 1.91; $p=0.025$). The Kaplan-Meier estimate showed that discontinuation rates due to lack of effectiveness were greater for high activity compared to moderate activity ($p=0.022$; figure 1).

Conclusion and Relevance Our findings suggest statistically significant differences in the influence of high RA disease activity compared to moderate activity on the effectiveness of JAKi treatment. A high activity was significantly linked to an increased risk of treatment discontinuation due to lack of effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-114 SUBLINGUAL ADMINISTRATION OF TACROLIMUS IN LIVER TRANSPLANT PATIENT WITH INTESTINAL MALABSORPTION: A CASE REPORT

A Merchán, L SOPENA*, MA Allende Bandrés, MA Alcácera López, M Arenere Mendoza, I Navarro Pardo, MP Aibar Abad, MP Monforte Gasque, E Fernández Alonso, T Salvador Gómez. *Hospital Clínico Universitario Lozano Blesa, Pharmacy, Zaragoza, Spain*

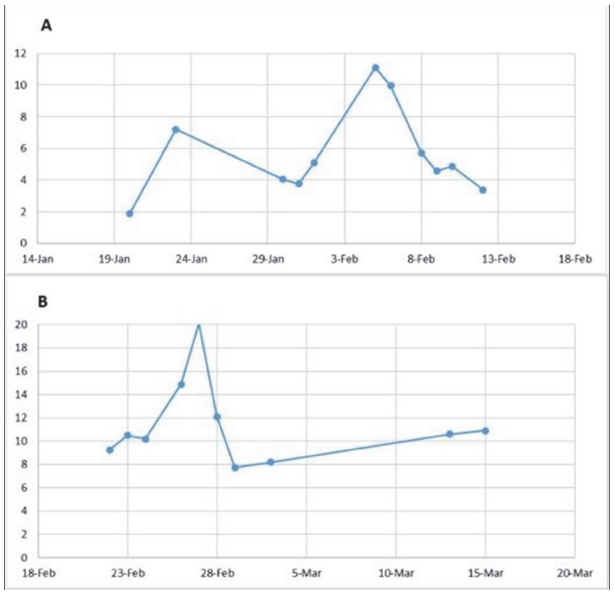
10.1136/ejhpharm-2024-eahp.218

Background and Importance A combination of a calcineurin inhibitor with an antimetabolite and corticosteroids is the standard immunosuppression regime after liver transplant. Therapeutic drug monitoring (TDM) is recommended for tacrolimus due to its narrow therapeutic margin in order to avoid transplant rejection.

Aim and Objectives To report a case of a liver-transplant patient that required sublingual tacrolimus owing to intestinal malabsorption to reach therapeutic levels.

Material and Methods A 37-year-old woman with history of obesity and bariatric surgery (gastric bypass with union of ileum to stomach) was admitted to our centre in January 2023 with the diagnosis of fulminant liver failure and received an emergency transplant. Prolonged-release tacrolimus tablets 0.1 mg/kg/day (with subsequent adjustments according to blood trough concentrations), intravenous mycophenolate mofetil 1000 mg/12 hours, and intravenous methylprednisolone were initiated. During her evolution, she presented sustained sub-therapeutic tacrolimus concentrations (target trough concentrations for the first 4 weeks post-transplant when combined with mycophenolate and corticosteroids: 6–10 ng/mL) (figure 1A), as well as elevated levels of transaminases, which together with a biopsy confirmed a type II acute rejection and was re-transplanted in February 2023. Given the suspicion of tacrolimus malabsorption due to her history of bariatric surgery, alternatives were sought. A systematic review [1] concluded that sublingual administration of immediate-release tacrolimus was an adequate strategy to reach therapeutic levels in lung and kidney transplant patients with a 1:2 sublingual: oral ratio. The Pharmacy Service proposed switching to immediate-release tacrolimus capsules and sublingual administration.

Results 3 mg/12 hours sublingual tacrolimus was started (previous prolonged-release tacrolimus dose: 12 mg/day) with subsequent adjustment according to TDM results. Capsules content was deposited under patient's tongue, avoiding swallowing for 15 minutes and drinking liquids for 30 minutes. Sustained therapeutic levels of tacrolimus were reached (figure 1B) and a progressive decrease in transaminases was observed until reaching normal range values.



Abstract 4CPS-114 Figure 1

Conclusion and Relevance Sublingual administration of tacrolimus could be a feasible strategy to reach therapeutic levels in patients with intestinal malabsorption and avoid possible rejections.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Pennington CA, Park JM. Sublingual tacrolimus as an alternative to oral administration for solid organ transplant recipients. *Am J Heal Pharm*. 2015;**72**(4):277–84.

Conflict of Interest No conflict of interest.

4CPS-115 CHRONIC MIGRAINE REVERSION AND SYMPTOMATIC MEDICATION REDUCTION WITH FREMANEZUMAB

[1]J Tudela*, [2]M Corrales, [2]Y Menguiano, [2]M Manzano, [2]M Huertas, [2]ME Rodriguez. *[1]Puerta Del Mar Universitary Hospital, Pharmacy, Cadiz, Spain; [2]Puerta Del Mar Universitary Hospital, Pharmacy, Cádiz, Spain*

10.1136/ejhpharm-2024-eahp.219

Background and Importance The diagnosis of chronic migraine (CM) includes headaches for more than 15 days per month for at least three months and suffering this pain with migraine criteria for at least eight days The clinical manifestations of CM have a high impact on the quality of life of patients. Failure to control the pain can lead to a high risk of treatment abuse. Monoclonal antibodies such as fremanezumab are used as prophylactic treatment.

Aim and Objectives The objectives of this real-life study were to analyse the reversion of CM to episodic (EM) and evaluate the benefit on the symptomatology in young patients treated with botulinum toxin-resistant fremanezumab.

Material and Methods Patients aged 18–65 years diagnosed with CM and under neurological follow-up, treated for at least 3 months with fremanezumab as a 225mg monthly inyection were interviewed. The data to assess effectiveness