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

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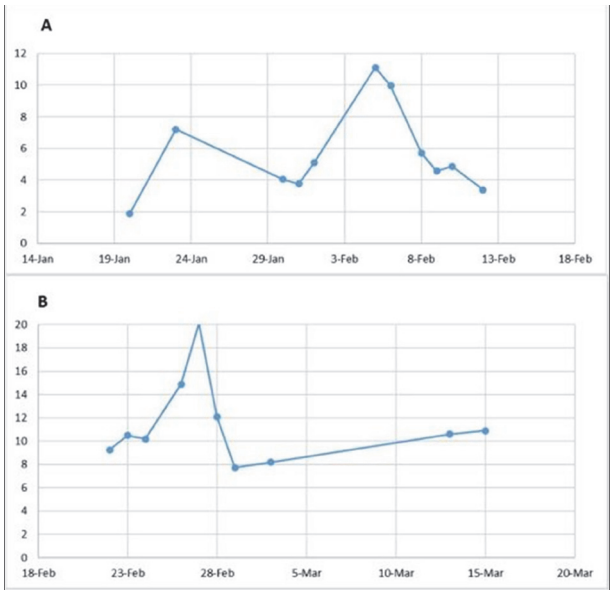
Background and Importance A combination of a calcineurin inhibitor with an antimetabolite and corticosteroids is the standard immunosuppression regime after liver transplant. Therapeutic drug monitoring (TDM) is recommended for tacrolimus due to its narrow therapeutic margin in order to avoid transplant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

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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

were before treatment and at the time of the interview: monthly headache days (MHDs), monthly symptomatic medication days (MSMDs) and percentage of patients with symptomatic medication overuse (SMO). Converters were defined as those patients whose number of MHDs decreased to less than 15 days after at least three months of fremanezumab treatment. The criterion for considering strong medication use as abusive was set at taking medication at least 15 days a month.

Results

Fifty-four patients were interviewed The median age of the study population was 51.5 years old (47.4–55.3, 95%CI), with a median treatment duration of 12 months (9.4–15.0, 95%CI). Fourty patients were converters to EM. The median of MHDs decreased from 28.7 (27.1–30.0, 95%CI) to 4.0 (3.9–6.4, 95% CI; p<0.001) in converters. The median of MSMDs fell from 28.9 (27.8–30.0, 95%CI) to 4.0 (3.0–4.6, 95%CI; p<0.001) in converters. The percentage of patients with SMO decreased from 97.5% to 2.5% (p<0.001) in converters.

Conclusion and Relevance The decrease in converters of all the effectiveness variables, shows a high benefit in patients' clinical and quality of life, supporting the outcomes obtained in clinical trials. The large decrease in the percentage of patients with SMO reflects the high ability to combat one of the most interrelated clinical consequences of CM.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-116 REAL-WORLD EFFECTIVENESS AND COSTS OF USTEKINUMAB IN PATIENTS DIAGNOSED WITH INFLAMMATORY BOWEL DISEASE

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Background and Importance Real world use of ustekinumab in inflammatory bowel disease (IBD) influence real costs of treatment.

Aim and Objectives To evaluate the effectiveness of ustekinumab in terms of persistence, doses dispensed and economic annual impact per patient in real-world clinical practice.

Material and Methods Retrospective review of patients diagnosed with IBD that started treatment with ustekinumab from 01/01/2018 to 06/30/2022. Follow-up was carried out until 06/30/2023.

Variables collected sex, weight, height, age, diagnosis, prior biologic or JAK-inhibitor(iJAK) therapies, time in treatment with ustekinumab, reason for discontinuation and cumulative dose dispensed during the follow-up period.

Outcome variables: persistence defined as percentage of patients that reached 12months treatment and median annual cost of treatment with ustekinumab. As dosing of ustekinumab in real-world practice is dynamic, cost of treatment on maintenance was evaluated using the number of doses dispensed. Theoretical cost was obtained from the dose provided in the drug file.

Data were collected from the electronic health and pharmacy dispensing record.

Statistical analysis Continuous variables were expressed as mean(SD) or median(Q1-Q3), and categorical variables as absolute and relative frequency. Statistical analysis was performed with R-commander_v.2.9.

Results Fifty-nine patients were included, 30(50.8%) men, 50 (84.7%) Crohn`s disease, mean age 46(14.3) years, mean weight 67(14) kg and mean height 168(8.9) cm.

Patients treated with ustekinumab in first line were 10 (17.0%), second line 24(40.6%) and 25(42.4%) other treatment lines.

Twelve months persistence of ustekinumab was 79.6% (n=47 patients). Reasons for discontinuation were 6(42.8%) secondary failure, 4(28.6%) primary failure, 2(14.4%) side effects, 2(14.2%) others. Median time on treatment was 16 (RIC 31) months.

Median annual cumulative dose per patient was 783.5 mg (RIC 429), while theoretical annual dose was 585mg (dosage of 90mg/8weeks) and 387mg (dosage of 90mg/12weeks) representing a dose-escalation of 33% and 102% compared with the theorical dose respectively. Median annual cost per patient was 18102.€, while theoretical annual cost was 15027.3€ (90mg/8weks) and 9941€ (90mg/12weeks), which represents an increase of 20.4% and 82.1% respectively.

Conclusion and Relevance Ustekinumab was associated with a 12months persistence of 66%. Doses-escalation is common clinical practice in IBD with ustekinumab. Consequently, this has important implications for real costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-117 UPDATE OF STOPP/START CRITERIA IN 2023: WHAT ARE THE IMPACTS ON OUR PHARMACEUTICAL INTERVENTIONS?

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Background and Importance Since their first versions[1], the STOPP/START criteria have demonstrated their interest in clinical pharmacy practices. In 2023, these criteria were updated in line with advances in clinical research. This new version requires us to update our knowledge and practices.

Aim and Objectives Assess the impact of the 3rd version of the STOPP/START criteria on our pharmaceutical interventions (PI) in both geriatric and non-geriatric services.

Material and Methods Prospective analysis of 75 prescriptions: 50 from geriatric services (acute care and nursing homes) and 25 from non-geriatric medical services with patients over 65 years old. The number of PIs concerning the common to versions 2 and 3 was recorded and the number of PIs related to the new criteria in 2023 (version 3).

Results The average age was 84.2 and 83.7 years for non-geriatric and geriatric services, respectively. The average number of prescription lines was 11.5 and 12.2.