recommendations actually led to an adjustment in pharmacotherapy. The main reason for not accepting a recommendation by a physician was near discharge from hospital: 90.8% (148 of 163 recommendations).

Conclusion and Relevance Implementation of eCDS in hospital pharmacy led to a significant increase in medication orders adjusted to BMI or BW, in (morbidly) obese patients. It is important to implement and evaluate such interventions to optimise treatment for this growing population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-023 OPTIMISING BIOLOGIC THERAPY IN SEVERE UNCONTROLLED ASTHMA PATIENTS ON OMALIZUMAB TREATMENT

MR Cantudo Cuenca*, A Martín Roldán, MDM Sánchez Suárez, L Martínez-Dueñas López-Marín, A Jimenez Morales. *Hospital Universitario Virgen de Las Nieves, Pharmacy, Granada, Spain*

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Background and Importance Severe uncontrolled asthma (SUA) is a chronic pathology that requires close monitoring of the effectiveness of biological drugs and an assessment of the safety and economic implications to individualise therapeutic goals.

Aim and Objectives Evaluate the effectiveness and safety of omalizumab, propose a switch to biologic treatment to optimise therapy and evaluate the economic impact after intervention.

Material and Methods Prospective study from January 2021 to April 2023. All patients on treatment with omalizumab for SUA were included. Patients with allergic asthma phenotype were excluded. Candidates for optimisation were patients well-controlled or those who had exacerbations in the last 12 months, Asthma Control Test (ACT) score < 20, forced expiratory volume in 1 second (FEV1) <80%, need for oral corticosteroids and the pharmacy dispensing record. To assess the effectiveness of the intervention, data were collected on biological treatment, FEV1, ACT, IgE and eosinophil values before and after the treatment switch or discontinuation. The exacerbations or treatment with oral corticosteroids were also recorded. Clinical variables were obtained using electronic medical records.

Results Sixty-one patients with mixed or eosinophilic phenotype SUA on treatment with omalizumab. Of these, 30 patients met criteria for well-controlled disease and 31 (50.8%) were candidates for optimisation of therapy. 55.5% women with a median age of 51 years (IQR 66 – 42). The median pre-test IgE value was 459 UI/mL (734.7–239.1), eosinophils 300/µL (445–140), ACT 17 (23–12) and FEV1 78% (100–65). Eight patients switched to benralizumab, seven to mepolizumab and six to dupilumab. Seven patients were discontinued due to well-controlled SUA, two patients were expected to switch due to the need for previous complementary tests, one patient died of another cause. After optimisation the eosinophil value at week 16 and 32 dropped to 80 and 50 respectively. Median ACT 18 (20–16) and FEV1 83.5 (98.5–59.5). Five patients had exacerbations and six patients required oral corticosteroids. Two of the patients with mepolizumab returned to omalizumab. Optimisation of therapy for SUA resulted in a 38.2% cost saving.

Conclusion and Relevance Optimisation of pharmacotherapy allows for individualisation of treatment and dosage, which has an impact on effectiveness and safety while minimising costs in the health system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-024 ANALYSIS OF POLYMEDICATION AND ADEQUACY TREATMENT RECOMMENDATIONS IN PATIENTS WITH MULTIPLE SCLEROSIS IN A TERTIARY LEVEL HOSPITAL

MDM Sanchez Suarez, A Martín Roldán*, R Cantudo Cuenca, L Martínez-Dueñas López-Marín, A Jimenez Morales. *Virgen de Las Nieves University Hospital, Pharmacy Department, Granada, Spain*

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Background and Importance Multiple sclerosis (MS) population has been aging in parallel to the increasing life expectancy of the general population. This could be related to potentially inappropriate medication prescriptions, drug-drug interactions and therapeutic non-adherence.

Aim and Objectives Determine the prevalence of polymedication in an MS population aged 55 years or more and provide therapeutic recommendations to adjust treatment of the patient.

Material and Methods Observational, cross-sectional, study that included patients over 55 years of age with MS at a tertiary level hospital between December 2022-February 2023. Demographic variables: age, sex, date of MS diagnosis, type of MS and the Expanded Disability Status Scale (EDSS). Medication, polypharmacy (five or more drugs), major polypharmacy (10 or more drugs), anticholinergic burden, potentially inappropriate medication, drug-drug interactions (Lexicomp® database) and non-adherence to concomitant medication were collected. Statistical analysis was carried out with R Commander® software. Data was obtained from electronic prescription (Prisma®) and medical records (Diraya®) applications.

Results 95 MS patients aged 55 years or older were included. 68.4% were women. The median age was 61 years (IQR 58–65). Median age at the diagnosis 45.2 years (IQR 38.5–50.2). Type MS: recurrent remitting (71.6%), secondary progressive (19%) and primary progressive (9.4%). Median EDSS scale 2 (IQR 1–3). The most frequent disease-modulating drugs (MSD) were: interferon (23.1%), fampridine (16.8%), teriflunomide (14.7%), fingolimod (8.4%) and glatiramer acetate (7.4%). Median number of drugs concomitant with MSD 6 (IQR 3–9). Polypharmacy 68.4%. High treatment complexity index 40%. Non-adherence to concomitant medication was identified in 84.4% of patients and drug-drug interactions in 56.2% (category D 83.8% and X 16.2%). Anticholinergic load: no risk 20%, moderate risk 22.1% and high risk 57.9%. A total of 20 pharmaceutical interventions were carried out in 17 patients (17.9%), the potentially inappropriate medication criterion was responsible for 11 interventions, non-adherence for seven and interactions for two. Of the 11 interventions on inappropriate medication criteria, nine (81.8%) were accepted, resulting in the discontinuation of 15 drugs that were appropriately prescribed.

Conclusion and Relevance Polypharmacy plays a very important role in adult MS patients as it is associated with a higher prevalence of inappropriate medication prescriptions, drug-drug interactions and therapeutic non-adherence.

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

4CPS-025 MANAGEMENT OF COVID-19 WITH NIRMATRELVIR/RITONAVIR AND TACROLIMUS MONITORING IN RENAL TRANSPLANTATION: A CASE REPORT

M Falcón, P Suárez Casillas*, M Mejías Trueba, AB Guisado Gil, MV Gil Navarro, JP Quintero García, E Hevia Álvarez, P Barriga Rodríguez, SJ Lora Escobar. *Hospital Virgen del Rocío, Pharmacy Department, Seville, Spain*

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Background and Importance Nirmatrelvir/ritonavir (N/R) is an oral treatment for COVID-19 that reduces the risk of developing severe disease. Renal transplant patients are treated with immunosuppressants such as tacrolimus, that is metabolised by CYP43A as well as N/R. Co-administration with the irreversible CYP3A4 inhibitor ritonavir, is associated with serious interactions and toxicity in patients.
Aim and Objectives To describe the management of COVID-19 treatment with N/R and tacrolimus in renal transplant patients.
Material and Methods A 49-year-old woman with chronic kidney disease who underwent kidney transplantation in February 2019. She was on treatment with prednisone, mycophenolate and tacrolimus, presenting chronic rejection in April 2023 for which she received rituximab.

In June 2023 she was admitted to a tertiary hospital with a diagnosis of COVID-19 and severe pneumonia, requiring supplemental oxygen. She had received four doses of the COVID-19 vaccine and was on tacrolimus 5 mg/day, with a creatinine of 1.7 mg/dl. Due to the interaction of tacrolimus with N/R, she was first treated with remdesivir.
Results Due to the lack of clinical improvement, the Infectious Diseases, Nephrology, and Pharmacy units decided to initiate N/R adjusted to renal function (eGRF 30–60 ml/min) at a dosage of 150/100 mg/12 hours for 5 days. Tacrolimus was suspended during the treatment, with diligent therapeutic drug monitoring (TDM).

Tacrolimus concentration was measured prior to commencing N/R therapy. Because of the somewhat elevated tacrolimus concentration (16.4 ng/mL), it was determined to postpone the initiation of N/R for 48 hours. During N/R treatment, tacrolimus concentration remained around 6–7 ng/ml (target: 5–15 ng/ml). Four days after the end of N/R, the plasma level was 2.2 ng/mL, leading to the decision to reintroduce tacrolimus at a reduced daily dose of 2.5 mg.

The infectious condition was successfully resolved following N/R, without any transplant rejection. However, the patient experienced a slight deterioration of creatinine levels, which returned to baseline values after restarting tacrolimus.
Conclusion and Relevance Our experience contributes additional evidence indicating that this interaction should not be considered a contraindication for N/R treatment in COVID-19 pneumonia patients and can be effectively managed through TDM of tacrolimus. Nevertheless, further studies involving a larger patient population are necessary to establish more precise conclusions.

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

4CPS-026 ACCEPTABILITY AND WILLINGNESS TO SWITCH ANTIRETROVIRAL TREATMENT IN PATIENTS WITH LONG-ACTING INJECTABLE THERAPY CRITERIA

C Subirana Batlle*, M Bruguera Teixidor, C Ortí Juan, X Larrea Urtaran, I Gómez Ibáñez, Y Ortuño Ruiz, À Castelló Noria, L Viñas Sagué, C Díez Vallejo, E Martínez Díaz, A Couso Cruz. *H Josep Trueta, Pharmacy Department, Girona, Spain*

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Background and Importance The development of long-acting injectable treatment has become a new treatment strategy that could change the handling of patients with antiretroviral therapy (ART) for HIV infection.

Cabotegravir/rilpivirine represents the first long-acting drug combination approved by the Food and Drug Administration (FDA) and the Spanish Agency for Medicines and Health Products (AEMPS) for this indication.
Aim and Objectives To know the acceptability and willingness of patients with HIV infection to switch their oral antiretroviral treatment to a long-acting injectable.
Material and Methods Qualitative descriptive population study carried out at a third-level hospital. All adult patients with an indication for cabotegravir/rilpivirine treatment attended at the pharmacy consult were included.

A questionnaire was prepared where the patient's data were collected and the degree of satisfaction with their treatment and the acceptance of the therapy with long-acting injectables were evaluated.
Results A total of 57 patients [70.2% (n=40) men and 29.8% (n=17) women] with a median age of 54 years [range: 28 – 78] completed the questionnaire. The ART they received were: Dovato®, Triumeq®, Juluca®, Biktarvy®, Odefsey®, Genvoya® or Symtuza®.

Patients expressed being satisfied [33,3% (n=19)] or very satisfied [66,7% (n=38)] with their usual ART and that it was not an inconvenience to take the medication orally every day [75,4% (n=43)]. The majority stated that they were willing [54,4% (n=31)] or very willing [31,6% (n=18)] to continue with their treatment.

Furthermore, most of the patients had prior knowledge of long-acting injectable therapy [71.9% (n=41)] and expressed that they did not mind receiving two intramuscular injections every 2 months [86.0% (n=49)] and that they were not worried about the secondary pain [57.9% (n=33)]. The majority stated that they were willing [52.6% (n=30)] or very willing [35.1% (n=20)] to switch treatment.

The main reasons for switching treatment were to remove the stigma, to avoid forgetting to take the medication and the worry about running out of medication.
Conclusion and Relevance Results reflected a great acceptability and willingness of our patients to receive long-acting antiretrovirals, showing agreement with previously conducted studies.

In addition, the patients also appreciated being asked their opinion about the treatment.

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