The most frequent reconciliation errors were related to the omission of the drug (46.03%), dosage errors (37.37%) and therapeutic equivalents (6.93%).

Drugs most frequently involved in pharmaceutical interventions belonged to the following ATC groups: cardiovascular system- C (43.06%), nervous system – N (33.41%), blood- B (7.17%) and systemic hormonal preparations-H (5.69%).

Conclusion and Relevance More than a half of the interventions were related to medication reconciliation which shows that this process is important at hospital admission. The high degree of acceptance by clinicians shows that the pharmacist should be part of a multidisciplinary team and can contribute improving patients' safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-084 GENOTYPING ANALYSIS OF POLYMORPHISMS IN THE DIAHYDROPYRHYDROMIDINE DEHYDROGENASE (DPYD) GENE PRIOR TO ADMINISTRATION OF FLUOROPIRMIDINES

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Background and Importance It is highly recommended to genotype DPYD gene polymorphisms before administration. Complete deficiency of DPD activity is very rare, estimated at 0.01% to 0.5% of individuals, partial deficiency has been estimated at 3% to 8%.

Aim and Objectives The aims of the study included the description and frequency of DPYD gene polymorphisms prior to fluoropyrimidine administration in all tumour types and the measures taken.

Material and Methods Retrospective, multidisciplinary study in a tertiary hospital, with the participation of pharmacy, clinical analysis and oncology departments, by reviewing the genotyping of DPYD gene polymorphisms. Oncology patients who were genotyped in the period from June 2020 to December 2021 were included. Four DPYD variants were analysed: DPYD*2A, c.2846A>T, c.1679T>G and c.1236G>A(HapB3) and the genotype of 82 polymorphic regions of the DPYD gene related to the level of enzyme activity. Variables recorded: sex, age, tumour location, variant found and degree of enzyme activity (poor metaboliser(0–0.5), intermediate metaboliser(1–1.5) and normal metaboliser(2).

Results A total of 150 patients, 56.7% female, with a median age of 68.9 years(53.2–84.6) were screened. Tumour sites were: colorectal(48.7%), breast(22.7%), gastric(8.7%), pancreatic(8.7%), cholangiocarcinoma(6%), head and neck(2.7%) and others (2.5%). 15 patients(10%) had some degree of enzyme deficiency. 5(30%) of the patients presented an enzyme activity level of 1.5, 8 (53%) presented 1, 1 (6%) presented 0.5 and 1(6%) presented 0. The variants found were: in 6 patients (40%) c.2846A>T, 3(20%) c.1129–5923C>G, 7 (46.7%) c.1156G>T(*12), 1 (6.7%)c.1777 G>A, 1(6.7%) c.1905+1G>A, 1(6.7%) c.483+18G>A and 1(6.7%) c.1236G>A. 2(13.3%) of the patients had both alleles with mutated variants. 11(73.3%) of the patients had one variant, 3(20%) had 2 variants and 1(6.7%) had 3 variants affected. Intermediate metabolisers had their dose of fluoropyrimidines reduced by 50% and poor metabolisers were spared the use of fluoropyrimidines.

Conclusion and Relevance The main diagnoses were colon and breast cancer. 10% of patients studied had some degree of enzyme deficiency according to the variants analysed, 8.6% with partial deficiency and 1.3% with complete deficiency. Our population showed a high prevalence of deficiencies in relation to the literature described. This determination allowed dose adjustment of these drugs, which represents an advance in terms of safety, allowing personalised treatments, individualising doses and avoiding toxicities.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-085 LONG-TERM PERSISTENCE IN PSORIASIS PATIENTS WITH HIGH RESPONSE TO GUSELKUMAB: A REAL-WORLD RETROSPECTIVE STUDY

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Background and Importance Guselkumab represents an important advancement in the treatment of psoriasis. By targeting the IL-23 pathway, it addresses the underlying immune dysregulation that drives psoriasis, leading to significant improvements in symptoms, quality of life, and long-term disease management for many patients.

Aim and Objectives This study aims to evaluate the real-world persistence of Guselkumab in adult patients with moderate-to-severe psoriasis in a multicentre analysis. Secondary objectives of the study were to analyse the effectiveness and safety of Guselkumab in the same cohort of patients.

Material and Methods This retrospective cohort study used registries and medical records from 2 different hospitals (Apr 2019 to Sept 2023). Adults with moderate-to-severe psoriasis who initiated Guselkumab treatment were identified and followed-up until Sept 2023, or disenrollment. Baseline demographic and clinical characteristics studied included: sex, age at diagnosis, current age, psoriasis area severity index (PASI), previous treatment, and comorbidities. Kaplan-Meier analysis was used to estimate Guselkumab persistence at one, two and three years.

Results A total of 62 patients with moderate-to-severe psoriasis were included (age 49.3 ± 13.7 years; 64.5% men). 29% of included patients were naïve to biological treatment. Baseline PASI score was 8.4 and patients received 1.9 ± 0.9 prior lines of treatment. Most common previous biological treatments included ustekinumab (59.1%), anti-TNFα (52.3%) and IL-17 inhibitor drugs (31.8%). 5 out of 62 patients discontinued Guselkumab treatment due to the following reasons: lack of efficacy (4.8%), transaminase elevation (1.6%) and pregnancy (1.6%). Guselkumab persistence was 21.6 ± [2.0] months for all patients. When performing a subgroup analysis, non-naïve patients obtained a persistence of 23.0 ± [1.5] months followed by 16.6 ± [4.1] months for naïve patients (p=0.250). Guselkumab persistence at 1 year, 2 year and 3 year was 95%, 93% and 91%, respectively.

Conclusion and Relevance Guselkumab demonstrated high persistence during the study period, suggesting patient and healthcare professional satisfaction with efficacy and tolerability over time in patients with moderate to severe psoriasis.

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

4CPS-086 ASSESSMENT OF THE CLINICAL RELEVANCE OF LEVETIRACETAM MONITORING

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Background and Importance Monitoring of levetiractetam is necessary for treatment optimisation due to their wide interindividual pharmacokinetic variability. Age,clinical situation and pregnancy contribute greatly to its pharmacokinetic alterations.
Aim and Objectives To evaluate the impact and usefulness in clinical practice of pharmacokinetic monitoring of levetiracetam in a tertiary university hospital carried out by the pharmacy service.
Material and Methods Retrospective observational study in 53 patients between 02/2016–05/2023. Pharmacokinetic and patient data were obtained from Gestlab® and Orion Clinic® software:sex,age,weight,concomitant antiepileptic,creatinine value and hepatic insufficiency diagnosis.Patients were classified:paediatric(0–14years),pregnant,critical ill or outpatients.The clinical relevance of levetiracetam monitoring was assessed by whether the first levetiracetam level of patients was within or outside the therapeutic range(12–46mcg/mL) and the pharmacokinetic recommendation made by the pharmacy service.
Results
Fifty-three patients were studied 25 men and 28 women with a median of 4(4) years and 18(20)Kg in paediatric and of 42 (32.25) years and 69(34)Kg in adults. There were 33% paediatric,6% pregnant,15% critical ill and 45% outpatients.Two patients had creatinine levels above 1.3mg/dL,two diagnosed with liver failure and 43% had concomitant antiepileptic treatment. 53% of patients had levetiracetam level out of range,79% were below:14% pregnant,41% paediatric,9% critical ill and 36% outpatient. 68% were adjusted according to the pharmacy service of which 100% decided to increase the dosage:100% of pregnant and critical,63% of outpatient and 55% of paediatric. In 32% not adjusted,29% got the treatment suspended,29% was increased by the physician and 14% was not possible to carry out the pharmacokinetic report. The remaining 21% were above the range:17% were critical ill and 83% outpatient,50% percent were adjusted according to the pharmacy service:60% of outpatient in which 100% decided to reduce the dosage. In 50% not adjusted,33% it was not possible to carry out the pharmacokinetic report. Treatment was adjusted in 2 patients despite they were within range due to poor renal function or by decision of the physician.
Conclusion and Relevance Monitoring of levetiracetam levels has been shown to be clinically relevant for better individualisation of treatment since more than half of the patients were out of range. This has allowed pharmacokinetic adjustment in most cases to maintain the drug in therapeutic range and optimise treatment,especially in pregnant,critical ill and paediatric patients.

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

4CPS-087 ADALIMUMAB PERSISTENCE IN CLINICAL PRACTICE AT A REGIONAL HOSPITAL

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Background and Importance Currently, biosimilar drugs are a great cost-effective alternative to maintain the public health system sustainable.
Aim and Objectives To analyse persistence between biosimilar and originator adalimumab, as well as predictors associated with a higher risk of discontinuation.
Material and Methods Retrospective study conducted in a regional hospital with a reference area of 133,734 inhabitants.

All patients who have been treated in our hospital with originator or biosimilar adalimumab were included. Patients switching were excluded.
Variables studied sex, age, treatment, indication, starting and ending date, previous treatments and reason for interruption.

Kaplan-Meier method was used to analyse the 48 month retention rate and compared by a stratified log rank test. A Cox proportional hazards regression analysis stratified by age, sex, indication, year of prescription and reason for interruption was done.

Statistical analysis was performed using SPSS Statistics v22. Categorical variables are shown with percentages and quantitative variables with median and interquartile range.
Results The study included 401 patients, 222 women (55.4%), median age 54.0 (43.0–63.0) years. Adalimumab biosimilar was indicated in 185 (46.1%) patients. Treatment duration for the originator vs biosimilar was 21.9 (5.7–61.8) vs 9.3 (5.0–20.7) months.
Indication distribution 137 (34.2%) rheumatoid arthritis, 74 (18.5%) psoriasis, 63 (15.7%) Chron disease, 50 (12.5%) psoriatic arthritis, 50 (12.5%) spondyloarthitis, 21 (5.2%) hidradenitis suppurativa, 3 (0.7%) ulcerative colitis, 2 juvenile idiopathic arthritis (0.5%), 1 SAPHO (0.2%).
Main reasons for stopping adalimumab 74 (18.5%) no response, 58 (14.5%) adverse effect, 47 (11.7%) loss of effectiveness and 33 (8.2%) remission.

The overall 48-month retention rate was 17.2%. Estimated proportions of patients maintaining originator and biosimilar were 30.1% vs 2.2% after 48 months. Originator showed a higher survival retention (HR 0.42, 95% CI 0.34–0.53, $p<0.0001$).

The Cox proportional hazard regression showed that the predictors significantly associated with adalimumab discontinuation were age, reason for discontinuation and year of prescription.
Conclusion and Relevance

- Biosimilar persistence was lower than expected. Probable reasons were lack of clinician's confidence and the increasing variability of treatments.
- The duration of treatment with originator was more than twice longer than biosimilar.
- The highest number of discontinuations took place in the first 12 months.