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.

- The high number of discontinuations causes a lot of biological turnover.

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

4CPS-088 FOLIC ACID, FOLINIC ACID AND HEMATOTOXIC TREATMENTS: A REVIEW AT A UNIVERSITY HOSPITAL CENTRE

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Background and Importance Studies have shown that folic acid (FA) and folinic acid (FAi) are equally effective in preventing methotrexate-related haematotoxicity. According to its marketing autorisation (MA), FA is indicated for the treatment of folate deficiency, chronic intestinal absorption disorders and supplementation during pregnancy and FAi for the prevention and correction of haematotoxicity caused by co-trimoxazole (CMX), pyrimethamine (PYM) and methotrexate (MTX).
Aim and Objectives Assessment of the compliance of prescriptions with the indications for FA and FAi at our university hospital centre (UHC).
Material and Methods A retrospective study was carried out on nominative deliveries in 2022 on 2 UHC establishments. The indication (prevention or supplementation), whether it was combined with haematotoxic treatment, and the search for vitamin B9 (VB9) deficiency prior to initiating treatment were sought using the prescription assistance software.
Results 266 patients were included in our study: 56% (n=150) received FA and 44% FAi (n=116). 84% of prescriptions complied with MA indications.

Regarding FA, a VB9 dosage was performed in 42% (n=63) of patients and a deficiency was observed in 57% (n=36) of cases. 90% (n=135) of patients received it for a supplementation and 10% (n=15) to prevent haematotoxicity due to treatment (n=11 on CMX, n=4 on MTX) and are therefore off-label.

Regarding AFi, a VB9 dosage was performed in 20% (n=23) of patients and a deficiency was identified in 22% (n=5). In 77% (n=89) of cases, FAi was used to prevent haematotoxicity during treatment (n=85 on CMX, n=3 on PYM, n=1 on MTX) and 23% (n=27) received it as a supplement and are therefore off-label.
Conclusion and Relevance Some prescriptions don't correspond to the MA indications, and the efficacy of FA has not been demonstrated in the prevention of CMX haematotoxicity. Moreover, the unit cost of FAi is higher: failure to comply with the indications may result in higher treatment costs.

Disagreement between prescribers is observed through the heterogeneity of prescriptions. To reduce the rate of non-compliant prescriptions, consultation between doctors and pharmacists needs to be developed to reach a consensus.

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Conflict of Interest No conflict of interest.

4CPS-089 CLINICAL PHARMACIST EFFECTIVENESS IN HOSPITALISED PATIENTS: ANALYSIS OF THE INTERVENTION RECORD IN A SECONDARY ACUTE HOSPITAL

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Background and Importance Clinical pharmacist activity is fundamental in the hospitalised patient, since it prevents medication errors, participates in the selection of medication and facilitates medication compliance in terms of dispensing and administration.
Aim and Objectives To analyse the profile of the clinical pharmacist's interventions in patients hospitalised in a second-level hospital. Therefore, clinical needs can be discovered and preventive actions promoted.
Material and Methods Retrospective multidisciplinary, interventional study, from 08/2023 to 09/2023. Acute-hospitalised patients from medical and surgical areas were selected.
The variables recorded were intervention/day ratio, medications prevalence and their incidences and reasons for intervention. A descriptive analysis was performed using absolute frequencies and percentages.
Results 1555 pharmaceutical interventions were recorded, with a 12.34 interventions/day ratio and 7.05 implemented interventions/day/100 patients, considering 175 hospital beds.

Medications with more than 10 interventions and their incidence were: non-guide oral medications (183, hospital admission conciliation), intravenous dexketoprofen (33, kidney-failure adjustment), intravenous acetaminophen (31, therapeutic duplicity), piperacillin-tazobactam (31, treatment duration, kidney-failure adjustment), oral allopurinol (30, hospital admission conciliation), non-guide inhaled medications (25, hospital admission conciliation), intravenous potassium chloride (24, improper dosage, frequency not compatible with fluid therapy), intravenous metamizole (22, excessive dose), among others.

Abstract 4CPS-089 Table 1 Shows main reasons for the interventions

Intervention reasons (n=1555)	Absolute frequency	Percentage (%)
Other intervention reasons	283	18.3
Facilitate compliance	258	16,6
Incomplete order	182	11,7
Therapeutic duplication	139	8,9
To promote compliance	114	7,3
Home treatment not prescribed	91	5,9
Overdose	89	5,7
Therapeutic exchange	87	5,6
Allergies not introduced	78	5,1
Excessive duration	70	4,5
More frequent than recommended	66	4,1
Under-dosage	58	3,7
Needs additional treatment	40	2,6