4CPS-119: PNEUMONOLOGY-PHARMACY COLLABORATION IN THE PHARMACOTHERAPEUTIC OPTIMIZATION OF MONOCLONAL ANTIBODIES IN PATIENTS WITH SEVERE UNCONTROLLED ASTHMA

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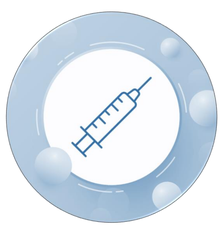
Background and importance: in chronic diseases, concern about safety and economic implications of treatment with biological drugs have raised, the need to adapt the treatment used once reached the individualized therapeutic goal for each patient.

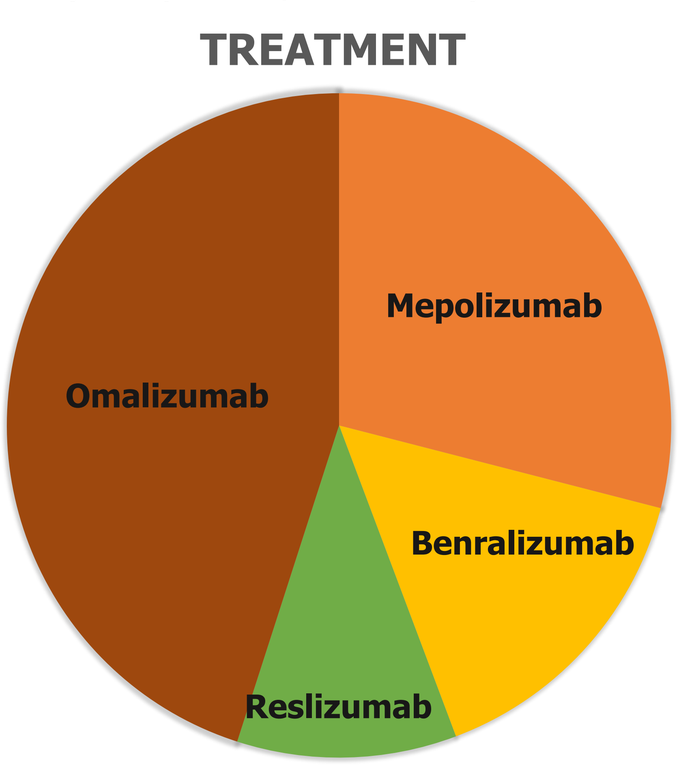


Aim and objectives: Implementation of a pharmaceutical care consultation for patients with Severe Uncontrolled Asthma (SUA). To establish a collaboration with the Pneumology Service for candidate patients for pharmacotherapeutic optimization.

Material and methods: Pharmaceutical care consultations were scheduled for all SUA patients. Candidates for optimization were those treated with any monoclonal antibody for more than 1 year, had no exacerbations in the last 12 months, ACT score >20, FEV1>80%, withdrawal of oral corticosteroids, had good adherence measured by the Test of Adherence to Inhalers and the pharmacy dispensing record. If a patient met these requirements was referred to pneumologist with a treatment optimization proposal. Pneumologists were able to accept the optimization proposal or not. If there was worsening after dose optimization, the initial prescription was returned.

Results

During a 2-year period, from May 2020 to May 2022, 125 patients came to pharmacy consultation.



35 patients that met the criteria for optimizing treatment and were proposed to pulmonologist, with acceptance of the proposal: **9 with mepolizumab every 5 weeks, 1 with benralizumab every 9 weeks, 5 with benralizumab every 5 weeks, and 20 with omalizumab at half initial dose**.

Monoclonal antibody	N patients	N optimization	% optimization
Mepolizumab	38	9	23,7%
Benralizumab	20	1	5%
Reslizumab	14	5	35,7%
Omalizumab	59	20	33,9%
Total patients	131	35	27%

In September 2022, 25 patients continue to be optimized, 10 patients have returned to the usual dose, none of whom had asthma exacerbations.

Conclusion and relevance

Pharmacotherapy optimization exposes patients with total control of asthma to less drug and less probability of developing adverse effects, while minimizing costs in the health system. The collaboration pneumology-pharmacy allows the identification of patients candidates for optimization, managing to optimize almost 1 out of every 3 patients in treatment with monoclonal antibodies.