HEALTH ALERT OF TOFACITINIB AND PHARMACEUTICAL INTERVENTION

I. SÁNCHEZ LOBÓN[1*], R. PLA PASÁN[1], A. GANFORNINA ANDRADES[1], V. MANZANO MARTIN[1], M. SALDAÑA VALDERAS[1], M.J. HUERTAS FERNÁNDEZ[1]
[1]PUERTA DEL MAR UNIVERSITY HOSPITAL, PHARMACY, CÁDIZ, SPAIN
***irenesanlo96@gmail.com**

5PSQ-097

BACKGROUND AND IMPORTANCE

Tofacitinib → selective **inhibitor** of the **janus kinase** family indicated for the treatment of various **rheumatological pathologies.**

The Spanish Medicines and Medical Devices Agency **(AEMPS)** released a safety alert stating that:

- **Patients over 65 years of age**
- **Smokers or ex-smokers**
- **Cardiovascular risk factors**
- **Predisposition to the development of neoplasms**

Should **not receive** treatment with tofacitinib unless no other available therapeutic alternative can be used.

AIM AND OBJECTIVES

Evaluate **pharmaceutical intervention** on the review of tofacitinib prescriptions to ensure their adaptation to the criteria established by the **AEMPS.**

MATERIAL AND METHODS

- Retrospective review of tofacitinib prescription in a tertiary hospital
- Were included all patients on treatment with tofacitinib from July 2021 to February 2022
- Variables collected were:

Age	Risk factors
Sex	Continuation or discontinuation of treatment

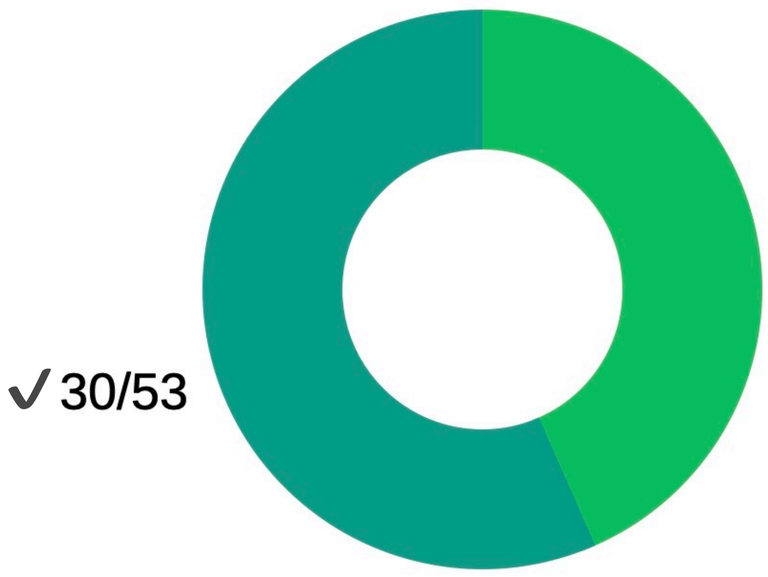
RESULTS

N= 71 patients receiving tofacitinib treatment

25,4% (18/71) **Discontinued treatment**

- Inefficacy
- Adverse reactions
- Presenting at least one risk factor

74,6% (53/71) **Continued treatment**



43.4% (23/53) having at least one risk factor

Results were shown to the Pharmacy Commission, where the pharmacist developed a protocol regarding tofacitinib safety issues.

CONCLUSION AND RELEVANCE

This is the **first experience** in our hospital regarding the global monitoring of safety notes released by the AEMPS. Despite the presence of risk factors, tofacitinib was not withdrawn nor justified in a high percentage of patients. This finding underlines the **relevance of systematic patients follow-up and the need to develop protocols** agreed by the pharmacists and involved physicians.