weeks after the end of treatment. Effectiveness was assessed by sustained viral response (SVR), defined as undetectable viral load at 12 weeks after the end of treatment (SVR12).

Results In our hospital, 1410 patients were treated with DAAs, of which 24 needed to be portrayed with these, 75% male, with a mean age of 53 (38–75) years, 20 infected by genotype 1 (12 1a and 8 1b), three genotype 3 and one genotype 4: 38% presented baseline VL >800,000 IU/ml and 90% grade fibrosis ≥3 (38% F4).The therapies that failed were: ledipasvir/sofosvubir (LDV/SOF)(12)+ribavirin (RBV) (three of them), daclatasvir/sofosbuvir (DCV/SOF) (five)+RBV (one), ombitasvir/paritaprevir/ritonavir/dasabuvir (OMB/PAR/RIT/DAS) (four) and simeprevir/sofosbuvir (SMV/SOF)+RBV (three). Resistance was detected in five patients: Q80K (one), Q30H (one), Y93H (two) and substitution S556G (one). Failure was due to relapse except for one case of reinfection. The rescue treatments were: LDV/SOF (seven), SMV/SOF (seven), OMB/PAR/RIT/DAS (two), sofosbuvir/velpatasvir/voxilaprevir (SOF/VEL/VOX) (three) and glecaprevir/pibrentasvir (GLE/PIB) (one) in genotype 1, DCV/SOF (one), GLE/PIB (one) and LDV/SOF (one) in genotype 3 and SOF/VEL/VOX (one) in genotype 4. The duration of treatment was 24 weeks in 64% of cases. Eighty-eight per cent reached SVR12: for two patients we had no data and one died during the course of treatment.

Conclusion In our case the treatment with DAAs, after a previous failure of these, has turned out to be effective, consolidating other studies already published,[2] but further studies with more patients are required.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Shah ND, Fried MW. Opciones terapéuticas para los pacientes con hepatitis C crónica y fracaso terapéutico previo. *Clin Liv Dis* 2016,8:S25–S29.
2. Gonzalez MM, Moreno-Garcia M, Castellano-Herrador J, et al. All-oral direct-acting antiviral combination therapy:chronic hepatitis C treatment after unsuccessful therapy with DAAs agents. *Eur J Hosp Pharm* 2018;25:A83.

No conflict of interest.

4CPS-096 ABSTRACT WITHDRAWN

4CPS-097 COBICISTAT INTERACTIONS WITH CHRONIC TREATMENTS

[1]M Vélez-Díaz-Pallarés*, [1]T Gramage Caro, [1]Má Rodríguez Sagrado, [1]C Palomar Fernández, [2]A Moreno Zamora, [2]MJ Vivancos Gallego, [1]E Ilies, [1]M Carreter Garnica, [1]M Atienza Martín, [1]T Bermejo Vicedo. *[1]Hospital Ramon y Cajal, Pharmacy, Madrid, Spain; [2]Hospital Ramon y Cajal, Infectious Diseases, Madrid, Spain*

10.1136/ejhpharm-2019-eahpconf.246

Background Cobicistat is used in clinical practice as a pharmacokinetic enhancer of protease and/or integrase inhibitors. Nevertheless, the mechanism by which this occurs (metabolism inhibition) makes cobicistat-containing HIV regimens very prone to interact with chronic treatments, which triggers toxicity.

Purpose To reconcile HIV treatments containing cobicistat and to analyse the interactions with the chronic treatment.

Material and methods Patients attending the outpatient pharmacy clinic between January and September 2018 with a regimen containing cobicistat were included. During the dispensation of their HIV medication, patients' treatment was reconciliated by two methods: pharmacy interview and consultation of the prescribed medication in the primary records. The interaction between the cobicistat and the patients' chronic treatment was checked in drugs.com. In this website interactions are classified as major, moderate, minor and non-interaction.

Results Eight-hundred and forty-two treatments were reconciliated (patients: 47.9±11.5 years old; 82.4% male). Twenty-eight different HIV regimens were identified, the most frequent being the one containing Genvoya (cobicistat, elvitegravir, emtricitabine, tenofovir alafenamide) (68.4%). Two-hundred