in the patient's medical record in order to inform the physician about patient knowledge and judgement.

Results A total of 64 IBD patients (46 Crohn's disease, 18 ulcerative colitis) were included in the study: 48% of males, mean age was 44 ± 16 years. The mean duration of RP therapy was 6.5 ± 11 years. The majority of patients ($n=59$, 92%) did not know anything about biosimilars. After the interview, 38% of patients ($n=24$) declared their acceptance of switching to a biosimilar, 23% ($n=15$) refused the switch and 39% ($n=25$) were indecisive. The main causes of refusal were the fear of a loss of efficacy in one patient, the fear of tolerance problems in three patients and both in two patients. Regarding indecisive patients, 44% ($n=11$) were open to considering the switch to a biosimilar after discussion with their referring physician.

Conclusion In our study we showed a significant lack of knowledge of IBD patients treated with RP concerning biosimilars. Nonetheless, after an interview with a clinical pharmacist, most of the patients had a positive perception of biosimilars and accepted the switch from original infliximab to a biosimilar. This study highlighted the need for patient education about biosimilars in order to authorise the switch of biologics and the major role of clinical pharmacists in providing this education.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://www.worldgastroenterology.org/UserFiles/file/guidelines/inflammatory-bowel-disease-english-2015-update.pdf>

No conflict of interest.

4CPS-144 ESTABLISHMENT OF A PHARMACEUTICAL STANDARDISED INTERVIEW CONCERNING BIOSIMILARS OF INFLIXIMAB IN THE DAYCARE CLINIC OF A GASTROENTEROLOGY DEPARTMENT FOR PATIENTS AFFECTED BY INFLAMMATORY BOWEL DISEASE

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Background Anti-TNF monoclonal antibodies such as infliximab effectively treat inflammatory bowel disease (IBD). Currently they are recommended after failure or contraindication of corticosteroid/immunosuppressive therapy. The use of infliximab's biosimilars is an important question due to health costs and with the objective of improving healthcare.

Purpose Our goals were to evaluate the knowledge about biosimilars of patients treated with the reference product (RP), assess the number of patients who would accept switching to a biosimilar and to produce an economic analysis.

Material and methods From May to September 2018 we conducted a prospective observational study in the daycare clinic of the Gastroenterology Department. A standardised pharmaceutical interview for patients affected by IBD treated with RP was carried out. An evaluation of the knowledge of biosimilars was performed, before a point of information. Thereafter, the patient's opinion on the possibility of taking biosimilars was collected and the reasons for refusal as well. The pharmaceutical interview was saved in the patient's record which the prescribers could consult. An analysis of the savings in case of a transition to a biosimilar was realised.

Results Sixty-four patients participated in our study (46 Crohn's disease, 18 ulcerative colitis) all treated by RP for over a year. Mean age was 44. Ninety-two per cent of patients ($n=59$) had never received any information about biosimilars. After the interview, 38% ($n=24$) of patients were favourable to switching to biosimilars, 39% ($n=25$) were indecisive, 23% ($n=15$) were unfavourable. The unfavourable patients were concerned about tolerance (15% $n=6$) or efficiency loss (18% $n=7$) or both (35% $n=14$). Others preferred to discuss it with their doctor (30% $n=12$). In total, six patients moved onto biosimilars, which represented an economy of €1,855/year. It would have been €8125 if all favourable patients had changed and €21 750 if all participants had accepted.

Conclusion Very few patients knew about biosimilars but after the pharmaceutical interview many were in favour of switching. Few willing patients actually changed to biosimilars, but one of the explanations was the lack of information. Therefore, our study showed that delocalising a pharmacist in the daycare department permits the evaluation of the patient's knowledge concerning their treatment and to provide specific information.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://www.worldgastroenterology.org/UserFiles/file/guidelines/inflammatory-bowel-disease-english-2015-update.pdf>

No conflict of interest.

4CPS-145 PHARMACOGENETICS AS A TOOL IN DOSE ADJUSTMENT OF IMMUNOSUPPRESSIVE DRUGS: A CASE REPORT

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Background Tacrolimus is an immunosuppressant used after transplantation. Therapeutic drug monitoring is strongly recommended for this drug, because of its narrow therapeutic margin, interpatient variability, drug interactions and toxicity depending on concentration.

Purpose We report the case of a transplant patient who did not achieve the target residual concentration (Cres) of tacrolimus.

Material and methods The 64-year-old patient (130 kg–187 cm), had a liver transplant as treatment for alcohol-induced cirrhosis complicated by ascites, hepatic encephalopathy and esophageal varices with severe portal hypertension.

A triple immunosuppression with mycophenolate mofetil, prednisolone and tacrolimus (Cres target=10–15 ng/mL) was initiated. Identification of *Candida albicans* in peri-operative collection and *Enterobacter cloacae* in blood culture required treatment by caspofungin and meropenem. Despite tacrolimus dose adjustment, Cres was not reached. Several hypotheses have thereby been explored: noncompliance, inappropriate sampling times, drug interactions and pharmacogenetics. A literature review was conducted, including the following keywords: tacrolimus, caspofungin, meropenem, interactions, pharmacogenetics.

Results Despite the gradual increase in tacrolimus dosage up to 15 mg per day (0.12 mg/kg/day), Cres obtained was below the