The influence of the TacPP administered (immediate/prolonged/extended release) and the administration route (oral/nasogastric tube), in case of immediate-release tacrolimus form was also analysed.

Therapeutic control was considered inadequate if CV30 occurred, or P5 was higher than 20%.

Statistical analysis was done using SPSS. Variance analysis and the Krukal–Wallis test was used to compare quantitative variables.

Results Eighty-four patients were included. The values of the variables analysed – mean FKs, P5 and CV30 observed – were 8.0 ng/mL (SD, 4.2), 19.3% (SD, 39.6) and 66.0% (DE, 46.9). Technically, 68.3% patients had poor FKs control levels.

According to TacPP, values for mean FKs, P5 and CV30 observed were:
- Immediate-release tacrolimus: 8.5 ng/mL (95% CI: 6.2 to 10.9), 28.6% (95% CI: 12.8 to 44.3) and 58.1% (95% CI: 39.7 to 76.5).
- Prolonged-release tacrolimus: 7.9 ng/mL (95% CI: 6.2 to 10.9), 10.5% (95% CI: 1.0 to 25.6) and 66.7% (95% CI: 55.0 to 78.3).
- Extended-release tacrolimus: 9.6 ng/mL (95% CI: 8.0 to 11.3), 8.3% (95% CI: 0.0 to 27.0) and 83.3% (95% CI: 58.6 to 100.0).

According to the administration route (immediate-release tacrolimus form), values for mean FKs, CV30 observed varied widely among patients with IBD. However, to improve the quality of our consultations we must develop a systemic and easy feedback to these professionals. A follow-up for the patients during the treatment will be useful.

Conclusion Taking into account the limitations of this study, our findings suggest that high IPV of FKs exist, at least within the first month after the transplant date. Moreover, the IPV of FKs after their administration through immediate-prolonged release preparations and/or a different administration route shows a wide range of variability that in concrete cases (P5) raises statistical significance.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CPS-153 COMPARATIVE ANALYSIS BETWEEN ORIGINATOR AND BIOSIMILAR INFLIXIMAB ACCORDING TO TROUGH LEVELS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Purpose Eighteen months after the implementation of the pharmaceutical consultation the purpose was to assess pharmaceutical interventions on patients, oncologists, physicians and community pharmacists.

Material and methods Revision of our consultation sheets from January 2017 to June 2018.

Sixty-four pharmaceutical consultations occurred for 56 patients (33 males; 28 females; mean 69 years (33–93) with an average time of 33.4 min.

Results Seventy-nine medication-related problems were reported: 31 side effects, 15 drug-drug interactions, 10 absences of adapted comedication and eight inobservances.

Four nurses had received information by phone (n=22) knowledge about their oral chemotherapy, which could reduce its efficacy. Twenty-eight feedbacks were transmitted to oncologists by phone, face-to-face or secure mail. Eighty-two per cent of pharmaceutical interventions were accepted by oncologists. Eighteen community pharmacists had been contacted by phone. A consultation report condensed and patient information sheets were sent to them by fax (n=15) or secure e-mail (n=3). Four nurses had received information by phone on modalities of storage, administration, waste and side-effects’ management. One physician was contacted for a drug-drug interaction.

Our first results showed the quantitative and qualitative importance of pharmacist interventions with patients and other health professionals. However, to improve the quality of our consultations we must develop a systemic and easy feedback to these professionals. A follow-up for the patients during the treatment will be useful.

Conclusion Completed by patient information sheets and feedback, the pharmaceutical consultations appear essential to facilitate care by other health professionals and to give patients significant information concerning their health.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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