OHP-009 ANALYSIS OF SUGAMMADEX EXPENDITURE AFTER ITS INTRODUCTION INTO CLINICAL PRACTISE IN A FRENCH UNIVERSITY HOSPITAL

doi:10.1136/ejhpharm-2013-000276.383

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Background The launch on the market of a new drug is always an important event for a specialty, particularly when the mechanism of action is completely new. It is the case with sugammadex, a cyclodextrin, the first selective relaxant binding agent. It binds and holds within its lipophilic core only the non-depolarizing steroidal muscle relaxants rocuronium and vecuronium. This novel agent acts ten times more rapidly than neostigmine without the need to administer atropine concomitantly.
Purpose To determinate how the arrival of sugammadex has changed the management of neuromuscular blockade in everyday practise and to evaluate the additional cost caused by the use of this drug in all the hospital departments and especially in the department of anaesthesia.
Materials and Methods We conducted a retrospective study over two years' use of sugammadex from January 2010 to December 2011. All the consumption data were extracted from the PHARMA software.
Results During the period of the study, the use of rocuronium increased by 110%, with an additional cost of about 47%, explained by the increase in surgery over 2011 (3%), and the increased use of sugammadex (+127%).

An additional cost (€70,092.84) due to the change in practise (neuromuscular block + recovery) was observed. It represents an average increase of 37.4% over all hospital departments.

In the department of anaesthesia, the use of rocuronium increased by 31% (+€2,055), but did not generate an increase in cost, because the use of other neuromuscular blocking agents (benzylisoquinolines and suxamethonium) decreased between 2010 and 2011.

The number of vials of neostigmine requested from the pharmacy decreased by 37%, while the number of vials of sugammadex increased by 102%.

The additional cost in this department was estimated at 25%; expenditure increased from €68,291.57 in 2010 to €85,334.63 in 2011, caused specifically by the change in neuromuscular block recovery practises.

These results agree with those of Raft *et al*, 2010, who proved that the increased expenditure was mainly due to the new neuromuscular block recovery practises (€658 to €28,225 between 2009 and 2010).
Conclusions The introduction of sugammadex into clinical practise joins a quality assurance programme, something new to improve patient safety. However, there are currently pharmacoeconomic barriers to the widespread introduction of sugammadex and further clinical trials will inform the debate concerning cost-effectiveness.

No conflict of interest.

OHP-010 ANALYSIS OF THERAPEUTIC PLANS FOR PATIENTS WITH MULTIPLE SCLEROSIS AT SALERNO UNIVERSITY HOSPITAL: FIRST RESULTS

doi:10.1136/ejhpharm-2013-000276.384

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Background The Pharmacy Division of Salerno University Hospital distributes medicines to patients referred to the Provincial Centre for Multiple Sclerosis, and since November 2011 has begun monitoring treatment plans to probe the degree of pathology more deeply and patients' use of the drugs.
Purpose The study draws a general profile of patients in the first six months of monitoring.
Materials and Methods Monitoring the treatment plans presented in period 15/11/2011–15/05/2012, the total number, age and sex prevalence of patients were extrapolated, which were classified into: new diagnosis or following a therapeutic programme; severity of neurological disability, according to the Expanded Disability Status Scale (EDSS); drugs used; therapeutic switches; recent interruptions; association with neurological drugs.
Results 165 patients were being assisted, mean age 44 ± 10 years. 115 were females. 5% of the subjects correspond to new diagnoses; 67% were following a therapeutic programme. 77.94% had an EDSS score in the range 0.0–3.0. 5.4% had scores over 7.0. Patients were starting or continuing treatment with the following medicines: interferon B1a 30 mcg/0.5 ml solution for injection (34%); interferon B1b 250 mcg/ml solution for injection (24.2%); interferon B1a 44 mcg/0.5 ml solution for injection (13.3%); interferon B1a 22 mcg/0.5 ml solution for injection (2.5%); glatiramer 20 mg/ml solution for injection (23%); fingolimod 0.5 mg capsules (3%). Of the subjects in continuation, 30% were taking interferon B1a, 16.4% glatiramer. 28% changed treatment because of new neurological abnormalities (50%), recurrent relapses (37%), problems of adherence to the previous regimen (12%). One patient each discontinued interferon B1b 250 mcg/ml and glatiramer due to elevated transaminases. More patients were switched from glatiramer to interferon B1b (33.3%). 20% were also taking neurological drugs such as escitalopram 10 mg (20%), baclofen 25 mg (16%), carbamazepine 400 mg (10%).
Conclusions A high percentage of patients emerge who, despite having neurological deficits, are living independently. In this stage there may be less full awareness of the disease, and pharmacists, with personalised counselling, can detect, correct and prevent poor compliance.

No conflict of interest.

OHP-011 APPLICATION OF BENCHMARKING TECHNIQUES TO HOSPITAL PHARMACY PRACTISE

doi:10.1136/ejhpharm-2013-000276.385

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Background Benchmarking is a process designed to discover best practise through a comparison of various competing methods.

The use of drug benchmarking can identify problems in health team practise, yield a clearer understanding of competitor hospitals and aid in establishing attainable goals.
Purpose To identify differences in drug expenditure between two hospitals.
Materials and Methods Two hospitals with the same number of occupied beds, size and medicines procurement systems were evaluated for drug expenditure. Analysis included financial measurements: expenditure per hospitalisation day, per patient, cost grading (Pareto), drug inflation index and cost analysis by a time & motion study. Clinical measurements used policies of checking the suitability of drug use and antimicrobial streamlining programmes.
Results Hospital A' drug expenses (+11.5%) and cost/patient (+35%) were higher than in hospital B', the main differences being attributed to the use of infusions and antibiotics. A comparison between IV infusions showed a higher expenditure in hospital A' (48%) compared to B'; differences were attributed to the practise