Agency): gastro-duodenal ulcers (including NSAIDs and steroid-related ulcers), reflux oesophagitis, Zollinger-Ellison's syndrome, and Helicobacter pylori eradication. Inclusion criteria: patients >65 years old on at least four home medicines and an anti-ulcer prescription in the ER. Pharmaceutical interventions were recorded and their degree of acceptance calculated. The cost resulting from drug misuse was calculated considering a mean stay in the unit of one day.

Results 111 patients, 70.2% male, median age 78.9 years-old [65–94]. 94.6% of patients (92.9% PPI, 1.7% H2 antagonists) received one of these agents upon presentation (95.5% of them were prescribed de novo), with intravenous pantoprazole the agent mainly involved (82% of cases). 29.7% of prescriptions did not meet the indications, while this percentage decreased to 12.5% upon ward admission. The pharmaceutical interventions were accepted in 16.2% of cases. Monthly, the estimated cost of the off-label use was €1850.

Conclusions Gastro-protection in the ER did not meet the criteria in nearly 1/3 of patients. This contrasted with the poor acceptance of the pharmaceutical recommendations of discontinuation. The rationale might be the so-perceived harmless profile of these drugs with the short-term use. The rate of off-label prescriptions dropped to half upon ward admission, likely due to thorough revision by the prescriber. Since only patients at a higher risk of suffering from a medicines-related problem were included, the cost resulting from the misuse of anti-ulcer drugs was probably underestimated. In conclusion, forthcoming pharmacy policies should focus on improving the adherence to the indications of both widely-used and expensive drugs, given their financial and health-care impact.

No conflict of interest.

GRP-077 GENERIC MYCOPHENOLATE MOFETIL IN HEART TRANSPLANT RECIPIENTS: IMPLEMENTATION OF ACTIVE PHARMACOVIGILANCE

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Background Immunossupressant drugs have an important role in the prophylaxis of transplant rejection, so they are considered 'critical dose drugs'. Use of a generic immunosuppressant represents a significant cost savings to the medical system. Since safety data for new medicines are always limited, post-marketing surveillance is essential to determine medicines' safety in real life use. With the introduction of generic mycophenolate mofetil (MMF) in CHLO, EPE–HSC, the pharmaceutical services (PHS) have implemented an MMF active pharmacovigilance programme (APP) for HT recipients.

Purpose To describe and quantify suspected adverse drug reactions (ADRs) identified with an APP implemented by the PHS.

Materials and Methods Between 11/2011 and 09/2012, all adult HT recipients who switched from innovator to the generic MMF were included in the MMF APP. This substitution was made under medical supervision and the pharmacist provided the patients with all necessary explanations. Subsequent pharmaceutical assessment was done with a questionnaire (in person or telephone), which identified demographic data, concomitant treatment and suspected ADRs.

Results 55 patients were included in the MMF APP, 78% male, average age 55 ± 13 [22–76] years. 14 patients (25%) reported ADRs at MMF switch. These patients had not experienced ADRs with the innovator drug. The most common ADRs identified were diarrhoea (25%), stomach ache (12.5%) and asthenia (12.5%). All ADRs notifications were reported to the Portuguese National Pharmacovigilance Unit.

Conclusions Most suspected ADRs identified corresponded to MMF's profile ADRs described in the summary of product characteristics. The switch to generic from innovator drug should have a surveillance strategy that includes medical monitoring, patient education and the contribution of all health professionals involved in the patient immunosuppressant regimen in order to create a system that allows adverse reactions to be detected, with the ultimate goal of maximising benefit and minimising risk by promoting safer use of medicines.

No conflict of interest.

GRP-078 GUIDELINE FOR ALBUMIN USE: EFFECT ON COST SAVING

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Background Albumin has been widely used in clinical practise. While some of these indications are supported by the results of randomised studies, others are based only on clinical experience and have not been proved in prospective studies. Efforts should be made to define the indications for albumin use, so that patients gain the maximum benefit from its administration.

Purpose To evaluate the cost saving obtained by the implementation of a guideline for albumin use in a 737-bed hospital.

Materials and Methods Retrospective study that compared albumin use in two periods: July–September 2012 vs. July–September 2011. In June 2012 the guideline for albumin use was distributed to the medical staff. Physicians were requested to complete a form for each albumin order indicating the type and amount of albumin, the clinical service, and the indication for use. Albumin use data and costs were obtained from pharmacy service management system (SAP®) and were tabulated using the Excel® software.

Results The total amount of albumin ordered during the study period was 29.360 g (€63,246) vs. 53.195 g (€108,617) for the same period during 2011, which means a reduction of 45%. In terms of cost, the saving obtained amounted to €45,371 (58%). The albumin use by specialty had also changed; a major decrease in use of albumin was observed for Anaesthesiology 4,000 g (75%), General Surgery 3,080 g (65%), Nephrology 4,900 g (64%), Internal Medicine 3,860 g (56%), Haematology 1,410 g (53%) and Digestive 1,400 g (30%). On the other hand, Haemodialysis significantly increased its use of albumin to 2,805 g (65%), although within the approved indication of plasmapheresis.

Conclusions An albumin use guideline with restrictions focused on albumin prescriptions had suficient efficacy to reduce consumption and save cost. In our hospital guideline the cost of implementation decreased a 58% (€181,484 per year).

No conflict of interest.

GRP-079 GUIDELINES FOR CHEMOTHERAPY EXTRAVASATION

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Background The administration of intravenous cytotoxic drugs plays a key role in cancer treatment and due to the overall increase in intravenous chemotherapy there has been an increasing incidence of chemotherapy extravasation. Therefore, it is advisable to have updated guidelines that direct the treatment of intravenous cytotoxics extravasation.

Purpose To develop guidelines for the treatment of cytotoxic extravasation, which contained the management algorithms,