**DGI-021 COST-EFFICACY ANALYSIS OF ABRIRATERONE FOR THE TREATMENT OF HORMONE-REFRACTORY METASTATIC PROSTATE CANCER PATIENTS**

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**Background** In combination with prednisone or prednisolone, abiraterone is indicated for the treatment of patients with hormone-refractory metastatic prostate cancer (mHRPC) previously treated with a docetaxel-containing regimen. Abiraterone was evaluated in a phase 3, randomised, double-blind, placebo-controlled study.

**Purpose** To evaluate the cost-efﬁcacy of abiraterone for the treatment of patients with mHRPC previously treated with a docetaxel-containing regimen, using best supportive care as a comparator.

**Materials and Methods** Abiraterone efﬁcacy and safety data were sourced directly from the above-mentioned phase 3 study. Two different efﬁcacy parameters were considered: overall survival (OS) and progression free survival (PFS). The costs of the therapeutic regimens were sourced directly from the treatment duration described in the study. This study was conducted from an institutional perspective – the hospital perspective.

**Results** In the phase III trial considered, the median OS was 14.8 months with abiraterone and 10.9 months with placebo. The median PFS was 10.2 months in the abiraterone group and 6.6 months in the placebo group. Median treatment duration was eight months for abiraterone and four months for placebo. The marginal efﬁcacy for abiraterone is 3.9 months for OS and 3.6 months for PFS. Considering OS as efﬁcacy parameter, the incremental cost-effectiveness ratio (ICER) calculated for the two treatments is €89,848. When PFS is considered, the ICER calculated is €97,536.

**Conclusions** Based on this analysis, the ICERs calculated for abiraterone are too high for it to be considered a cost-effective option in the treatment of mHRPC, when compared with mitoxantrone, in patients previously treated with a docetaxel-containing regimen.

No conﬂict of interest.

**DGI-022 COST-EFFICACY ANALYSIS OF CABAZITAXEL FOR THE TREATMENT OF HORMONE-REFRACTORY METASTATIC PROSTATE CANCER PATIENTS**

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**Background** In combination with prednisone or prednisolone, cabazitaxel is indicated for the treatment of patients with hormone-refractory metastatic prostate cancer (mHRPC) previously treated with a docetaxel-containing regimen. Cabazitaxel was evaluated versus mitoxantrone in an open-label randomised phase III trial, the TROPIC study.

**Purpose** To evaluate the cost-efﬁcacy of cabazitaxel for the treatment of patients with mHRPC previously treated with a docetaxel-containing regimen, using mitoxantrone as a comparator.

**Materials and Methods** Cabazitaxel and mitoxantrone efﬁcacy and safety data were sourced directly from the TROPIC trial. Two different efﬁcacy parameters were considered: overall survival (OS) and progression free survival (PFS). The costs of the two therapeutic options were calculated based on the direct cost of the drugs, treatment duration and the probability of using granulocyte colony-stimulating factors (filgrastim). This study was conducted from an institutional perspective – the hospital perspective.

**Results** In the TROPIC trial, the median OS was 15.1 months with cabazitaxel and 12.7 months with mitoxantrone, and median PFS was 2.8 months in the cabazitaxel group and 1.4 months in the mitoxantrone group. Median number of treatment cycles was six for cabazitaxel and four for mitoxantrone. The most frequent clinically signiﬁcant grade 3/4 adverse events were neutropenia (cabazitaxel (82%) vs. mitoxantrone (58%)). The marginal efﬁcacy of cabazitaxel vs. mitoxantrone is 2.4 months for OS and 1.4 months for PFS. Considering OS as efﬁcacy parameter, the incremental cost-effectiveness ratio (ICER) calculated for the two treatments is €147,389. When PFS is considered, the ICER calculated is €248,871.

**Conclusions** Based on this analysis, the ICERs calculated for cabazitaxel are too high for it to be considered a cost-effective option in the treatment of mHRPC, when compared with mitoxantrone, in patients previously treated with a docetaxel-containing regimen.

No conﬂict of interest.

**DGI-023 DESCRIPTION OF OMALIZUMAB USE FOR THE TREATMENT OF ASTHMA AFTER FOUR YEARS OF EXPERIENCE**

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**Background** Omalizumab’s labelled indication is the treatment of IgE-mediated asthma. It has been used in our hospital since 2008. In 2011 it became necessary to develop a protocol that clariﬁed patient selection and criteria for withholding treatment.

**Purpose** To describe the patients treated with omalizumab, focusing on whether they match our protocol’s use criteria or not.

**Materials and Methods** All patients treated with omalizumab for asthma in our hospital were included. Data were obtained in October 2012 from electronic clinical records: treatment period, patient smoker or not, other medicines for asthma, basal IgE, adherence to treatment, omalizumab dosage and hospitalizations and emergency department visits before and after treatment.

**Conclusions** Omalizumab use protocol states these patient selection criteria: uncontrolled severe asthma with previous optimised therapy, basal IgE > 76 IU/mL and at least three emergency department visits or one hospitalisation in the previous year. Treatment withholding criteria are: evaluation after 16 weeks and stop if treatment shows no beneﬁt.

Two different pharmacists examined each patient’s information to establish if treatment was being effective and whether the hospital’s protocol was being followed.

**Results** 31 patients were studied, 7 children and 24 adults. Treatment was stopped in 9 patients, due to lack of efﬁcacy in 8 of them and to adverse effects in the other (diarrhoea, fever and skin reaction). Previous treatments included montelukast or theophylline in 19 patients (61%). Basal IgE was below 76 IU/mL in one patient.

**Conclusions** Our patients still need to be selected better. Protocol compliance is lower than desirable.

**DGI-024 DEVELOPMENT OF A GUIDE FOR ADMINISTERING ANTIVIRAL DRUGS BY GASTROSTOMY OR NASOGASTRIC TUBE**

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**Background** In the treatment of HIV patients, antiretroviral therapy is essential for the control of the virus and the prevention of complications. The most frequent complications are: neoplasms, infections, and metabolic disorders. A high prevalence of complications after the cotreatment of HIV and hepatitis C virus (HCV) is observed. The management of patients coinfected with HIV and HCV is not standardized.

**Conclusions** The present study describes the development of a guide for the administration of antiviral drugs by gastrostomy or nasogastric tube for the treatment of HIV patients.

**Purpose** To develop a guide for the administration of antiviral drugs by gastrostomy or nasogastric tube for the treatment of HIV patients.

**Materials and Methods** A guide for the administration of antiviral drugs by gastrostomy or nasogastric tube was developed. The guide includes: indications, preparation, and administration of the drugs.

No conﬂict of interest.