years old; 75% taking ≥3 capsules per dose). 88.57% vs. 85.71% of patients took their pills in cycles of 5 days followed by 23 days without treatment.

Satisfaction pre- and post-intervention was related to: the number of capsules prescribed per dose (4.43 ± 1.60 vs. 4.96 ± 0.84), the possibility of taking their treatment everywhere (5.17 ± 0.92 vs. 5.32 ± 0.82), and the convenience of the chemotherapeutic regime (5.06 ± 0.94 vs. 5.07 ± 1.05).

The usefulness of the pharmaceutical attention, the pillbox and the leaflet were valued at 5.46 ± 0.58, 5.39 ± 0.69 and 5.68 ± 0.48, respectively. Global satisfaction with pharmaceutical attention was 5.79 ± 0.42.

Conclusions In this study, information provided by hospital pharmacist and the use of pillboxes improved satisfaction in patients treated with temozolomide.

No conflict of interest.

**ECONOMIC EVALUATION OF ANTIFUNGAL DRUGS IN AN INTENSIVE CARE UNIT**

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**Background** Anidulafungin is a semisynthetic echinocandin, mainly used in invasive Candida infections in non-neutropenic patients, with a daily dose cost lower than other antifungal drugs used in candidiasis treatment.

**Purpose** To prepare a mathematical model, able to produce an estimate of the savings that could be realised using anidulafungin instead of the other antifungals.

**Materials and Methods** A pilot study was carried out at Turin hospital ‘Città della Salute e della Scienza’, involving two Intensive Care Units (ICUs), which are the major consumers of echinocandins.

In these two ICUs:

- Data concerning consumption, prices and 2010 rebates for various antimycotics were collected.
- The medical records of 174 patients, admitted in 2010, were examined to identify all those instances where anidulafungin could have been appropriately used, instead of other antifungals.

Based on the analysis of medical records, the substitution index of the other antimycotics with anidulafungin has enabled us to calculate its potential use and the saving that the hospital might be able to achieve.

**Results** The analysis revealed a frequently inappropriate use of various antifungal drugs.

The review of medical reports confirmed a 70% substitution index of liposomal amphotericin B with anidulafungin. In 2010, the hospital used 9,237 vials of caspofungin, anidulafungin and liposomal amphotericin B.

If we assume 100% use of anidulafungin in instances where it would be appropriate in the two ICUs, the hospital could make savings exceeding Euro 100,000 per year.

**Results** The ICUs in question account for 18% of the total vials. The possible savings that could be made by extending the analysis and application of the mathematical model to the entire hospital have not yet been investigated, but the model has confirmed the initial assumption of possibly saving money by using anidulafungin, according to approved indications, in substitution for other antymycotic drugs.

No conflict of interest.

**EFFECT OF A CLOSED SYSTEM DEVICE AND NEW CLEANING PROCEDURE ON SURFACE CONTAMINATION WITH CYSTOSTATICS**

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**Background** The potential for contamination associated with handling cytostatic drugs exists in the workplace despite compliance with the protective measures for the safe handling of cytostatics.

**Purpose** To investigate the efficacy of using closed system drug transfer devices and implementing a new cleaning procedure for environmental cytostatics contamination in the central cytostatics department.

**Materials and Methods** Wipe samples were taken from five defined areas in March, 2011: Laminar air flow (LAF) cabinet, workbench, floor in front of the LAF cabinet, transport box and the handle of the refrigerator located in the make-ready room. They were tested for contamination with 8 substances (5-Fluorouracil (5-FU), cyclophosphamide (CP), ifosfamide (Ifos), gemcitabine (Gem), etoposide (Eto), methotrexate (MTX), paclitaxel (Pac), docetaxel (Doc)) using LC-MS/MS. After seven months the test was repeated on the same surfaces (except the refrigerator handle) after the implementation of PhaSeal closed-system drug transfer device and 0.1 m NaOH decontamination solution.

**Results** In the first test the level of substances wiped from the refrigerator handle was under the detection limit. The LAF cabinet