

Purpose To describe and evaluate this process and the efficiency of quality indicators.

Materials and Methods Prospective study. Period: 1 year (2011). Academic General Hospital (1,500 beds). Antifungal drugs: liposomal amphotericin B, anidulafungin, caspofungin, voriconazole. Variables: process and efficiency quality indicators. Data source: daily log sheet preparation and return of IVM, and antifungal and infusion solution direct costs; personnel costs weren't considered.

Results 3,643 antifungal IVMs were prepared: 35% caspofungin, 32% voriconazole, 21% liposomal amphotericin B, 12% anidulafungin. Process QI: 6.40% antifungal IVMs returned (mainly voriconazole: 10%) and 87% antifungal IVMs recycled (mainly caspofungin: 100%). Total savings: €222,351. Efficiency of the QIs: €155,694 savings from PhDp centralization (mainly voriconazole: €78,659) and €66,657 savings from recycling (mainly caspofungin: €33,025).

Conclusions The fact that process quality indicators comply with standards and the very large cost savings for the institution, support PhDp antifungal IVM centralization. Voriconazole IVM centralization allows more cost savings and caspofungin is the most recycled.

No conflict of interest.

OHP-032 EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE IN HIV-NAIVE PATIENTS: A PHARMACOECONOMIC STUDY

doi:10.1136/ejhp-2013-000276.406

¹G Nota, ¹S Cirillo, ²G Cinnirella, ³A Leggeri, ⁴L Poggio, ⁵L Cattel. ¹Università degli Studi di Torino, Scuola di Specializzazione in Farmacia Ospedaliera, Turin, Italy; ²Presidio Ospedaliero Amedeo di Savoia Birago di Vische ASLTO2, Farmacia interna, Turin, Italy; ³Ospedale M.Vittoria – Ospedale S.G.Bosco ASLTO2, S.C. Farmacia Ospedaliera, Turin, Italy; ⁴ASL TO5, S.C. Farmacia Ospedaliera, Turin, Italy; ⁵Università degli Studi di Torino, Dipartimento di Scienza e Tecnologia del Farmaco, Turin, Italy

Background Truvada, a fixed-dose combination of antiretroviral drugs (emtricitabine and tenofovir fumarate) indicated for HIV-1, was the 12th most expensive drug prescribed in Piedmont during 2009–2010, with a growth of 12%.

Since July 2011 the School of Hospital Pharmacy in Turin has developed a two-year pharmacoeconomic project regarding high-cost drugs.

Purpose To provide to the decision-makers with a management tool to evaluate the treatment costs of HIV patients.

Materials and Methods The legislation and articles in epidemiology and pharmacoeconomic journals were reviewed. Drummond's Weighted Checklist method was used to evaluate the pharmacoeconomic articles. A Budget Impact model, based only on the drug costs, was built. The treatment-naive population (290) was extrapolated from the incidence data in Piedmont in 2010. The treatment options relied on the US Department of Health and Human Services guidelines and on the pharmacoeconomic studies. The model suggested a combination of Truvada with: i) efavirenz (NNRTI, Sustiva), ii) atazanavir (PI, Reyataz) + ritonavir (PI booster, Norvir); iii) darunavir (PI, Prezista) + ritonavir (PI booster, Norvir).

Results The daily treatment cost for a treatment-naive patient varies from €21.78 to €30.64, while the annual expenditure varies from €7,949.17 to €11,184.45. The Budget Impact was calculated assuming that the 290 new HIV cases had been treated for one year with one of the therapeutic strategies provided. The variation in comparison with association i) were respectively +24.64% for combination ii) and +40.70% for combination iii). Treatment iii) was the most expensive (€324,3491.37) and increased the annual expenditure by 40.70% (€938,233.23) as compared with treatment i) (€2305,258.14).

Conclusions The Budget Impact analysis will be used to perform pre-assessments of expenditure in order to set up health care programmes for the allocation of the economic resources.

A pharmacoeconomic analysis of cost-effectiveness will be performed between the associations Truvada + Reyataz and Truvada + Sustiva.

No conflict of interest.

OHP-033 EPIDEMIOLOGICAL STUDY OF INTOXICATIONS BY ALCOHOL AND DRUG ABUSE IN THE EMERGENCY DEPARTMENT OF LUGO HOSPITAL IN 2009

doi:10.1136/ejhp-2013-000276.407

¹AM Bermejo Barrera, ²Al Cachafeiro Pin, ²AM López-Vizcaino castro, ²P Sempere Serrano, ³MD Formoso Lavandeira, ²V López García. ¹Hospital Lucus Augusti, Toxicología USC, Santiago de Compostela, Spain; ²Hospital Lucus Augusti, Servicio de Farmacia, Lugo, Spain; ³Hospital Lucus Augusti, Servicio de Análisis Clínicos, Lugo, Spain

Background Acute poisoning is a condition that generates great demand for care in emergency departments of hospitals.

Purpose To find out the epidemiology of severe acute intoxications and study the profile of the intoxicated patients in our hospital.

Materials and Methods Retrospective observational study. Inclusion criteria: patients with final diagnosis of acute intoxication during 2009. Sources: admission management software, clinical histories. Data recorded: age, sex, date of entry, type of toxic agent(s) involved, existence of psychiatric background and previous intoxications. Global analysis: SPSS package.

Results During the study period 1052 requests for analysis were processed with the following results: (see the table below)

Abstract OHP-033 Table 1

Drugs (% positive)	Sex distribution (% men)	Band age (years)	Majority of intoxications by day of the week (DW)	Months of the year with highest numbers of positives (M)
Ethyl alcohol (65%)	80%	50–59	Sunday	August, June, November.
Benzodiazepines (36%)	50%	40–49	Thursday	June and August
Cannabis (12%)	80%	20–29	Sunday > Friday > Saturday	June and August
Cocaine (6%)	80%	30–39	weekend consumption	August
Opiates (5.4%)	81%	30–39	weekend consumption	April = August

Amphetamines (0.19%): 2 men under the age of 20 and 30 years, M: January, DW: weekend. Barbiturates (0.38%): 4 positive, 75% men, A: 42–54. A temporal distribution (week, month year day) cannot be significant in so few cases.

Conclusions For a better understanding of the Spanish reality in terms of acute intoxication referrals, systematic multi-centre, clinical and epidemiological studies are necessary to demonstrate changes in the toxic substance used, the distribution by age, characteristics of subjects, etc. In order to adapt the health care resources, we need to know the diagnosis and any treatment that would contribute to improving the care of intoxicated patients. See table.

No conflict of interest.

OHP-034 ESTIMATION OF THE ADHERENCE TO BIOLOGICAL TREATMENT IN PATIENTS WITH PSORIASIS

doi:10.1136/ejhp-2013-000276.408

I Loizaga-Díaz, Z Perez-Espana, S Vallinas-Hidalgo, A Llona-Armada, FJ Goikolea-Ugarte, AV Aguirrezabal-Arredondo, MJ Yurrebaso-Ibarreche. Basurto University Hospital, Pharmacy Service, Bilbao, Spain

Background Biological agents have changed the treatment of psoriasis, and are used for long-term treatment. For this reason adherence to the treatment is a marker of success.

Purpose To quantify the adherence of patients with psoriasis to treatment with biologicals (adalimumab, etanercept and infliximab)

Materials and Methods Retrospective observational study of psoriasis patients who were prescribed biologicals. Sex, age, type of