One-way sensitivity analysis confirms the stability of the ICER for nab-paclitaxel despite the variations in the cost of taxanes.

Threshold analysis shows that the ICER for nab-paclitaxel exceeds €40,000 only if cost per mg of conventional paclitaxel is set to zero.

Probabilistic sensitivity analysis highlighted that nab-paclitaxel has a 0.99 probability of being cost effective for a threshold value of €40,000 and is the optimal alternative from a threshold value of €16,316 onwards.

**Conclusions** Based on those findings, nab-paclitaxel can be considered highly cost effective when compared to the acceptability range for ICERs proposed by the Italian Health Economics Association (€25,000;€40,000)

No conflict of interest.

## CPC-013 ANALYSIS OF ANTIFUNGAL USE AND COST IN A SPECIALIST HOSPITAL DURING THE LAST THREE YEARS (2009–2011)

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**Background** Although antifungals constitute a small part of the antimicrobial drugs used in hospitals, proportionally their cost is high. Therefore, the use of antifungal analysis is important in order to achieve optimal clinical outcomes by appropriate management of resources.

**Purpose** To analyse antifungal use and cost in a specialty hospital over the last three years (2009–2011).

**Materials and Methods** Antifungal consumption was analysed in economic terms and number of Defined Daily Doses (DDDs). Data was processed for the whole hospital and broken down by clinical unit. WHO-ATC/DDD Index 2012 was used for DDDs calculations. Results were expressed in DDD/100 Stay-days (DDDs/100SD). Stay-days data were obtained from hospital healthcare activity records. Use data collected were: J02AA-antibiotics antimycotics for systemic use, J02AC-triazole antimycotics for systemic use, and J02AX-other antimycotics for systemic use. Consumption values were extracted from the pharmacy management SINFHOS computer application. DDDs automatically were calculation was made using EDUS_SUR application.

**Results** During last three years, antifungal use expressed in DDDs/100SD was 6.72% of anti-infective drugs used. The cost of antifungals represented 43.59% of the total cost of antimicrobials. 85% DDDs were prescribed by Haematology (105.55 DDDs/100SD), Intensive Care (43.38 DDDs/100SD), Infectious Diseases (12.49 DDDs/100SD), and Oncology (5.92 DDDs/100SD). Antifungal use went up especially in Infectious Diseases, which increased from 7.74 DDDs/100SD in 2009 to 21.72 DDDs/100SD in 2011. Of the antifungal agents, the most prescribed were fluconazole (10.46 DDDs/100SD) and amphotericin B (6,00 DDDs/100SD), followed by voriconazole (1.36 DDDs/100SD) and caspofungin (1.35 DDDs/100SD). The selection of antifungals evolved: fluconazole use increased from 1.31 to 3.71 DDDs/100SD, and amphotericin-B use increased from 1.31 to 2.90 DDDs/100SD, while caspofungin use decreased from 0.63 to 0.33 DDDs/100SD.

**Conclusions** The cost of systemic antifungals represents nearly half of anti-infective drugs expenditure in our hospital.

Efforts to assure optimal use of antifungals must be reinforced In Haematology, Intensive Care, Infectious and Oncology, by proposing clinical guides or protocols for prophylactic and treatment use.

No conflict of interest.

## CPC-014 ANALYSIS OF ANTIRETROVIRAL THERAPY IN ADULT HIV PATIENTS IN A TERTIARY HOSPITAL

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**Background** Current guidelines (GESIDA/PNS-2012) for antiretroviral therapy (ART) in adults recommend the combination of 3 drugs for the treatment of chronic HIV infection.

**Purpose** To analyse the ART in adult HIV- infected patients monitored in our hospital.

**Materials and Methods** A retrospective and descriptive analysis was conducted at the Outpatient Hospital Pharmacy studying the types of ART in HIV adult patients treated on 1 January 2012. Dates were obtained from the electronic outpatient database.

**Results** 1226 patients were receiving ART. The type of therapy was: monotherapy in 40 patients (3.3%), dual therapy in 37 (3%), triple in 1107 (90.3%), quadruple in 32 (2.6%), quintuple in 7 (0.5%), sixfold in 2 (0.2%) and sevenfold in 1 (0.08%). 156 different treatments were observed with 22 drugs. The most common ART combinations were 2 nucleoside reverse transcriptase inhibitors (NRTI) plus a non-nucleoside reverse transcriptase inhibitor (NNRTI) in 585 patients (47.7%), followed by 2 NRTIs plus a protease inhibitor (PI) in 345 (28.1%) and 3 NRTIs in 75 (6.1%). 43.2% (530) received PI therapy and, mainly, boosted.

The combinations tenofovir-emtricitabine or lamivudine-efavirenz were the most frequently prescribed in 358 patients (29.2%), followed by abacavir-lamivudine-efavirenz in 89 (7.3%), tenofovir-emtricitabine-lopinavir-ritonavir in 80 (6.6%), tenofovir-emtricitabine-darunavir-ritonavir in 74 (6%) and abacavir-lamivudine-zidovudine in 72 (5.9%).

All patients received oral treatment and 3 of them subcutaneous treatment with the T-20 fusion inhibitor. 621 patients (50.7%) received once-daily treatment (49.3%), 604 twice-daily and one patient three doses daily. Regarding the number of dosage forms, 337 (27.5%) patients were taking one, 273 (22.3%) five, 238 (19.4%) three, 77 (14.4%) were taking two.

**Conclusions** On January 2012, 76% of our hospital HIV patients treated with ART were taking triple combinations of 2 NRTIs + 1 NNRTI or 1 PI.

All patients except one received once or twice daily treatment and 42% took 1 or 2 dosage forms/day.

No conflict of interest.

## CPC-015 ANALYSIS OF ANTIRRETROVIRAL TREATMENT ADHERENCE

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**Background** The effectiveness of antiretroviral treatment (ART) depends on several factors. Non-adherence is the main cause of treatment failure.

**Purpose** To evaluate ART adherence in our hospital's HIV patient cohort and its effect on the efficacy of ART; as well as to determine the effect of several treatment-dependant factors.

**Materials and Methods** From July to November 2011, all HIV patients taking ART who came to the infectious diseases outpatients were included. Adherence to treatment was estimated as the (percentage) difference between units of medicines that should have been dispensed and units that were recorded in the Pharmacy