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 €16,516 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-014 ANALYSIS OF ANTIFUNGAL USE AND COST IN A SPECIALIST HOSPITAL DURING THE LAST THREE YEARS (2009–2011)

doi:10.1136/ejhpharm-2013-000276.470

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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 antimiycotics for systemic use, J02AC-triazole antimiycotics for systemic use, and J02AX-other antimiycotics 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 fluconazol (10.46 DDDs/100SD) and amphotericin B (6.00 DDDs/100SD), followed by voriconazol (1.36 DDDs/100SD) and caspofungin (1.35 DDDs/100SD). The selection of antifungals evolved: fluconazol use increased from 1.31 to 3.71 DDDs/100SD, and amphoterin-B use increased from 1.31 to 2.90 DDDs/100SD, while caspofungin use decreased from 0.63 to 0.35 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-015 ANALYSIS OF ANTIRETROVIRAL TREATMENT ADHERENCE

doi:10.1136/ejhpharm-2013-000276.472

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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 outpatient 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