Clinical pharmacy and clinical trials

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 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 in the Outpatient Hospital Pharmacy studying the types of ART in HIV adult patients treated on 1 January 2012. Results 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%) two, 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 outpatient s 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

No conflict of interest.