was used in the following departments: ICU (74%), Surgery (7%) Internal Medicine (5%), and other several wards (14%). Colistin treatment was started empirically in 16% of patients. Microbiological diagnosis (Pseudomonas sp. that were aminoglycosides and carbapenems-resistant, and multi-drug resistant Acinetobacter baumannii) was the reason for Colistin treatment in 84% of patients.

Conclusions Due to the increased number of patients in a seriously difficult, life-threatening conditions caused by severe nosocomial infections it is necessary to establish strict control over Colistin prescribing (an antibiogram based on blood culture or cerebrospinal fluid, council of infectiology experts etc.). The possibility of getting it registered in Serbia and included on the list of reimbursed drugs should be investigated. It is also necessary to monitor carefully, and to improve our active communication with, the main wards in order to promote the rational use of antibiotics.

No conflict of interest.

OHP-073 SURVEY OF INTERFACE MANAGEMENT MEASURES REGARDING MEDICINES

doi:10.1136/ejhpharm-2013-000276.446

[1]S Vogler, [1]N Zimmermann, [1]C Habl, [1]C Leopold, [2]E Dolinar. *[1]Gesundheit Österreich GmbH/Austrian Health Institute, Health Economics, Vienna, Austria; [2]Retired, Chief Hospital Pharmacist, Vienna, Austria*

Background The need to improve medicines management at the interface of hospital and primary care is generally acknowledged. But knowledge of good practise on how to bridge that gap is scant.

Purpose To learn about existing policies, mechanisms and measures of cooperation between the hospital and primary sector (hereafter called interface management).

Materials and Methods A survey was performed with the PHIS (Pharmaceutical Pricing and Reimbursement Information) network comprising competent authorities for pharmaceutical pricing and reimbursement as well as hospital pharmacists from 27 countries (25 EU Member States, Norway and Turkey). PHIS network members were asked to inform in writing, preferably by drafting a report according to a predefined template, of medicines management in the in-patient sector and interface management measures in their country. We reviewed 19 published PHIS Hospital Pharma reports, two draught reports and information provided by six further countries (data as of 2009/2010). During a network meeting in February 2012, network members from eleven countries provided updated information on interface management measures in their country on a poster.

Results Only 17 countries reported interface management initiatives. Measures included joint reimbursement lists, hospital drug formularies being coordinated with the list of recommendations for medicines in the primary care, joint development of recommendations/guidelines; joint Drugs and Therapeutics Committees (DTC) and hospital DTCs with a representative from the social health insurance; (obligatory) transfer of information on pharmacotherapy between the sectors, including IT solutions; patient education and counselling; special funding schemes, financial incentives for cooperation projects; pharmacy liaison services, hospital discharge programmes and medicines reconciliation.

Conclusions As in most cases the implementation of the reported measures would require a change in the organisation and funding of the pharmaceutical system, it cannot be done by the hospital pharmacists alone. Improved dialogue between the sectors is urgently needed.

No conflict of interest.

OHP-074 THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN AZIENDA SANITARIA PROVINCIALE SIRACUSA: ECONOMIC CONSIDERATIONS RELATED APPROPRIATENESS OF PRESCRIPTION

doi:10.1136/ejhpharm-2013-000276.447

[1]N Avola, [2]S Guzzardi, [2]D Sgarlata, [2]R Sorbello, [2]G Cacciaguerra, [2]A Scandurra. *[1]Università degli Studi di Catania, Scuola di Specializzazione Farmacia Ospedaliera, Catania, Italy; [2]P.O. Umberto I, U.O.C. Farmacia, Siracusa, Italy*

Background In Italy respiratory diseases are the third cause of death, 50% of which is caused by Chronic Obstructive Pulmonary Disease (COPD). COPD is an irreversible inflammation that causes narrowing of the airways and has a slow and progressive course. In Siracusa the high incidence of COPD may be due to the petrochemical plants in the area. Drug treatment allows us to improve quality of life and to reduce mortality, but often the prescriptions do not adhere to the GOLD Guidelines (GL) for COPD treatment.

Purpose To assess the budgetary impact of the treatment used and of the GOLD GL treatment.

Materials and Methods The authors obtained, by administrative databases and mathematical models:

- The prescriptions of medicines for COPD (ATC R03) in 2010 in Azienda Sanitaria Provinciale (ASP) Siracusa;
- The number of patients with COPD;
- The number of patients for each stage of severity;
- The budget impact of the treatment used and the GOLD GL treatment, which recommends:
- using SAMAs/SABAs(short-action antimuscarinics/antiadrenergics) in the mild stage;
- adding LAMAs/LABAs(long-action antimuscarinics/antiadrenergics) from the moderate to very severe stage;
- to add FDCs (fixed combination drugs)/ICSs (inhaled corticosteroids) in severe and very severe stages.

Results 5895 patients had COPD, of whom:

- 1484 in mild stage;
- 2672 in moderate stage;
- 1155 in severe stage;
- 584 in very severe stage.

The spending for drugs prescribed for COPD was €2,702,627 of which €1,787,967 was for FDCs/ICSs.

If the prescriptions were 100% adherent to GOLD GL spending would have been €1,309,304, of which €434,029 for FDCs/ICSs, with a saving of €1,393,323.

Conclusions If the prescriptions of FDCs/ICSs adhered to GOLD GL, spending would have been 50% less. The adherence to GOLD GL ensures the patient a proper prescription and allows high savings. The authors are developing a training-information project aimed at encouraging doctors to prescribe appropriately.

No conflict of interest.

OHP-075 THE COST OF MANAGING INTRACRANIAL ANEURYSMS BY EMBOLIZATION IN MOROCCO

doi:10.1136/ejhpharm-2013-000276.448

[1]A Cheikh, [2]S Ahid, [1]N El Abbadi, [1]H Ismaili, [1]A Ababou, [2]Y Cherrah, [1]A El Quessar. *[1]Mohammed V souissi university, Faculty of medecine and pharmacy and CHEIKH ZAID hospital, Rabat, Morocco; [2]Mohammed V souissi university, Faculty of medecine and pharmacy, Rabat, Morocco*

Background The overall prevalence of intracranial aneurysm is thought to be between 0.5 to 6% of population, based on angiographic study and autopsies. The frequency of detection and treatment of these aneurysms has increased due to the greater use of non-invasive diagnostic imaging techniques.

Purpose To demonstrate the cost of care by embolization of intracranial aneurysm and to understand relation between the cost and clinical patient parameters.
Materials and Methods Between January 2010 and April 2012 48 patients were treated by embolization of cerebral aneurysms. The cost of pharmaceutical products (drugs and medical devices) was assessed by using the micro-costing method that takes into account all direct costs and the overall cost of care was calculated using data from the hospital's information system.
Results In total, 48 patients were treated, mean age 52.4 ± 12.5 years. The sex ratio M/F = 0.71. 26 patients were covered by health insurance (52.2%). The median overall stay within 10 days [5–11] in ICU was 1 day [1 to 2] and in the medical unit was 6 days [3 to 9.75]. The overall average cost of treatment was €9,697.8, varying from €4,784.3 to €32,172.3. The cost of pharmaceutical products was on average 57.6% of the overall cost. While the average cost of consumables was €5,612.4 with a range of €2,499.1 to €16,370.8. Length of stay does not influence the overall cost of care, but the cost is influenced by the amount of embolization material.
Conclusions The cost of pharmaceutical products in the endovascular treatment of intracranial aneurysms remains high and represents a major handicap for the development of this technique in countries with low coverage by health insurance. As we mentioned before, this latter overall cost is especially influenced by number of embolization materials and number of aneurysms.

No conflict of interest.

OHP-076 THE INCIDENCE OF BACTEREMIA DUE TO CATHETERS AND THE COST OF ANTIBIOTICS BEFORE AND AFTER IMPLEMENTATION OF THE ZERO BACTEREMIA PROJECT

doi:10.1136/ejhpharm-2013-000276.449

[1]A Morego Soler, [1]A Bosó-Ribelles, [1]I Sanchez-Martinez, [1]B Arribas-Diaz, [1]JC Titos-Arcos, [1]MM Sanchez-Catalicio, [1]MP Molina-Guillen, [2]B Gil-Rueda, [1]MC Sanchez-Mulero. [1]N Manresa-Ramón. *[1]Hospital Morales Meseguer, Hospital Pharmacy, Murcia, Spain; [2]Hospital Morales Meseguer, Intensive Care Unit, Murcia, Spain*

Background Primary bacteraemia and bacteraemia caused by catheter infections entail a high pharmaceutical cost. The 'Zero Bacteraemia Project' (BZP) for central intravenous catheter (CVC) use in invasive therapies showed a decrease in the number of bacteraemia cases and a financial effect on hospitalizations.
Purpose To study the number of primary bacteraemia and bacteraemia cases caused by catheter infections among patients hospitalised in our Intensive Care Unit (ICU) and the pharmaceutical cost after implementation of the CVC guides. We compared these data to those obtained from 2007–2008.
Materials and Methods We retrospectively studied 2353 patients who were admitted to our Intensive Care Unit. 1280 patients were studied before BZP (2007–2008) and 1073 after BZP implementation. The BZP implied: catheter insertion with maximal sterile barrier precautions in ICU, correct hand washing, hygienic precautions when using CVCs and the removal of unnecessary catheters. We compared the pharmaceutical cost in antibiotics in both periods. We also studied the five most-used antibiotics in this hospital for the treatment of catheter-related infections suffered by the sample group in this ICU. The data were obtained by the programme 'ENVIN-ICU'.
Results A total of 35 pre-BZP and 13 post-BZP catheter-related bacteraemia cases were detected. 5.14 and 2.17 bacteraemia cases for every 100 patients with CVC. A 37% reduction was observed in the incidence of bacteraemia. The pharmaceutical cost just in antibiotics for the 35 patients infected during the first period amounted to 3100.68 euros. However it dropped to 2388.93 euros during the following period. A 23% saving was observed on the antibiotics consumption.
Conclusions The data from this study show that the use of the 'Zero Bacteremia' policy in the process of inserting and monitoring CVCs is useful to reduce the number of infections. A statistically significant decrease in the number of bacteraemia cases and a monetary saving in antibiotics were found too.

No conflict of interest.

OHP-077 THE ROLE OF PHARMACISTS IN AN ITALIAN MODEL OF ECONOMIC SUSTAINABILITY AND INNOVATIVE TREATMENTS

doi:10.1136/ejhpharm-2013-000276.450

[1]S di Pietro, [2]M Salanitro, [3]F Rapisarda. *[1]Azienda Sanitaria Provinciale Siracusa, Hospital Pharmacy Lentini/Pharmacy Department, Lentini, Italy; [2]Azienda Sanitaria Provinciale Catania, Hospital Pharmacy Acireale/Pharmacy Department, Catania, Italy; [3]Azienda Sanitaria Provinciale Catania, Pharmacy Department, Catania, Italy*

Background Italy is one of the European countries where a Risk Sharing Scheme between healthcare institutions and pharmaceutical companies has been widely implemented. It is a new model proposed to accelerate the authorisation and the availability on the market of new drugs. Since September 2007, the Italian drug agency has developed a web register to record data to monitor patients who receive medicines under a Risk Sharing Scheme: the physician prescribes medicines from a list of high-cost oncology drugs and the Italian drug agency validates each prescription and e-mails the hospital pharmacy to release the drug. The non-responding patients are documented in the web register by the health authorities and the pharmacist applies for reimbursement to the pharmaceutical company. Since 2011, Sicily Region has had a hospital pharmacist officially appointed in each pharmacy department to be in charge of obtaining refunds from manufacturers for undocumented non-responding patients and to supervise the pay-back procedures.
Purpose To quantify the amount clawed back from manufacturers after the appointment of the Risk-Sharing pharmacist.
Materials and Methods We detected and examined unresponsive patients recorded in the Registro AIFA-onco. The pay-back procedures were subsequently completed.
Results The number of registered patients increased by 83% and 451 non-documented patients were recorded: 190 Erlotinib, 103 Sorafenib, 57 Sunitinib, 38 Lapatinib, 14 Everolimus, 1 Pemetrexed, 20 Bevacizumab, 20 Cetuximab, 12 Gefitinib, 2 Vinflunine, 16 Lenalidomide, 3 thalidomide, 1 Panitumumab, 7 Bortezomib, 4 Azacitidine, 3 Trabectedin.

The ex-factory expense was €6,340,011.66: €431,063.89 recovered, €145,678.92 is waiting for reimbursement and €136,220.50 has been denied reimbursement.
Conclusions The appointment of a pharmacist enabled us to monitor pay-back procedures and assess responding and non-responding patients reliably.

No conflict of interest.

OHP-078 TREATMENT OF POSTOPERATIVE ANAEMIA IN ORTHOPAEDIC SURGERY: A BUDGET IMPACT ANALYSIS FROM A HOSPITAL PERSPECTIVE

doi:10.1136/ejhpharm-2013-000276.451

JV Chauny, A Razurel, B Politis, F Le Mercier. *AP-HP Hôpital Ambroise-Paré, Pharmacie, Boulogne-Billancourt, France*

Background Standard postoperative anaemia management includes oral iron or intravenous iron supplementation (iron sucrose complex, ISC), erythropoietin therapy and blood transfusion. Introduction of a new intravenous iron formulation (ferric carboxymaltose, FCM), more expensive than ISC but with simplified administration modalities, could have economic consequences for hospitals.