

ANALYSIS OF THE SAVINGS USING THE SWITCH THERAPY IN TREATMENT OF PNEUMONIA ACQUIRED IN COMMUNITY (n° DGI006)

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OBJECTIVES

The purpose of this study is to evaluate the savings that may be achieved by treating the patients affected by CAP with the sequential therapy (switch from intravenous to oral therapy).

METHODS

Were considered both costs and duration of the therapy with levofloxacin. The cost is given by: unitary cost of levofloxacin, cost of the nursing staff, cost of the material for parenteral infusion, cost of the hospitalization.

The duration has been considered as equal to 5 days for patients without complications, 20 days for patients with complications and 10 days as the average in the common clinical practice.

This model has been applied to the reality of the S.C. Pneumologia of the ASO S. Croce e Carle of Cuneo. The patients hospitalized for CAP and treated with levofloxacin have been individualized through the computerized applications A.S.400

RESULTS

In 2011 in the department of Pneumologia have been hospitalized and treated with tablets of levofloxacin e/o vials 351 patient, 90% of whom were affected by CAP.

- For 10 days of therapy the sequential therapy would enable a savings equal to 85 € / patient. This saving would allow to treat 12 patients more in a regime of switch therapy.
- For 20 days of therapy the difference would be equal to 205 € / patient quantifiable in 14 patients treated in more with CAP hospitalized without affecting the budget.

		1 patient	316 patients	Patients who coul treat with the savings
		5days	5days	
i.v.	total	1.140,60	360.429,60	7
s.t.	total	1.116,48	352.807,68	
	SAVING	24,12	7.621,92	
		10days	10days	12
i.v.	total	2.281,20	720.859,20	
s.t.	tota	2.196,78	694.182,48	
	SAVING	84,42	26.676,72	
		20days	20days	14
i.v.	total	4.562,40	1.441.718,40	
s.t.	total	4.357,38	1.376.932,08	
	SAVING	205,02	64.786,32	

DISCUSSION

Levofloxacin exhibits excellent bioavailability as well as pharmacokinetics equivalence between the oral and the parenteral form and is one of the medicines most used in the treatment of CAP.

CONCLUSIONS

The switch therapy, at equal effectiveness, turns out to be in terms of saving the best therapeutic alternative. In the future we will make an analysis of discharge letters of these patients under the model used in this study thus assessing the real savings.

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