Impact of a targeted policy on intravenous oxycodone and morphine consumption DI-026 B. Laluque¹, S. Pelegrin¹, P. Guyot¹, S. Pfalzgraf¹, B. Cosserant², I. Gremeau¹, V. Sautou¹

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Background

Between 2008 and 2013, we have noted an increase in the consumption of IV oxycodone (+50%) instead of IV morphine (-50%). The total consumption was almost constant, but the total cost increased of more than 76 000€. However, the cost / benefit ratio of IV oxycodone compared to morphine is not favorable (ratio 10 times higher for oxycodone). Targeted policy and specific recommendations on the proper use of these agents have been given by the Committee for Fight aigainst Pain (CLUD) and the Medicines Commission (COMEDIMS). These recommendations were relayed by our hospital Medical Committee (CME).



Objectives

This study aims to assess the medical and economic impact of recommendations issued the Committee for fight against pain (CLUD) and the medicine commission (COMEDIMS).

Materials-Methods

The quantities and costs of oxycodone and morphine consumed were analyzed six months after action and compared to the same period before action.

Results

We can show a 38% decrease in quantity and 39% in cost of IV oxycodone consumption, with a carryover to the oral oxycodone (+ 30 % in volume, 28% cost increase) and morphine IV (+19 % in volume, 20% cost increase). Overall consumption of strong opioids (oral and IV) has decreased by 8.5% in quantity

	6 months	6 months	
Parameter	before	after	Variation
	action	action	

Costs evolution before and after action

70000



Conclusion

Our policy has been effective with an overall cost reduction of 30% in six months. It is maintained and extended to oral forms of oxycodone, based on the results obtained.