

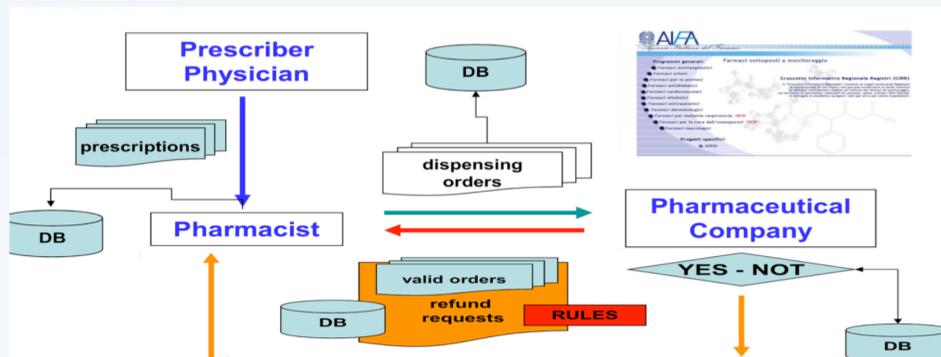
The role of pharmacist in an Italian model of economic sustainability and innovative treatments

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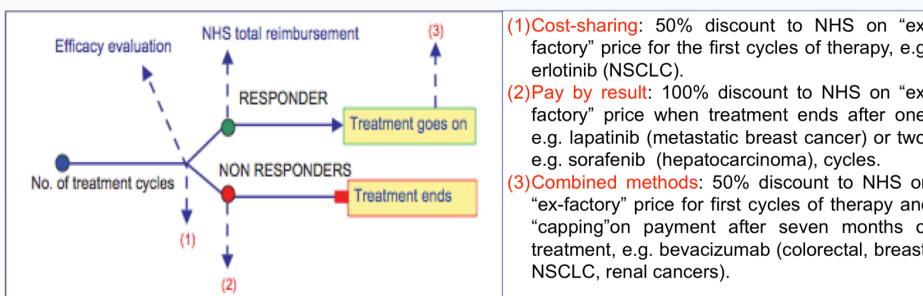
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BACKGROUND

Italy is one of the European countries where Risk Sharing Scheme between healthcare institutions and pharmaceutical companies has been widely implemented. It is a new model proposed to accelerate the registration and the availability on the market of a new drug. Since September 2007, the Italian drug agency has developed a web register to include data for patients' monitoring 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 nonresponder patients are documented in the web register by health authorities and the pharmacist applies for pay-back to the pharmaceutical company.



Since 2011, Sicily Region has had a hospital pharmacist as an official figure in each pharmacy department involved in clawing back refunds from manufacturers for undocumented nonresponder patients and to complete the pay-back procedures.

PURPOSE

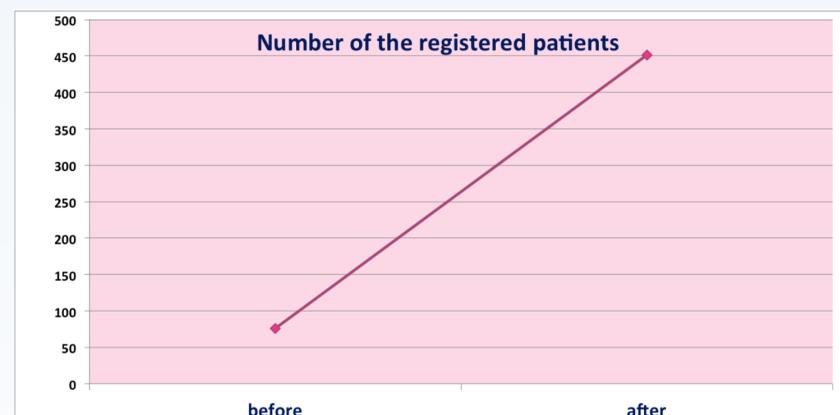
To quantify the amount of refunds clawed back from manufacturers after the pharmacist's implementation.

METHODS

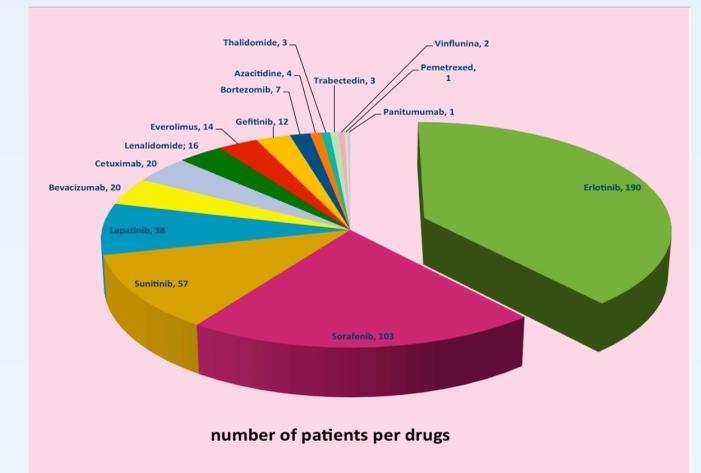
We detected and examined unresponder patients registered in Registro AIFA-onco. Besides we completed the pay-back procedures.

RESULTS

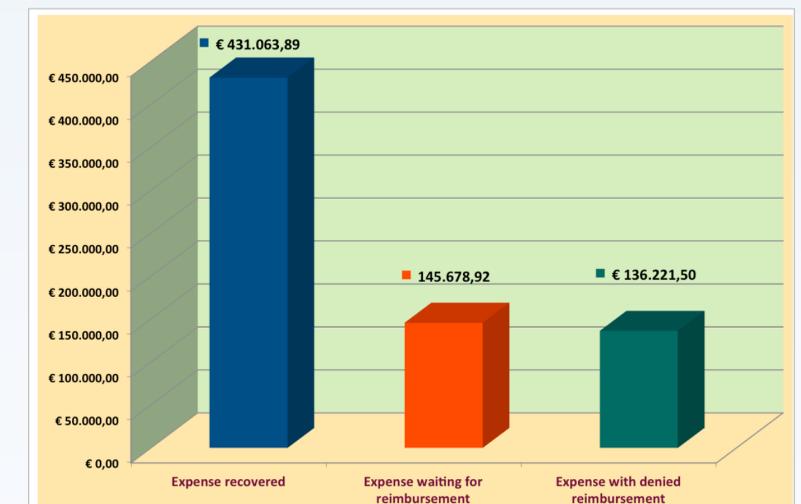
The number of the registered patients increased of 83%



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 Vinflunina, 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 waiting for reimbursement and € 136.220,50 with denied reimbursement.



CONCLUSIONS

The pharmacist's implementation allows the complete availability of pay-back procedures and a reliable assessment of responder and nonresponder patients.

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