poorly appreciated the professional performance of pharmacists. Therefore, raising the awareness about the important role of pharmacist in providing public health is warranted.

**PHS119**

**PROFILE OF PATIENTS USING IMMUNOBIOLOGICAL IN A HEALTH PLAN OPERATING IN FORTALEZA, BRAZIL: ECONOMIC AND PHARMACOTHERAPEUTICS INDICATORS**

**OBJECTIVES:** To profile the use of an immunobiotherapeutic supplemental health Fortaleza - Brazil, to identify the most prescribed therapeutic areas, costs, re-administrations, duration of administration, and the profile of the beneficiaries during the period of a cross-sectional study in two hospitals accredited service provider, from March to November/2012. Data were recorded by medical expertise in computerized management system (Sabius®) performed after the medical consultation. Later, these were entered in Microsoft Excel 2007 and analyzed by pharmacists auditors. The cost was calculated from the value contained in Bradsinice Unit 765, using the Consumer Price Max. The doses used for rheumatoid arthritis Etanercept 250 mcg, 40 mg Adalimumab, abatacept 750 mg, 300 mcg infliximab, 560 mcg Tocilizumab, Rituximab 1g and Golimumab 50 mg based on a 70 kg adult. **RESULTS:** We analyzed 64 patients with a mean weight 67 kg, of which 70.31% (n = 45) were women aged 30-59 years whose most frequent indications were rheumatoid arthritis (n = 33, 51.56%) and ankylosing spondylitis (n = 19, 29.69%). The most immunobiologically commonly prescribed was infliximab (n = 36; 56.25%), Tocilizimab (n = 11, 17.19%), abatacept, and Rituximab (n = 8, 12, 50%) and golimumab (n = 1, 1.56%). It was observed that 67% (n = 43) of patients were naïve immunobiological and 33% (n = 21) initiated with anti-TNF, whereas 61.9% (n = 13) moved into another with immunobiological mechanism of action and 38.1% (n = 8) continued with an anti-TNF, changing only the drug. The average cost of treatment/dose first line was R$ 5,192.10 in haemodialysis. The two cost/doses of anti-TNF R$ 4,907.82 and R$ 3,521.16 (36.72%). **CONCLUSIONS:** Knowledge of costs and pharmacotherapeutic profile becomes important for planning strategies aimed at streamlining and optimizing these drugs on quality of care.

**PHS120**

**MEDICAL RE-ADMISIONS AT THE ROYAL LONDON HOSPITAL – PATIENT SPECIFIC AND DISEASE SPECIFIC FACTORS AT ONE WEEK AND ONE MONTH**

**OBJECTIVES:** The Royal London Hospital is a teaching hospital in East London, UK. We hypothesized that medical patients with multiple co-morbidities and complex disease are likely to present with a new diagnosis when re-admitted within a month. Further, re-admission within a week is likely to be related to the initial diagnosis. **METHODS:** We conducted a retrospective audit of all non-elective adult acute medical admissions over a 6 week period during 2012. We collected information on patient demographics, ICD-10 diagnosis, length of hospital stay, along with readmissions within one week and one month. We identified all “out of area” patients to the capitol’s hospitals. Reducing this financial burden does raise clinical and ethical challenges to the receiving hospital.

**PHS121**

**FIT PALLS OF THE NATIONAL HEALTH SERVICE (NHS) “INTERNAL MARKET” HEALTH CARE MODEL; DOES REIMBURSEMENT OF SECONDARY CARE MATCH COSTS INCURRED**

**OBJECTIVES:** To determine if hospitals are receiving adequate reimbursement to cover costs incurred in providing secondary care. **METHODS:** We conducted a cross-sectional study in two NHS hospitals accredited service provider, from March to November/2012. Data were recorded by medical expertise in computerized management system (Sabius®) performed after the medical consultation. Data were recorded by medical expertise in computerized management system (Sabius®) performed after the medical consultation. **RESULTS:** 117 patients were involved in, including 69 ICU patients and 73 general patients, 117 males and 25 females, 53 young & middle aged (≤60) and 89 old ones (>60). Fifty-seven percent of the patients needed accompanied in ICU, 86.6% of the patients were involved in, including 69 ICU patients and 73 general patients. **CONCLUSIONS:** Patients do need to be accompanied in ICU. At all-day accompany by family member is highly preferred.

**PHS122**

**THE EFFECT OF COPAYMENTS FOR PRESCRIPTIONS ON ADHERENCE TO MEDICINES IN PUBLICLY INSURED POPULATIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

**OBJECTIVES:** To quantify the estimate of copayments for prescriptions on adherence to medicines in a publicly insured population. **METHODS:** Eight electronic databases and the grey literature were systematically searched by one reviewer for relevant articles, along with hand searches of references in review articles and the included studies. Studies were included if they measured adherence, an increase in the introduction of, or an increase in copayment and if the outcome was objectively measured adherence (or non-adherence) to medicines. Measures of adherence included a proportion of DPOs, Cohort and Medication Possession Ratio. Study exclusion, data extraction and quality appraisal were carried out by two independent reviewers. A random effects model was used to generate the meta-analysis. **RESULTS:** The random effects meta-analysis indicated a significant heterogeneity. (heterogeneity statistic I²=74%, P<0.0001). The pooled effect estimate of the relationship between copayments and adherence was 0.98 (95% CI 0.96-1.00; P=0.05). **CONCLUSIONS:** The pooled estimate was not significant. There was a lack of homogeneity. **PHS123**

**THE REIMBURSEMENT LANDSCAPE AND POLICY DEVELOPMENT FOR RARE DISEASES IN CHINA: A CASE STUDY OF HEMOPHILIA**

**OBJECTIVES:** Hemophilia, a costly treatable rare disease, receives 100% reimbursement coverage in most developed world and some developing countries, however, China has not paid enough for hemophilia care. In 2012 that China could reduce the health care costs are $4,210.34/yr. **CONCLUSIONS:** Hemophilia reimbursement policies of 3 major social insurance schemes were collected in 36 cities (provincial capitals and municipalities). In-depth interviews were conducted with selected government stakeholders to understand the rationale of different policies in different cities.