Combining Safety and Savings
Drug Vial Optimization
Drug Vial Optimization (DVO) Model

Combining Safety and Savings
For more than 15 years, the PhaSeal system has been the only clinically proven closed-system drug transfer device on the market. And now, the same system that has been uniquely proven to protect you and your employees from hazardous drug exposure can also help you realize an economic benefit.

Here’s how it works.
PhaSeal provides a physical barrier to maintain microbial integrity

Numerous independent, peer-reviewed, published clinical studies have documented that the PhaSeal system’s dry, leakproof connections and airtight expansion chamber effectively protect healthcare workers and their environment from hazardous drug contamination. A recently published study conducted by Prijck and Vandenbroucke et al. documented that these features also allow a drug vial capped with PhaSeal to remain closed from the time the vial is first entered, thereby helping to maintain the microbiological integrity of the drug.¹

Maintaining microbiological integrity creates cost savings

Maintaining the microbiological integrity of the drug vial enables your facility to extend the use of the drug until the chemical expiration date. Drugs that might otherwise be discarded may instead be conserved. Application of this concept – as well as the purchase of the largest available vials – can result in cost savings for your facility.²

Cost savings can finance the PhaSeal investment and more

Because the savings attributed to drug vial optimization can lower your overall oncology spend, and offset the cost of your PhaSeal implementation along the way, nothing is sacrificed to protect the health of your employees – or your pharmacy’s financial health. It’s a unique combination of safety and savings.

PhaSeal – Combining Safety and Savings.
References:


ABSTRACT
Aim: To evaluate the financial impact of three different preparation and conservation scenarios for cytotoxic drugs.

Method: In scenario one we discarded the residual fraction of the drug after each preparation. In scenario two we used the residual fraction of the vial until the end of the day. In scenario three we used the residual fraction of the vial until the chemical/physical expiry date.

To analyse the economic impact of the three scenarios, we looked at 3,086 preparations during July and August 2006.

Results and discussion: A major difference in cost was found between the three scenarios, namely: Euros 872,413, Euros 807,309 and Euros 754,442 for scenarios one, two and three respectively. Savings varied between a minimum of Euros 52,867 (7%) and a maximum of Euros 117,971 (15%) for the observation period of two months, or an average of Euros 17 to Euros 38 per preparation.

Conclusion: When cytotoxic medicines are prepared under rigorous conditions, pharmacists can contribute to substantial economic savings.