of which 20% is wet AMD forces us to consider the need to revise our opinion of the sustainability of the treatment of the disease.

No conflict of interest.

**H OW WOULD PHYSICIANS AND NURSES HANDLE THE PROBLEM OF DRUG SHORTAGES?**

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**Background** We have all experienced drug shortages for different reasons, such as licence withdrawals, lack of raw materials, etc. Following internal suggestions in cooperation with the Vienna Health Association an alteration list of drug changes was introduced as a standard process. This chart is updated daily and is posted on the opening intranet website of a 720-bed hospital.

**Purpose** To find out via a survey how health care professionals are affected by such drug supply interruptions, what ideas they have to reduce the harm to their patients, what suggestions and management they expect from the pharmacy and the manufacturer.

**Materials and Methods** This survey was done on different wards covering the following aspects:

- recognition level/benefit of the up-to-date drug changes list
- use/knowledge of various pharmaceutical services
- requests/solutions in the recurrent cases of certain drug shortages in our hospital.

**Results** 77 people (23 physicians and 54 nurses) answered the survey. Half of them were conscious of varying drug shortages (rating scale 0–5) being a worldwide problem. Only 50% recognised the data provided on the hospital in-house homepage.

The survey focused on proposals to cope with missing drugs. It noted two essential categories:

- importance of pharmaceutical services on the wards
- logistics: the responsibility manufacturers and the pharmacy to immediately inform them of drug shortages, optimal cooperation with other health care providers
- cooperation and teaching of the patient

**Conclusions** The ward staff are not at all aware of the worldwide drug shortages. The positive impact of the clinical pharmacy service was mentioned by nearly everyone.

No conflict of interest.

**Importing medicines – review of five years in a Portuguese hospital**

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**Background** The pharmaceutical market has always faced several constraints over the years. Nowadays, more than ever, drug shortages have reached critical levels in European countries. Importing medicines usually implies more paper work, different logistics, higher pricing and higher storage costs. Shortages occur not only because the medicine may be sold out but also because there is no marketing authorization. This may affect potentially all drug classes, raw materials and medical devices. Importation procedures in Portugal require annual authorization from the National Medicines’ Agency. Rational and cost-effective procurement of medicines in foreign countries can be a challenge for hospital pharmacists.

**Purpose** The objective is to analyse, classify and evaluate the consumption and costs of medicines imported over the last five years.

**Materials and Methods** Retrospective analysis of the importation processes and records of imported medicines during the period of 2007 to 2012.

**Results** During the period of study 577 importation processes were developed (115 processes a year). About 80% of these medicines are recommended by the Portuguese National Hospital Pharmacy Formulary and the drug classes most involved were central nervous system, antimicrobial and cardiovascular drugs. The mean price per unit rose 1.2% since 2007. In 2012 suppliers are mainly industry/manufacturers while in 2007 there were wholesalers and legal representatives in Portugal. The process of procurement and regulatory issues regarding the importation takes about 14 pharmaceutical hours/week.

**Conclusions** Importation of medicines at the hospital level is today more often part of the daily tasks of pharmacists. Because the legal framework and logistics are different it is helpful if pharmacists have experience in this matter. The increase in the mean pricing of only 1.2% was possible specifically because intermediaries in the supply chain were reduced.

No conflict of interest.

**Optimization of a drug repackaging area through the development of a protocol in a tertiary hospital**

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**Background** The Pharmacy Service includes a unit dose medicines dispensing section. Drug repackaging consists of repackaging drugs which are not within the unit dose system. This process consumes much of the time of the pharmacy technician.

**Purpose** To establish a working protocol in the repackaging section and measure the work done in the area after the establishment thereof.

**Materials and Methods** We have all experienced drug shortages for different reasons, such as licence withdrawals, lack of raw materials, etc. Following internal suggestions in cooperation with the Vienna Health Association an alteration list of drug changes was introduced as a standard process. This chart is updated daily and is posted on the opening intranet website of a 720-bed hospital.

**Purpose** To find out via a survey how health care professionals are affected by such drug supply interruptions, what ideas they have to reduce the harm to their patients, what suggestions and management they expect from the pharmacy and the manufacturer.

**Materials and Methods** This survey was done on different wards covering the following aspects:

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**Conclusions** The ward staff are not at all aware of the worldwide drug shortages. The positive impact of the clinical pharmacy service was mentioned by nearly everyone.

No conflict of interest.

**Optimization of infliximab use can save money**

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**Background** Intravenous mixtures with low physicochemical stability vials could generate economic loss by wasted medication in...