opened, to the hospital and patients' home conditions (light, temperature, humidity and microbiological).

Purpose

1. To check the SODF–MUC requirement, after the container opening, in order to determine special conditions for its repackaging and storage.
   a. Dry place that does not exceed 40% average relative humidity at 20°C or the equivalent water vapour pressure at other temperatures.
   b. Room with temperature under 25°C.
   c. Refrigeration, (temperature between 2° to 8° C).
   d. Protected from the light.
2. To quantify the importance of the annual net price of hospital SODF–MUC.

Material and methods Pharmaceutical and technical data of SODF-MUC were extracted from 89 technical sheets inserted in the website of the State Medication Agency.

Dispensations and its price, during the period 1 July 2017 to 30 June 2018, were obtained from the management programme of the Pharmacy Service.

Results Three SODF-MUC had a lack of a technical data sheet.

Fifteen SODF-MUC (16.8%) reduced their expiration date (some drastically) after opening the bottle.

Twenty-nine SODF-MUC (32.6%) should be protected from moisture, 18 contain desiccant and 11 recommended to keep medication in the original container and/or in closed bottle.

Thirty-two SODF-MUC (35.9%) do not need special storage conditions, seven contain desiccant.

Ten SODF-MUC (11.2%) have desiccant in the container and colloidal silica as excipient.

Nine SODF-MUC need protection from light, three of these have the same active principle as the other six SODF-MUC which do not require this condition.

In terms of management, 7 63 063 units of 29 SODF-MUC were dispensed, whose net price during the year reached € 13,292,223. It means that 1.3% of the total of specialties consume 16% of annual medication expenditure.

Conclusion The amount and cost of SODF-MUC dispensed are high and their correct use in patients' homes is not guaranteed. Hospital pharmacy departments need conditions suitable for repackaging. This problem would probably be avoided if the SODF-MUC were marketed in single-dose containers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

2SPD-037 OVER 5 YEARS OF MEDICINES SHORTAGES IN A UNIVERSITY HOSPITAL

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Background Drug shortages, widely reported by healthcare professionals and patients over recent years, are an increasing concern for hospital pharmacists.

Purpose The aim is to verify the impact of a large number of long-term medicines shortages on the daily work of a hospital pharmacist, in a university hospital (858 beds, 1500 medicines).

Material and methods Since 2013, the hospital pharmacist has identified the medicines shortages and determined the time of unavailability, which has resulted in the implementation of a method for managing medicine supply issues.

Results The number of medicines shortages was 197 (2013), 204 (2014), 260 (2015), 225 (2016), 251 (2017) and 196 (until September 2018). The duration of drug shortages is classified into minor (≤15 days), moderate (15 to 60 days) and major (≥60 days). The number of drug shortages with major duration is increasing over those years (37 in 2013, 53 in 2018). The procedure is based on: searching alternative(s) supported by a decision algorithm (one alternative for 53% of medicines shortages, two for 7% and three for 1%) and deploying a team of hospital pharmacists, pharmacy technicians and administrative personnel. Moreover, a spreadsheet including the results can easily be consulted to be informed about the proposed alternative. Finally, to secure a supply chain potentially at risk of alternative treatment, a communication platform concerning these changes has been developed and the multidisciplinary team is working in collaboration with the Medico-Pharmaceutical Committee to support clear communication to the other healthcare professionals.

Conclusion The implementation of a management structure for medicine supply issues, led by a hospital pharmacist, has become indispensable in dealing with the significant number and duration of current medicines shortages.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Time spent by Belgian hospital pharmacists on supply disruptions and drug shortages: an exploratory study.

E. De Weerdt and al. March 2017.

No conflict of interest.

2SPD-038 HOW LONG DO HOSPITAL PHARMACISTS SPEND IN MANAGING MEDICINES SHORTAGES?

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Background The incidence of medicines shortages has increased during the past few years. In Europe, most of the hospital pharmacists estimate that they spend at least 5 hours (h) per week dealing with shortages.

Purpose The objective was to quantify the time dedicated to managing shortages.

Material and methods A prospective study was conducted in a university hospital over two three-week periods in 2018. Each person from the supply and purchasing staff collected the daily time dedicated to managing shortages. The following data was collected: medicines affected, staff qualifications, supply shortage types and action taken.

Results The average time devoted to shortages was 6.6 hour per day (min=2.6 – max=12.1). The supply staff dedicated 5.4 hour per day (2.2–11.3): 2.1 hour for monitoring, 1.0 hour for meetings, 0.5 hour to update shortage tracking files, 0.5 hour for software settings, 0.4 hour to follow-up existing orders, 0.4 hour for order adjustments, 0.3 hour for writing information notes designed to professionals working in clinical units and 0.2 hour for shortage-suppliers lists analysis. The purchasing staff dedicated 1.2 hour per day (0.2–3.4):