The estimated annual cost was calculated based on the dosage of omalizumab and compared with the estimated annual cost applying the protocol, which indicated that for treatment of IgE mediated SA and eosinophilia >300 cells/μL, the drug used would be selected according to efficiency criteria.

The variables collected were weight, dosage and level of IgE and eosinophils at the start of treatment. The SAP application was used for data extraction. Costs were calculated from the sales price of the laboratory (PVL) applying the Spanish Royal Decree discount (−7.5%) and the discount offered to the hospital.

**Results**
A total of 65 patients were analysed, 71% (46) of whom met the criteria for IgE mediated SA and eosinophilia >300 cells/μL.

Median patient weight was 74.5 kg (45–120), median IgE was 219.5 IU/mL (46–1500) and median eosinophils were 630 cells/μL (310–1783).

The estimated annual cost according to the dosage for omalizumab was €582,541.95, while the cost applying the treatment protocol by efficiency criteria was €384,945.81, an annual saving of €197,596.14.

**Conclusion and relevance**
Multidisciplinary protocols allow strengthening of partnerships between hospital departments, improve best health outcomes and maintain economic sustainability.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**
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**Background and importance**
One of the hospital pharmacist’s main tasks is to optimise the inventory management of pharmaceutical products to keep costs under control in the supply chain and guarantee a minimal storage cost. A number of tools exist to allow the categorisation of products to be managed in order to focus on those considered most strategic.

**Aim and objectives**
To use the ABC analysis method to optimise the economic management of common medical device stocks at the pharmacy level of our hospital and the importance criteria set in the value of annual consumption.

**Material and methods**
On an Excel board, we calculated the accumulated stock value, accumulated value rate, rank and rank percentage of each medical device intended for common use. This made it possible to draw the cumulative value percentage curve according to the percentage of rank and the Pareto histogram.

**Results**
A total of 234 references were analysed, the total amount of which was €774,888.36. We distinguished three categories of products:

1. **Category A**: representing 85% of the total value of the stock and 20% of the total number of items. It included articles such as universal kits, sterile gloves or infusers. According to our criteria of importance, this group of articles was considered the most important.

2. **Category B**: the items represented about 12% of the total value of stock and 30% of the total number of items, including products such as penis cases or plaster strips.

3. **Category C**: the items represented 2% of the total value of stock and more than 50% of the total number of items, such as the case of Guedel cannulas or Y fittings.

**Conclusion and relevance**
The data collected confirmed Pareto’s law, according to which 20% of the products stored represent 80% of the value of the stock. This allows better efficiency in decision making and the implementation of actions adapted for each category, such as reducing the value of stocks and the cost of storage, to adapt the ordering method and fix the number of permanent inventories to be made.

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**Evaluating the Methodological Quality of Pivotal Clinical Trial Publications for Orphan Drugs Authorised in 2018: Are They Reliable?**

1. R Iglesias Gómez, 2 E Luna, 1 I Moya Sola, 1 M Tordera Baviéva, 1 M Company Albi, 1 T Palanques Pastor, 1 I Beltran Garcia, 1 I Poveda Andres. Hospital Universitario V Politécnico La Fe De Valencia, Servicio De Farmacia, Valencia, Spain; 2Hospital General De Agudos Carlos G. Durand, Servicio De Farmacia, Buenos Aires, Argentina

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**Background and importance**
Most decisions made in clinical practice are based on the results of published clinical trials (CT). A widely used tool for the evaluation of the methodological quality of publications of randomised clinical trials (RCTs) are the guidelines of the CONSORT 2010 declaration. These guides are a checklist of 25 items that allow the evaluation of the publications of RCTs from the point of view of transparency, design, abstract, flowchart of participants and analysis of the results.

**Aim and objectives**
The main objective was to evaluate the methodological quality of all pivotal RCT publications of orphan drugs authorised during 2018 in the European Union.

**Material and methods**
The pivotal CT publications were found in the ClinicalTrials.gov and PubMed databases. Methodological quality was examined using the guidelines of the CONSORT 2010 statement on the publication of RCTs, assigning a score of 0 or 1 to each of the sections that comprised it. They were also evaluated following the CONSORT for abstracts guidelines because many clinical decisions are made based on the conclusions from these sections.

**Results**
Of the 21 orphan drugs authorised in 2018, 24 pivotal CT were located and 33% were not randomised. The pivotal RCTs analysed complied with only 66.13% of the items in the CONSORT guidelines, compared with 82% in high impact journals; 60% of abstracts analysed fulfilled more than 70% of the items in the CONSORT for abstracts declaration. Only 26.6% of the RCTs described the randomisation method selected. Regarding masking, only 40% of the RCTs detailed who remained blinded after performing the corresponding interventions. As for access information to the complete protocol of the RCT, only 20% declared where it can be located.
Conclusion and relevance The pivotal publications of RCTs of orphan drugs met most of the items in the CONSORT 2010 guidelines, particularly the abstracts. However, many pivotal CT were not randomised and compliance with the guidelines was not as high as that of other high impact journal publications. Therefore, more quality and transparency criteria should be required in pivotal CT publications of orphan drugs, such as randomisation, detailed masking and where to locate the complete protocol.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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COST OF STOCKOUT. A GROWING PROBLEM
G Rodrigue Tome*, Ml Sanchez Cuenca, F Burgos Sierra, C Fernandez Oropesa.
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Hospital De Baza, Pharmacy Service, Granada, Spain

Background and importance In the past few years, medicines stockout has become a main problem in hospital management systems. To resolve this situation, different alternatives have to be used, taking resources from other commercial laboratories located in or out of the country through the health ministry. This directly affects demand and price, and most times these cannot be quantified.

Aim and objectives To quantify the cost of using other commercial laboratories as an alternative to cover medicines stock-out in a local hospital.

Material and methods A review of those medicines out of stock during the period January 2016 and October 2019 was made. In order to achieve this goal, the database of the Spanish Agency for Medicines and Health Products (CIMA), Foreign Medicines database and the Andalusian Health System purchases system (SIGLO) were used.

Results During the study period, the CIMA recorded 1044 notifications of stockout, of which 146 affected purchases in the pharmacy service: 3 (2.05%) in 2016, 6 (4.11%) in 2017, 30 (20.55%) in 2018 and 107 (73.29%) in 2019, with 32 cases having a direct economic impact (15 by requesting foreign medicines and 17 by changing to an alternative).

The increase in cost due to ordering foreign medicines was 20 332.55€ while the increase produced due to a laboratory change was 58 868.12€ for the 4 year period, representing 0.5% of the total amount of purchases during that period.

The drugs that had the greatest economic impact, due to purchase from another national laboratory that was more expensive, were piperacillin/tazobactam (37.24% of the total cost increase), docetaxel (25.64%) and paclitaxel (17.16%). In the case of purchases of foreign medicines, the drugs with the greatest economic impact were intravenous levothyroxine (34.77% of the total cost increase) and docetaxel (25.42%).

Conclusion and relevance Stockout is a growing problem in our hospital management. Based on our study, this generates an increase of 0.5% in our total purchases in a 4 year period. Greater input from the competent authorities is mandatory to avoid this problem.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

FUTURE DISTRIBUTION MODELS FOR PAID PHARMACEUTICALS: THE PATIENT’S PERSPECTIVE
C Olesen*, MN Pedersen, MS Wellner. 1Hospital Pharmacy Central Denmark Region, Clinical Pharmacy-Aarhus, Aarhus C, Denmark; 2Hospital Pharmacy Central Denmark Region, Department of for Paid Pharmaceuticals, Aarhus C, Denmark
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Background and importance In Denmark, some expensive pharmaceuticals are given to patients for free by the hospital (paid pharmaceuticals, PP). A total of 35 000 patients receive PPs from the hospitals in the Central Denmark Region, either by picking them up from the hospital ward or by shipment from the hospital pharmacy. In the near future, the hospital pharmacy will be required to handle all PP deliveries. To ensure high quality and that patient needs are met, the distribution model has been reworked.

Aim and objectives The objective was to identify patient needs and preferred delivery model for the distribution of PPs.

Material and methods In an electronic questionnaire, patients were asked to prioritise five predefined factors for distribution of PPs. For example, “there is a maximum of 25 km to the pickup spot” or “possibility for pick up at all hours” (it was possible to prioritise more than one factor). Furthermore, patients in the habit of picking up PPs at the hospital ward (n=145) were asked to evaluate the importance of being able to converse with a healthcare professional (HCP) when picking up the medication.

The questionnaire was distributed to patients from different hospitals around the Central Denmark Region, receiving PPs.

Results A total of 190 patients responded to the questionnaire. Of the five predefined factors, 47% prioritised “there is a maximum of 25 km to the pickup spot” and 47% “I can pick up PPs when going for a scheduled visit at the hospital ward”; 40% choose “possibility for pickup at all hours”; and 26% choose “I can converse with a HCP when picking up PPs” and “next of kin can pick up my PPs”.

Other factors, identified by the patients, were: “possibility to park my car”, “home delivery”, “discretion” and “larger quantity in each delivery”.

Asked specifically, 55% choose “important” or “sometimes important” when asked the importance of speaking to a HCP; 35% could not imagine having such a conversation by phone.

Conclusion and relevance Distance to the pick up spot and flexibility in the hours available for pick up were identified as important factors for patients receiving PPs. These are important findings and will be taken into account when decisions are made on the future distribution model for PPs.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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IMPACT OF THE IMPLEMENTATION OF THE FALSIFIED MEDICINES DIRECTIVE AT THE LISBON PORTUGUESE INSTITUTE OF ONCOLOGY (FG, EPE)
AC Franco*, A Gouveia. Lisbon Portuguese Institute of Oncology Francisco Gentil Epe, Hospitalar Pharmacy, Lisbon, Portugal
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Background and importance To prevent the introduction of falsified medical products into the supply chain, on 9 February 2019, the directive 2011/62/EU was applied. This legislation