suppliers and manufacturers, or to seek supplies abroad, in order to guarantee treatment of patients.

Aim and objectives To analyse DS that affected a second level hospital over 1 year (March 2018 to March 2019) and to describe measures taken by the hospital pharmacist to deal with them.

Material and methods This was a descriptive, observational, retrospective study of DS over a 1 year period. A list of all DS that affected our hospital was obtained from the Spanish Agency for Medicines and Health Products (AEMPS) webpage and from calling laboratories when medications were delayed. Variables collected were: drugs involved, therapeutic group according to the anatomic, therapeutic, chemical (ATC) classification system and pharmaceutical actions to solve DS.

Results During the study period, 172 DS affected our hospital. Eight (4.7%) were not notified to the AEMPS. According to the ATC classification system, the main groups affected were: antimetabolites (7%; ATC-L01B), corticosteroids for systemic use (4.7%; ATC-H02A), antiarrhythmics, classes I and III (4.1%; ATC-C01B), antipsychotics (2.9%; ATC-N05A) and all other therapeutic products (2.9%; ATC-V03A). The strategies for management of these DS were changing the supplier (37.8%), buying a different packaging (11%), foreign medicine importation through AEMPS authorisation (8.7%), using a therapeutic alternative (4.1%), restricting use of available stock according to clinical criteria (2.9%) and performing a magistral formula (1.2%). In the remaining 34.3% of cases, no action was needed.

Conclusion and relevance Currently, we are forced to deal with a large number of DS. Antimetabolites, systemic corticosteroids and class I and III antiarrhythmics were the main ATC groups affected. In most cases, it was possible to change laboratory and change the packaging. DS affect every level of the healthcare system, compromising standards of care. Because of this, it is important to coordinate different health services in order to take adequate measures to face shortages, without risking patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-027 ECONOMIC IMPACT OF DRUG SHORTAGES

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10.1136/ejhpharm-2020-eahpconf.46

Background and importance Drug shortages is an international problem, which is increasingly frequent, and has a huge impact on healthcare systems.

Aim and objectives To quantify the economic implications of drug shortages in acute care hospitals.

Material and methods A retrospective descriptive study was conducted from January 2018 to March 2019. Shortages were defined as shortcomings in the supply of a medicinal product that affected the patient's ability to access the required treatment in due time. Costs from management of drug shortages were calculated as the difference between the acquisition cost of the original medicine immediately prior to its start and the alternative drug (bought from compounding pharmacies when raw material was available or temporarily imported when it was still available in other countries in the EU).

Abstract 2SPD-027 Table 1 Drugs involved in shortages

Drug	Total cost (€)
Piperacillin/tazobactam injection 4/0.5 g	47 590.40
Alprostadil injection 20 µg	15 815.80
Dexchlorpheniramine injection 5 mg	10 632.80
BCG strain Tice 2–8 × 10^8 UFC intravesical	5427.29
Phytomenadione injection 10 mg	5335.50
Magnesium sulphate injection 1.5 g	2828.40
Clorazepate dipotassium injection 20 mg	1393.60
Metoclopramide injection 10 mg	1248.00
Sodium Chloride injection 20% 10 mL	650.00
Doxycycline injection 100 mg	568.50
Isoniazid/pyrazinamide/rifampicin 50/300/120 mg tablets	60.84

Results During the study period, 11 medicines were involved in drug shortages (table 1).

There were 19 new suppliers: 5 were compounding pharmacies and 14 were international manufacturers. An alternative drug with the same active substance was imported in all cases but 1, dexchlorpheniramine injection 5 mg, which was switched to an equivalent drug (chlorpheniramine injection 10 mg).

All alternatives caused an increase in the price of acquisition compared with the original medicine, except for two (intravesical BCG and one of the alprostadil suppliers), where the price remained unaltered. The average increase in price was 4.28€ per unit (range 0–25€) which represented an average increase of 409.2%.

Total cost of purchases due to shortages was 91 551.13€ (79% accounting for the acquisition of three drugs: alprostadil, chlorpheniramine and piperacillin/tazobactam). This resulted in an increase of 67 607.19€ on the hypothetical price calculated from regular suppliers.

Conclusion and relevance The results suggest that shortages significantly increase the acquisition cost of pharmaceuticals in hospitals. Strategies to minimise the effects of drug shortages should be implemented.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-028 REFERENCING A MIDLINE: HOW TO MAKE A CHOICE?

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10.1136/ejhpharm-2020-eahpconf.47

Background and importance Midlines, peripheral venous catheters, allow prolonged administration of intravenous therapy to patients with low venous capital. It is essential to test them to limit further misuse or complications as part of the tendering procedure.

Aim and objectives To assess if two midlines met the expectations of medical teams and improved patient care.

Material and methods A prospective evaluation was done with Smartmidline (Vygon, G1) and ArrowMidline (Teleflex, G2) for 4 months. Midlines are given by name and placed in the operating room using a Seldinger technique.