aplasia, pembrolizumab for Hodgkin lymphoma/non-Hodgkin lymphoma, ruxolitinib for myeloproliferative neoplasm BCR/JAK2-rearranged, blinatumomab for acute lymphoblastic leukaemia, ruxolitinib for graft versus host disease); 3 requests (12%) came from the oncological/gynaecological area (trabectedina for tube ovarian carcinoma and serous ovarian adenocarcinoma) and 1 (5%) from the ophthalmology area (cenegermin for neurotrophic keratitis). Eight of 24 authorised patients (33%) are still receiving treatment and 16 (67%) have completed their treatment programme. Of note, 16/23 (70%) oncologic patients had a disease response; moreover, 4/9 (44%) high risk acute leukaemia patients have undergone bone marrow transplant. The total cost of the authorised treatments was about € 700 000, of which € 142 000 was already credited back to the hospital.

Conclusion and relevance These results demonstrate that Fondo 5% represents a scientific based method guaranteeing access to highly expensive therapeutic programmes, impacting on patient survival, without affecting the cost effectiveness balance and sustainability of the national health system.

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No conflict of interest.

1ISG-017 IMPACT OF SUPPLY PROBLEMS IN A HOSPITAL PHARMACY SERVICE

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Background and importance Hospital management of drugs is a complicated task and it is necessary to take into account different factors, such as average consumption, seasonal variations, cost, physical space available for storage and therapeutic innovations. Currently, this task is hampered by the numerous supply issues (SI) that in many cases affect regularly used drugs. These problems can lead to shortages and produce lack of effectiveness of treatments, compromise patient safety and increase treatment costs.

Aim and objectives To analyse non-oncohaematologic SI and their impact on the management of drugs in the pharmacy service of a hospital.

Material and methods This was a prospective study to evaluate SI between June and November 2018 The variables collected were: start and end dates of SI, ATC code and if the drugs were considered essential according to the WHO, if they produced shortages, if SI had alternatives (same dose and same route of administration) and if the SI was registered on the official website of the Spanish Government (AEMPS) when detected. An economic analysis of SI was made with all the data registered in an Excel sheet. SI were evaluated if they caused any inconvenience to the pharmacy service (drug restriction, management and preparation difficulties).

Results There were 76 SI affecting 74 drugs. The average duration was 64 days (range 2–224) and 53% of the affected drugs were considered essential according to the WHO. Most affected ATC groups were: J (22%), C (16%), B (12%), N (12%), H (8%), V (7%), A (5%), G (5%), D (4%), S (4%) L (3%), P (1%) and R (1%); in 29% there was a stock shortage, 60% of SI had an alternative and 47% of SI were not registered on AEMPS.

The total additional cost of supply problems was 52.054,04 € and 38% of SI were inconvenient for the pharmacy service.

Conclusion and relevance Considering that most of the supply problems involved essential drugs, these problems can compromise the quality of healthcare and patient safety. The J group was the most affected group which could result in an increase in antibiotic resistance if it increased the consumption of broad spectrum antibiotics. AEMPS must improve SI information. Shortages usually increase treatment costs.

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1ISG-018 APPLICATION OF A TIME SLOT MODEL IN ONCOLOGY: DELIVERY PLANNING AND PROCESS OPTIMISATION

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Background and importance Initially, the aim of centralisation of the management of antiblastic drugs was for the quality of preparations, workers' protection, patient safety and reduction of the risks associated with environmental contamination. In recent years, optimisation of hospital processes has become more relevant. In 2017, a new time slot model for the delivery of cancer therapies was introduced in the galenic preparation laboratory. This type of model consists of time slots defined on the basis of fixed criteria.

Aim and objectives The aim was to optimise the management of anticancer drugs.

Material and methods A pharmacoeconomic analysis was carried out on anticancer therapies administered in two oncology departments, one of which was located 20 km from the preparation site. Various parameters were taken into consideration: costs and chemical–physical stability of the drugs, average number of daily dosing and duration of dosing. According to these parameters, five time slots were identified for the oncology on site (8.00, 9.30, 10.00, 12.00 and 14.00) and three time slots for the off-site (14.00 on the previous day, 10.00 and 11.00). High cost therapies can only be set up on the same day for reasons of economic sustainability and to avoid waste.

Results For the time slot 8.00 on site and 14.00 off-site the following were chosen: low cost drugs, with good chemical–physical stability, long term administration, with a maximum of six therapies on site and four off-site. These therapies are set up the day before administration.

Time slot 9.30 on site and 10.00 off site: preferably medium and high cost drugs, long term, with a maximum of three therapies on site and eight off site.

Time slot 10 on site: medium and high cost drugs, medium or long term, with a maximum of six therapies.

Time slot 12.00 on site and 11.00 off site: medium and high cost drugs, medium or short term, for patients who cannot undergo tests and medical examination the previous day.