

MEDICINES' SHORTAGE AND HOSPITAL PHARMACISTS' STRATEGIES

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Background.

Drug shortages are becoming more common and may involve a reduction in pharmacotherapeutic efficacy and increased medication errors. Problems caused by medicines shortages are serious, threaten patient care in hospitals and require urgent action.

Purpose.

To analyse the impact of shortages and to describe the different actions carried out by the pharmacy department.

Material and methods.

A retrospective descriptive study was carried out from January 2017 to October 2017. The data collected were: affected drug, duration of the shortage and measures implemented. The data were obtained from the drug shortages list of the Spanish Agency for Medicines and Health Products (AEMPS). We analyzed every drugs included hospital pharmacotherapy guide.

Results.

During the study period, there were 226 drugs affected by supply problems, 172 of them, active principles included in our pharmacotherapy guide, specifically 98 pharmaceutical specialties.

The strategies for the management were:

- To change the provider or the form of presentation (packaging) in 38 cases (38,77%).
- To use a therapeutic alternative in 13 cases (13,26%).
- The AEMPS authorized temporally the importation of 6 medicines with the outer packaging and package leaflet in a language other than Spanish, but this option was not used
- In 8 cases (8,16%) there were controlled distribution of certain drugs just in case of clinical justification.
- Despite the AEMPS offered to import 17 foreign medicinal products, only 9 applications (9,18%) were processed. The foreign medicinal products were relabelled in Spanish language before being dispensed in the hospital.
- No action was taken in 30 cases due to the low prescription rate in our center or the availability of sufficient stock.

Conclusion.

The unpredictability of shortages and lack of information provided to healthcare professionals make it increasingly difficult to plan effective coping strategies to provide medication to patients. In fact, it implies a greater workload for hospital pharmacists due to administrative procedures, the determination of therapeutic alternatives and the need to inform all health professionals so as not to compromise the continuity of treatment, increased stress and confusion within safety critical working environments, the frequent high costs of procuring alternative medicines, and the cancellation of service improvements due to resources needing to be reallocated to deal with medicines shortages.