The average ± SD of administered cycles was 5.89 (±5.74), amounting to a total cost of €2,597.220.

Conclusion and Relevance There is a high percentage of medication requests in special situations in the oncology field, most of them in the palliative setting (85.29%), with significant economic impact. It is crucial to regulate special-use medications to ensure equal treatment opportunities among cancer patients of different country hospitals.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

Abstract 2SPD-003

PROPER MANAGEMENT AND ECONOMIC BURDEN OF UNUSED MEDICATIONS DISPOSAL IN A SUSTAINABLE LATIN AMERICAN HOSPITAL: A RETROSPECTIVE STUDY

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Background and Importance The remarkable progress made in healthcare has led to a simultaneous surge in pharmaceutical waste generation, driven by the increasing number of patients, prescriptions, medication consumption, and overproduction. Approximately two-thirds of prescription medications go unused. Environmental contamination with medications, if not disposed of correctly, can have far-reaching implications.

For this reason, conducting a thorough assessment of pharmaceutical waste, considering both quantity and quality, is crucial.

Aim and Objectives The goal of this study is to illustrate the correct medication disposal practices and their economic repercussions within a sustainable Latin American hospital. Additionally, it seeks to comprehend the linked indirect costs and identify which medications are at a higher risk of becoming waste.

Material and Methods In this study, we conducted a retrospective analysis of medication disposal records spanning the years 2020 to 2023. The records pertained to routine medication disposal, necessitated primarily by reasons such as expiration, damage, or recalls.

The methodology involved a systematic categorisation of pharmaceutical products earmarked for disposal. For each medication, we meticulously recorded the quantity that was discarded, the specific reason behind its disposal, the original source of the medication, and its corresponding category.

Additionally, we gathered comprehensive data on the procedures employed for the controlled, responsible, and safe disposal of medications, providing insights into the methods utilised to ensure the proper management of pharmaceutical waste.

Results Table 1 shows the discarded units of preparations according to their classification by therapeutic groups, where it is noteworthy that food products, cardiovascular system drugs, and nervous system drugs take the top positions.

On the other hand, when estimating the cost in US dollars (USD) associated with this waste, it was found that during the study period, the costs of discarded medications amount to approximately 300,000 USD. This is led by anti-infective drugs, antineoplastics, and immunomodulators.

Conclusion and Relevance When analysing the outcome of the medication disposal process, it is important to emphasise that these data were collected thanks to a successful protocol for managing such waste. Their analysis highlights a significant monetary wastage and also poses a risk to the environment and public health, as improper disposal of products such as anti-infective drugs, antineoplastics, and immunomodulators could pose a threat.

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Conflict of Interest No conflict of interest.

Abstract 2SPD-004

BUDGETARY IMPACT OF THE INTRODUCTION OF CABOTEGRAVIR PLUS RILPIVIRINE LONG-ACTING IN A THIRD-LEVEL HOSPITAL

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Background and Importance To analyse the potential budgetary impact of the introduction of cabotegravir (CAB) plus rilpivirine (RPV) long-acting in a third-level hospital.

Aim and Objectives To analyse the possible budgetary impact on our cohort of human immunodeficiency virus (HIV) patients.

Material and Methods Inclusion criteria: All active HIV-positive (HIV+) patients ≥18 years old (with adherence ≥95% and undetectable viral load (<50 copies/mL) in the last 6 months) and with prescription and dispensing of combination oral antiretroviral therapy (ARTs) in our hospital. Study period: January to December 2022. Exclusion criteria: history of previous failure to non-nucleoside analogues or intolerance; HIV subtype A1-A6; body mass index (BMI) ≥30.

Variables collected Number of patients who meet the inclusion criteria, cost of active ARTs in 2022 and CAB 600 mg IM +RPV 900 mg IM long-acting (and CAB and RPV (oral lead-in)). Only direct pharmacological costs have been taken into account.