

From the baseline visit to the 6-month follow-up, an improvement in VQoL score was observed, although it did not achieve statistical significance:

SLVQOL from 97,31 points +28,43 to 101,57 + 31,6 (p=0.6)

NEI VFQ-25 from 66,47 points +18,32 to 68,57+23,91 (p=0.74)

**Conclusion and Relevance** In our study, the utilisation of anti-VEGF therapies or dexamethasone led to an enhancement in VQoL score at the 6-month mark, albeit not reaching statistical significance.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 6ER-005 DRUG WASTAGE: A HIDDEN COST OF CANCER CARE

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**Background and Importance** Our country's legislation bans the return of dispensed drugs to Pharmacy Services, potentially leading to increased costs for the National Health System.

**Aim and Objectives** To estimate the cost of pill wastage due to dose modifications and discontinuation for oral anticancer drugs.

**Material and Methods** Retrospective economic evaluation carried out in an intermediate complexity hospital. Using the electronic medical record, dispensations of oral anticancer drugs between July 2022 and July 2023 were identified.

**The following variables were collected** drug, date of dispensing, tablets dispensed, date the patient needs to return to the pharmacy, treatment interruption and cause, date of interruption and leftover tablets.

The laboratories' sales prices were used to calculate the costs. We calculated the potential number of dispensations that the wastage could have covered by dividing the total wastage by the median price per dispensation.

Dose modifications were not taken into account in drugs which had pill strengths divisible at each dose-reduction level.

Unmarketed drugs in our country were excluded.

**Results** 1239 dispensations were identified. The most dispensed drugs were enzalutamide 40 mg with 308 dispensations (25%) ribociclib 200 mg with 219 (18%), niraparib 100 mg with 143 (12%) and lenvatinib 10 mg with 66 (5%). The median number of days for which medication was dispensed was 30 [IQI 28–35]. The median price per dispensing was € 3,173 [IQI 1,866–4,445] and the total annual expenditure was € 3,759,172.

63 (5%) dispensations were interrupted. The most frequent causes were disease progression for 33 drugs (52%) and toxicity for 19 (30%). The median price per dispensing was € 3,173 [IQI 1,155–4,445] and the total price was € 186,327.

In 34 of the interruptions (54%) patients had tablets remaining. The median wastage per patient was € 1,393 [IQI 645–2,503] and the total wastage was € 56,459 (1.5% of the annual expenditure and 30.3% of the discontinued treatments).

Seventeen dispensations (1.4%) could have been covered with the total cost of pill wastage.

**Conclusion and Relevance** Although few treatments were discontinued, significant economic wastage occurred due to drug prices. To minimise it, it has been suggested that companies refund money for unused tablets and manufacture appropriate pill strengths<sup>1</sup>. Additionally, hospital pharmacists could be empowered to decide on the return of medications.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. <https://pubmed.ncbi.nlm.nih.gov/37471095/>

**Conflict of Interest** No conflict of interest.

#### 6ER-006 LABOUR PRODUCTIVITY GROWTH IN PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY DISEASES UNDERGOING BIOLOGICAL OR JANUS KINASE INHIBITOR TREATMENT

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**Background and Importance** Work disability is a major health problem with considerable social and economic implications, especially evident in patients with immune-mediated inflammatory diseases (IMIDs). Among the pharmacological treatments for IMIDs, biological therapies and Janus kinase inhibitors (JAKi) stand out. Considering the impact of both the treatment and the disease on the patient's work life is crucial to making informed treatment decisions. Evidence-based analyses comparing the safety, efficacy and costs of biologic therapies and JAKi for IMIDs are essential to assist healthcare professionals and policy makers

**Aim and Objectives** This study aims to evaluate the labour productivity impact of biologic therapies and JAKi in patients with rheumatic (rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis), dermatological (psoriasis, urticarial, atopic dermatitis), and gastrointestinal autoimmune conditions (Crohn's disease and ulcerative colitis). The assessment will employ the Work Role Functioning Questionnaire (WRFQ), designed to measure work disability and the perceived influence of health conditions on job performance.

**Material and Methods** A cohort of 138 patients diagnosed with Immune-Mediated Inflammatory Diseases (IMIDs) was selected from five Spanish public hospitals. The study spanned from April 2021 to August 2022, with a one-year follow-up after initiating or switching to biologic therapy or JAK inhibitors (JAKi). Remote data collection utilised the Work-related Fatigue Questionnaire (WRFQ), comprising 27 items in five subscales. Comparative analysis employed a paired t-test with STATA 17.0

**Results** Of the participants, 53.4% were female, and the mean age was 50.5 years (range: 18–90). Over the 12-month follow-up, notable improvements in work performance were observed, indicated by score increases:

Work scheduling demands from 65 points+34,63 to 84,49 +26,16 (p=0.013)

Output demands from 67,08 points+35,48 to 86,25+22,95 (p=0.001)