

SAME OUTCOMES, LOWER COSTS: RETHINKING FIXED DOSING IN IMMUNOTHERAPY

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Background and importance

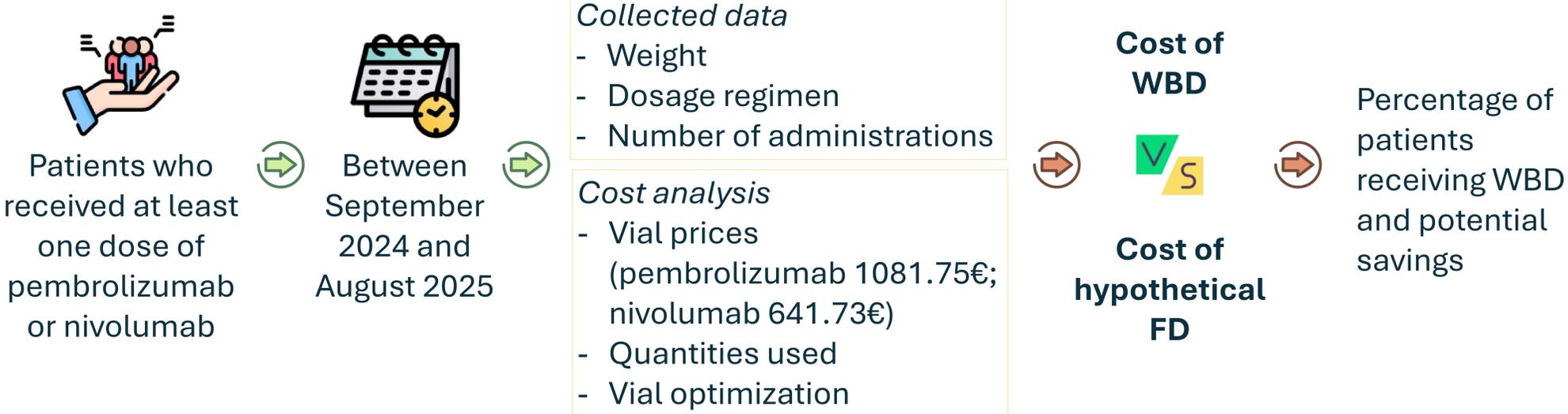
Pembrolizumab and nivolumab are monoclonal antibodies whose initial dosing strategies were based on body weight, 2 mg/kg every 3 weeks and 3 mg/kg every 2 weeks, respectively. However, fixed dosing (FD), 200 mg every 3 weeks and 240 mg every 2 weeks, was subsequently introduced after showing equivalence.

Aim and objectives

To describe the cost saving of switching from pembrolizumab and nivolumab FD to weight-based dosing (WBD), as recommended by hospital management, in real-world clinical practice.

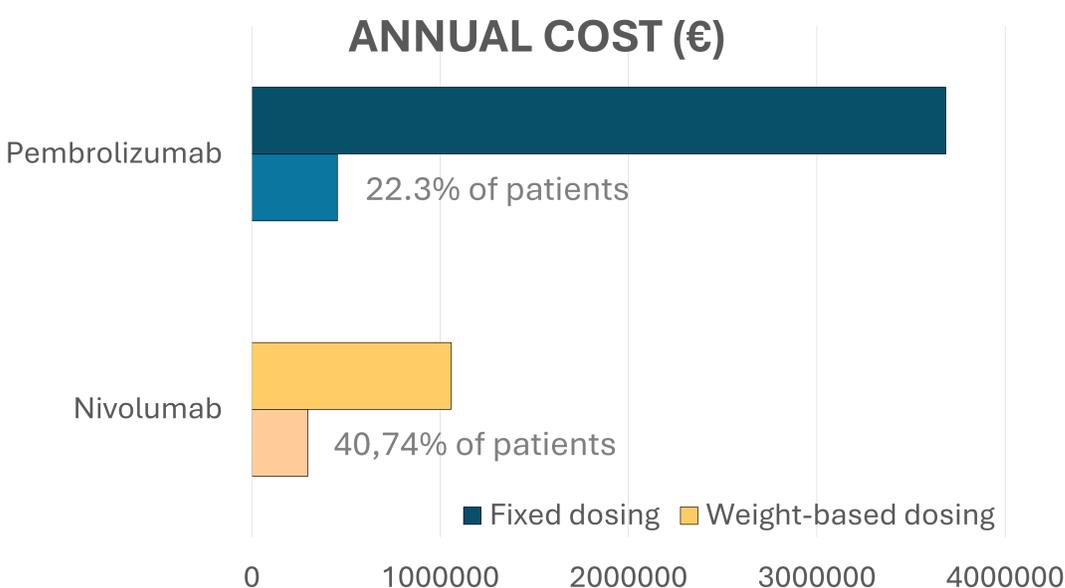
Material and methods

A retrospective observational study was conducted in a tertiary hospital. Data source: Farmatools®

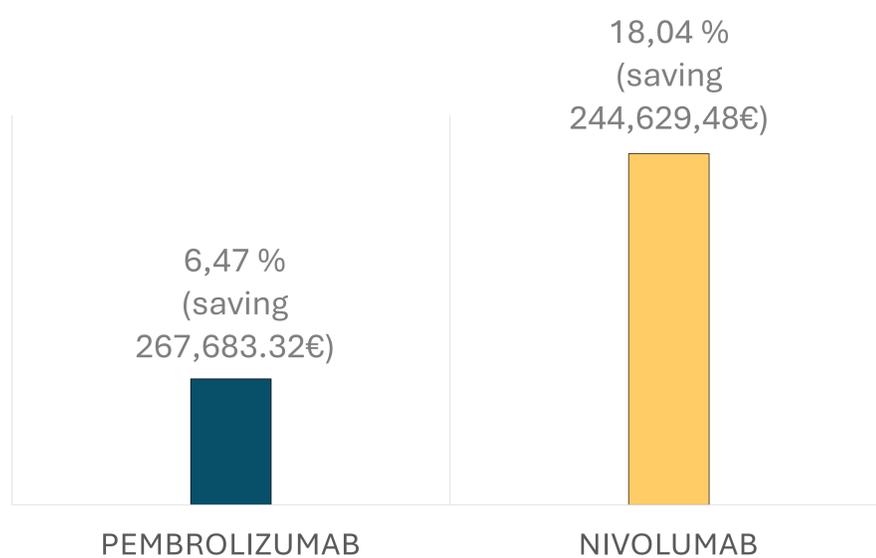


Results

A total of 287 patients received pembrolizumab. A total of 108 patients received nivolumab.



PERCENTAGE SAVINGS WITH WEIGHT-BASED DOSING



Conclusion and relevance

Individualized dosing of nivolumab and pembrolizumab could represent a strategy to optimize treatment costs in clinical practice. However, in our institution, the proportion of patients receiving WBD remains suboptimal. Continued education, data sharing, and consensus protocols with prescribers are needed to promote WBD for these monoclonal antibodies, optimizing treatment outcomes and reducing healthcare costs.



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