

E. Mateos Egido, A. Domínguez Fariña, A.M. Álamo Medina, D. Dorta Vera, I Ruíz Santos, M Lombardero Pin, C Otero Villalustre, ME Luján López, D Fernández Vera. Pharmacy. Complejo Hospitalario Universitario Insular Materno Infantil. Las Palmas de Gran Canaria. Spain

## BACKGROUND

Pembrolizumab is a humanised monoclonal antibody targeting PD-1 approved by EMA in 2015. Currently, it has approval for several indications and is widely used

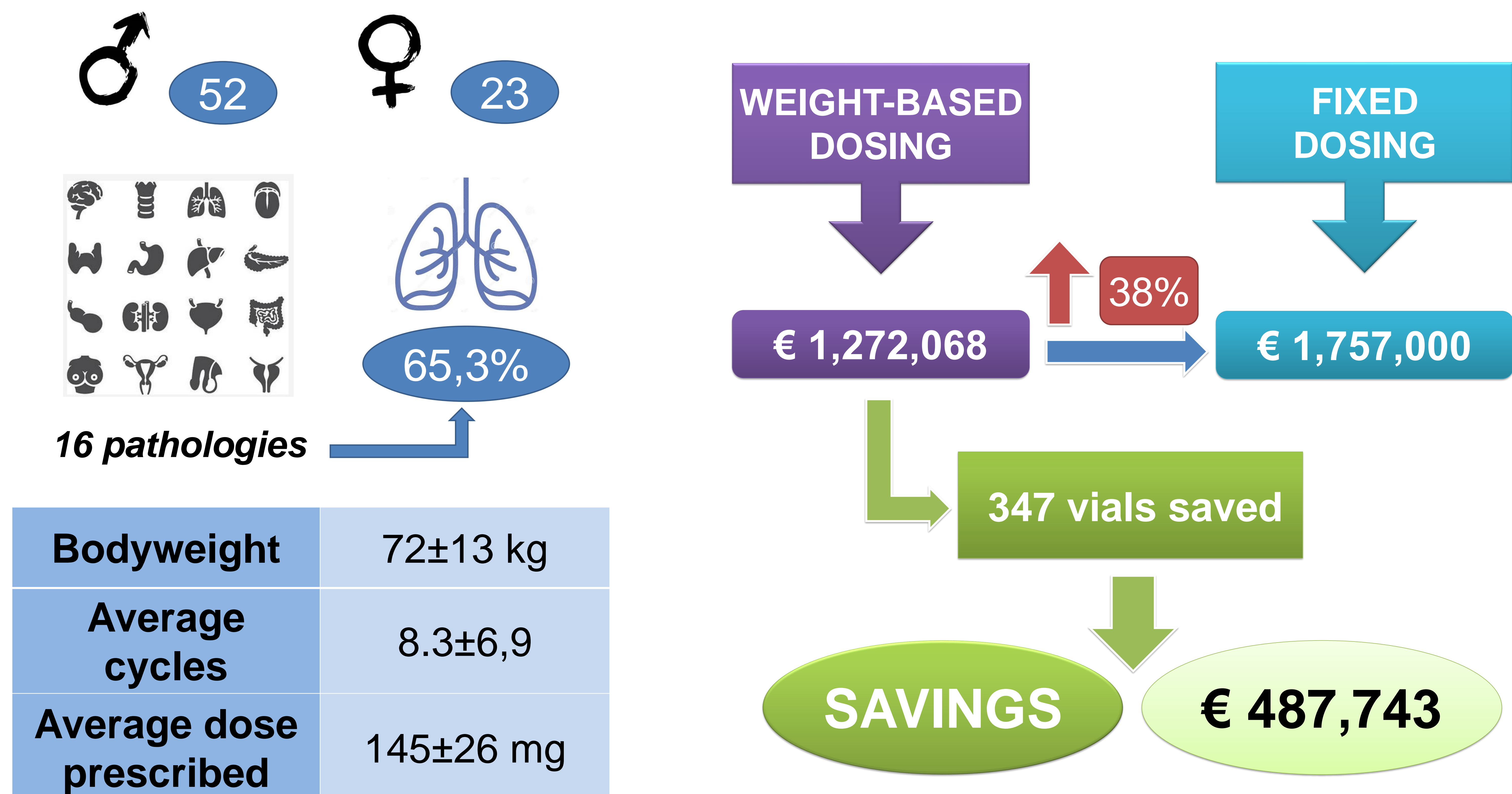
## OBJECTIVES

To calculate the budget impact difference of administering pembrolizumab at a personalized weight dose of 2 mg/kg every 3 weeks (Q3W) or 4 mg/kg every 6 weeks (Q6W) instead of fixed dose of 200 mg (Q3W) or 400 mg (Q6W)

## MATERIAL AND METHODS

- ✓ Retrospective observational descriptive **study**
- ✓ Patients treated with **pembrolizumab** in all indications (July 2020 - June 2021)
- ✓ **Collected variables**: sex, weight, milligrams administered, number of cycles, vials used.
- ✓ **Evaluation**: **Cost per milligram** and **per cycle** and cost for **two treatment strategies**: cycles of 2 mg/kg (Q3W) or 4 mg/kg (Q6W) versus 200 mg (Q3W) or 400 mg (Q6W).
- ✓ All dispensations were transformed to **cycles of Q3W** for calculations.

## RESULTS



## CONCLUSION

- ✓ Pembrolizumab **fixed dose** presents practical **benefits** in terms of **prescription and preparation**, but also an **extra cost** regarding our patients' population **in all indications**
- ✓ **Weight-based dosing** significantly **reduces the cost** of pembrolizumab and it is a good option in the era of personalised medicine.