EFFECTIVENESS OF PLERIXAFOR IN HEMATOPOIETIC STEM CELL MOBILISATION AND REPACKAGING STRATEGY TO REDUCE COST

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BACKGROUND

Plerixafor + Granulocyte-Colony Stimulating Factor (G-CSF)

Enhances the mobilization of hematopoietic stem cells for autologous transplantation in adult hematological patients (lymphoma or multiple myeloma) whose cells are poorly mobilized.

OBJECTIVES

- To asses the use of plerixafor in routine clinical practice.
- To evaluate its **effectiveness.**
- To perform an **economic analysis of the cost avoided by repackaging vials.**

MATERIAL AND METHODS

Observational, retrospective, descriptive study: January 2018 -July 2024.
Data were collected using the electronic medical record.
An **analysis of the avoided cost associated with the repackaging** is also performed.

RESULTS

42 patients were included

VARIABLES	DATA
AGE (years)	Median: 58.65 ± 10.71.
SEX	52.38% men (n = 22).
DIAGNOSIS	50% Multiple Myeloma; 18.04% Non-Hodgkin Lymphoma; 16.66% Donors; 9.52% Hodgkin Lymphoma; 2.38% Lymphomatoid Granulomatosis. Diagnosis aligned with product summary: 81.96% (34/42 cases).
CD34+ CELL CONCENTRATION IN PHERIPHERIAL BLOOD (PB)	Patients reaching adequate CD34+ cells (>10cells/µL): 36 (85.71%).
PREVIOUS MOBILISATION THERAPIES	18 patients G-CSF; 12 Etoposide + G-CSF; 7 Cyclophosphamide + G-CSF; 4 Etoposide + G-CSF and Cyclophosphamide + G-CSF; 1 Etoposide + G-CSF and Gemcitabine.
PLERIZAFOR DOSE ADMINISTERED	0.24 mg/kg/day. Average dose: 18.6 mg.

Plerixafor has been prepared in a horizontal laminar flow hood, keeping unused drug fraction in a refrigerator, stability of 84 days.

SAVINGS €53,304.75

Total cost without repackaging	Total cost with repackaging
€203,547.12	€150,242.37

CONCLUSION

Plerixafor has been shown to be effective for the mobilization of hematopoietic progenitors in patients refractory. Furthermore, the development of a repackaging strategy has been shown to be efficient.