



ROMIPLOSTIM PREPARATION AND DISTRIBUTION IN READY TO ADMINISTER WEEKLY SYRINGES TO PATIENTS

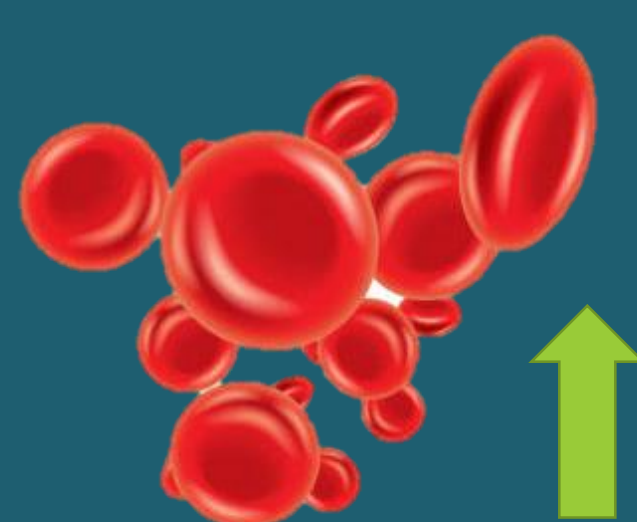
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WHAT WAS DONE?



A procedure for the preparation and distribution of individualized weekly-doses of romiplostim prepared in the sterile preparation area in prefilled syringes Ready to Administer(RtA) by the patient.

WHY WAS DONE?



Romiplostim should be administered once weekly as a subcutaneous injection. According to platelet response(PR) weekly doses of romiplostim are prescribed and adjusted every 4-6weeks (from 1µg/kg to a maximum dose=10µg/kg), until the patient achieves platelet count over 50,000 platelets/µl.



Although patients could be trained for the injection preparation, many had reported difficulties to understand instructions and calculations of concentrations/volume.

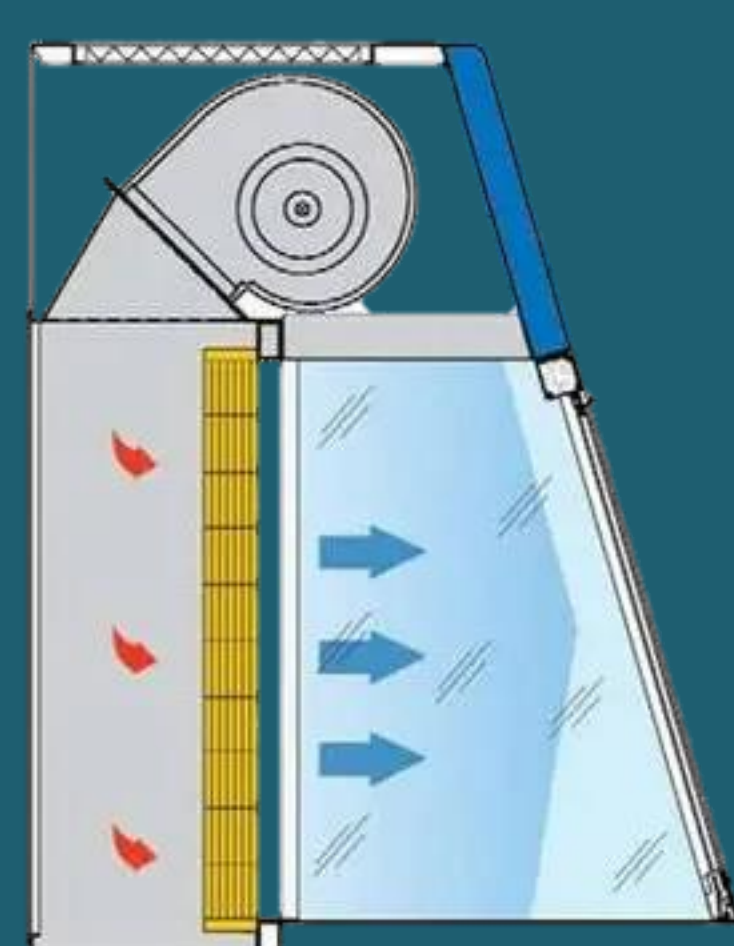
Romiplostim vials have a significant overdose to ensure the extraction of the declared amount:

- The actual content of the 250µg vial was found to be 360 µg.
- The 500µg vial contents 600µg.

In addition, patients should discard the unused part.

The aim is to centralize the preparation/distribution of individualized weekly-doses of romiplostim for each patient in RtA syringes that allows them to receive the correct dose and to maximize the use of vials.

HOW IT WAS DONE?



The Pharmacy service(PS) prepares the individualized doses in syringes RtA in a laminar-flow cabinet. The waste of the vial is kept to be re-used.

The **main obstacle** is the increasement in the volume of daily preparations in the PS due to dose individualization.



This obstacle is **overcome** with fluid communication with the Hematology service that reports prescriptions with a duration of up to 21 days (if the patient's control is adequate).

WHAT WAS ACHIEVED?

From 2019 to 2021:



- Individualized syringes were prepared for 36 patients.
- Centralized preparation reduced unused romiplostim waste allowing a cost saving of near 50% of drug spending.
- 385,759.00 € were saved.

WHAT IS NEXT?



Preparation of RtA syringes of romiplostim under sterile conditions helps patient's autoadministration, and allows for greater use and significant economic savings. This process can be easily extrapolated to any PS.



Next step would be to carry out stability studies in order to be able to work further in advance and allow to space out hospital visits of well-controlled patients.