Use of ready-to-use (RTU) bags of gemcitabine and irinotecan: anticipating change.

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INTRODUCTION

Difficulties in recruiting hospital pharmacy preparators

Referencing in March 2022: RTU bags from the pharmaceutical company **SunPharma®**

	IRINOTECAN	GEMCITABINE
STANDARD DOSES	**240, 280 and 340mg**	**1400 to 2200 mg (every 200 mg)**
RTU DOSE	**270, 300 and 330mg**	

MATERIALS & METHODS

- **Revision of standard doses (SD)**

- **Estimating the impact of the new SD,** retrospective study (from 06/01/22 to 06/03/22)

- **Adapting IT tools** Chimio® v5.9 and SD module

- **Excel® extraction of the number of destruction events** over 2 periods (January-March 2022 and 2023)

- **Securing of attributions/reattributions**

RESULTS

✓ **Difference between Prescribed Dose (PD) and Standard Dose (SD)**

IRINOTECAN : Modified SD
(37 patients - 50% of the cohort)

GEMCITABINE : SD unchanged
RTU dose = SD

PD — RTU DOSE — SD

5,4%
8,8%

✓ Drafting of a **procedure**: anticipation of orders and stock monitoring (direct ordering)

✓ Orders based on estimated consumption :

- TOTAL CONSUMPTION
- ESTIMATED CONSUMPTION
- RTU ACTUAL CONSUMPTION

IRINOTECAN: 100%, 50%, 46%
GEMCITABINE: (total), 85%, 76%
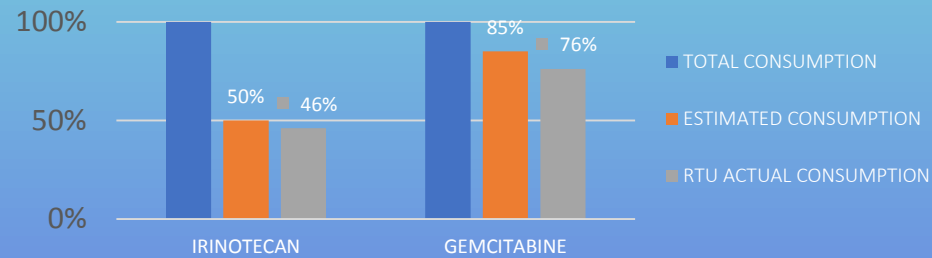
✓ Solvent modification (**Irinotecan**): **Glucose 5%**

✓ **Chimio®: Adaptation of the fictitious volumes** (reconstitution and to-be-added) enabled the creation of products to create products different concentrations for the same INN (impossible with 5,9 version)

✓ **Implementation of the circuit:**

Editing the production sheet: computer selection of the RTU (Chimio®) → Picking → STEP 1: check INN, dosage, batch and final volume → RTU bag perforation under hood (UPAC) → STEP 2: second check attribution + labeling → Pharmaceutical release
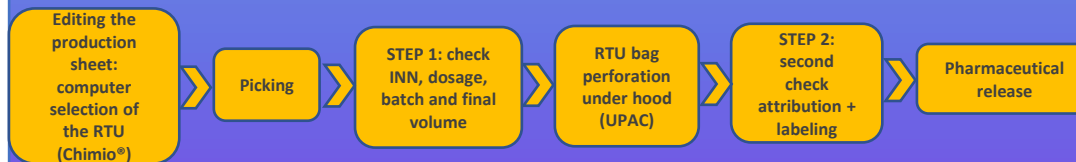
✓ Difference in stability between RTUs and magistral preparations (7 days after percutting in a safety cabinet VS 28 days)
- ❑ Difference in traceability of reattributions
- ❑ **Impact on the number of bags destroyed :**

2022: 4.4%
2023: 37.0%
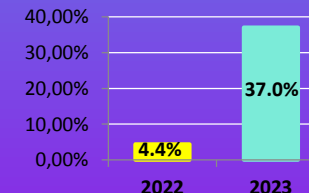
DISCUSSION

RTUs cover the majority of gemcitabine preparations, and a considerable proportion of irinotecan preparations.

This new circuit is based on the pre-existing hospital preparation circuit.

After 1 year of use, the RTU circuit has become perfectly established in our unit.

A more adapted version of the software would make this circuit even more secure.

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