

IMPLEMENTATION OF DOSE-BANDING IN OUR HOSPITAL: READY-TO-INFUSE BAGS OR STANDARDIZED DOSE BATCHES?

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¹: Humbert M. Anticancer drugs preparation at hospital: proposition of tools to help in the implementation of dose banding, GERPAC conference



Regulatory context and equipment:

- **RIB** : no adjustement or new equipment require
- SDB : complex status between magistral and hospital pharmaceutic preparation,
 - require the purchase of an **analytical control machine**
- In 2021 : **1348 bags** of gemcitabine were prepared in our unit

Dose banding ranges selection (corresponding to the gemcitabine RIB):

ng)	Dose ranges (mg)	Maximum deviation (%)
	[1125-1299]	7.62
	[1300-1499]	7.69
	[1500-1699]	6.67
	[1700-1899]	5.88
	[1900-2099]	5.26
	[2100-2300]	4.76

- Using these ranges : **93% of gemcitabine** prescriptions could have been standardized
- ADoC and ADoST tool confirmed these results
- **Detal** tool showed that we could have made batches from 6 to 31 bags with the SDB

n results		RIB	SDB
	Cost in 2021	36 405 €	18 866 €
	Time	45 seconds	255 seconds
	CHIMIO®	6.0 version	Purchase of a specific dose banding module

SDB would entail important financial and organizational investments while the current activity does not allow us to make large batches. **RIB** do not provide direct savings, but the **time saved** would benefit the rest of our activity.

We have decided to use gemcitabine RIB in view of its ease of implementation compared to SDB. RIB also reduce the risk of infection, preparation errors, medicine waste, patient waiting time and make the circuit safer.

SDB could be considered if the activity continues to increase, to extend the DB to other eligible molecules.