

June 14th, 2018

Safety Considerations for the Implementation of Subcutaneous Rituximab Formulation Re: Subcutaneous Rituximab

Dear Health Care Provider:

With the planned implementation of subcutaneous rituximab in Ontario (effective date: August 1, 2018), the Systemic Treatment Program would like to raise awareness of potential safety concerns and mitigation strategies shared by provinces who have adopted this formulation. The implementation of subcutaneous rituximab in facilities who are also using the IV formulation requires careful planning and education to prevent any medication errors between the two products.

Based on the experiences that have been shared from other provinces that have implemented subcutaneous rituximab, the Systemic Treatment Program recommends that hospitals address the following issues prior to implementation at their facility(ies):

1. Policy and Procedures

Many hospitals have polices that restrict the volume for subcutaneous injections. Subcutaneous rituximab is administered as an 11 mL (or higher) push over a minimum of 5 minutes. It contains hyaluronic acid to facilitate the administration of the larger volume.

• Consider changes to any relevant local policies/guidelines for administering a volume of 11 mL or greater subcutaneously

2. Staff Training and Education

Based on experience from other provinces, training and education for staff should be provided well in advance of implementation. The subcutaneous formulation is viscous which will affect how it is administered. Education should be provided for nurses, pharmacists, prescribers, pharmacy technicians, registration staff and others who may be impacted by the change in formulation.

• Consider implementing/creating training modules for all health care professionals that will be involved in the delivery of subcutaneous rituximab. For the nursing group, this includes both verbal and practical training.

3. Patient Education

• Consider developing/endorsing patient education (oral and written) to discuss the differences between the IV and SC formulations.

4. Storage in Pharmacy

In cases of look-alike-sound-alike (LASA) medications, the <u>WHO</u> provides recommendations to mitigate dispensing errors.

- Consider safety procedures, including appropriate labelling and storing of the two formulations in separate locations of the fridge.
- Consider using techniques such as boldface and colour differences to reduce the confusion associated with the use of LASA names on labels, storage bins and shelves, computer screens, automated dispensing devices, and medication administration records.



5. **CPOE Systems and Pre-printed Orders**

- Modification of CPOE protocols/pre-printed orders with clear distinctions between IV and SC rituximab.
- OPIS sites should use the following drug listing: riTUXimab (RITUXAN SC)
- Consider alerts in the initial phase of implementation.
- Consider the use of a coloured label on pre-printed orders to differentiate between IV and SC rituximab.

6. Appointment Booking

- Clear communication processes to ensure that all members of the health care team are clear as to which formulation the patient will be receiving and when there will be a switch from IV to SC rituximab.
- Modification to booking appointments with clear distinctions between IV and SC rituximab.

7. Occupational Health and Safety

Due to the viscosity of subcutaneous rituximab, ensure appropriate administration technique and positioning are a focus of education for nurses. Experiences from other provincies have not raised any concerns for repetitive strain-related injuries to date.

• Consider monitoring and documenting all cases of repetitive strain-related injuries resulting from the administration of subcutaneous rituximab.

8. Alignment with QBP

Rituximab SC will be added as an option within the following existing ST-QBP evidence informed regimens: **BAC+RITU BEND+RITU** CHLO+RITU CHOP+R CHOP+R-DHAP+R CVP(PO)+R CVP+R CYCLDEXA+RITU FC+R FC(PO)+R FCM+R FLUD(PO)+R FLUD+R HYPERCVAD+RITU

For subcutaneous rituximab maintenance, use the regimen code RITU(MNT-SC). This will be available to OPIS sites in Formulary Updates for Q2 on July 3rd, 2018.

• Please ensure that you update your CPOE systems and eClaims database with the new regimen code.

We will be holding a webinar (invitation to follow) to address any concerns and share any work currently done regionally or locally.

Should you have any questions or require any support with this implementation, please contact <u>Daniela.Gallo-Hershberg@cancercare.on.ca</u>.

Sincerely,

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