

# EXPANDING PATIENT AND PROVIDER CHOICE FOR MODE OF ADMINISTRATION

## SUBCUTANEOUS (SC) ALTERNATIVES FOR GENENTECH MEDICINES

Our commitment to dosing innovation allows patients and providers to choose the mode of administration that best matches their individual needs and treatment goals.

Genentech does not advocate or recommend any one method of administration over another. The decision to prescribe any medication is at the discretion of the health care provider and the patient. Genentech makes no representation or guarantee of coverage for any service or item.

### SC alternatives to intravenous (IV) may enable:



Time savings for the patient due to<sup>1,2</sup>:

- Reduced administration/chair time (this may not account for all aspects of treatment)
- Reduced observation time (when required)
- Reduced preparation time



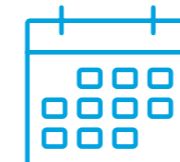
Oversight and continuity of patient care by administering treatment in-office (vs. referring out)



More site-of-care options for administration<sup>3,4</sup>



Accommodation for patients who prefer non-IV options or have poor venous access<sup>5</sup>



Scheduling flexibility<sup>3</sup>

## Administration and Workflow Considerations

If you are considering introducing an HCP-administered SC product into your workflow, there may be some updates to your organization's logistics and processes. Here are some things to consider:



### Acquisition and setup

- Product acquisition
- Cold storage availability



### Clinical logistics

- Administration protocols
- Coordination with other facilities
- Staff training
- Spacing considerations (e.g., for post-dose observations, if needed)



### Billing logistics

- Billing requirements for different modes of administration
- Considerations for same-day billing
- Coding requirements



**READY TO GET STARTED?**



[Learn more about Genentech products](#)



**Contact your Genentech representative** for more information and resources about the SC options available

HCP=health care professional.

#### References:

1. Gupta A, Tregear M, Page MB, Vogel R. Stick with intravenous or give subcutaneous a shot? Time and other considerations when evaluating cancer drug formulations. *JCO Oncol Pract.* 2025;21(3):267-269. doi:10.1200/OP-24-00501 2. McCloskey C, Ortega MT, Nair S, Garcia MJ, Manevy F. A systematic review of time and resource use costs of subcutaneous versus intravenous administration of oncology biologics in a hospital setting. *Pharmacoecon Open.* 2023;7(1):3-36. doi:10.1007/s41669-022-00361-3 3. Bittner B, Richter W, Schmidt J. Subcutaneous administration of biotherapeutics: an overview of current challenges and opportunities. *BioDrugs.* 2018;32(5):425-440. doi:10.1007/s40259-018-0295-0 4. Jonaitis L, Marković S, Farkas K, et al. Intravenous versus subcutaneous delivery of biotherapeutics in IBD: an expert's and patient's perspective. *BMC Proc.* 2021;15(Suppl 17):25. Published December 9, 2021. doi:10.1186/s12919-021-00230-7 5. Armenteros-Yeguas V, Gárate-Echenique L, Tomás-López MA, et al. Prevalence of difficult venous access and associated risk factors in highly complex hospitalised patients. *J Clin Nurs.* 2017;26(23-24):4267-4275. doi:10.1111/jocn.13750

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