

glucarpidase

Restricted Medications For inpatient adult and pediatric use by authorized chemotherapy providers. Restricted to a one-time dose. Due to cost, Pharmacy Second Level Review required. See comments.
Pharmacy Second Level Review:

Drug Name	Form	Strength	Formulary	Non-Formulary	Restricted	Restricted Outpt
Voraxaze	IV INJECTION	1000 units	✓		✓	

VIEW MORE [Enzymes](#)

CLASS >>>

Comments:

[Glucarpidase Guidelines](#)

[Glucarpidase TIP Sheet](#)

Adult doses are to be rounded to the nearest vial size (1000 units). Pediatric doses are to be rounded to nearest vial size (if possible) with a maximum of 10% dose variance.

Cost: ~\$24,805 per vial (non-PHS)

rifampin

Drug Name	Form	Strength	Formulary	Restricted	Nonformulary	Cost Per Unit
Rifampin	CAPSULE, ORAL	150 mg	✓			\$ 1.65 each (30 Each Bottle)
Rifampin	CAPSULE, ORAL	300 mg	✓			\$ 1.16 each (100 Each Bottle)
Rifadin IV	POWDER FOR INJECTION, INTRAVENOUS	600 mg	✓	✓		\$ 119.23 each (1 Each Vial)
Rifampin	SOLUTION, INJECTABLE	Syringe (Peds)	✓	✓		\$ 1.98 mL (50 mL Syringe)
Rifampin	SUSPENSION, ORAL	25 mg/mL	✓			\$ 0.13 mL (120 mL Bottle)

VIEW MORE [Antituberculosis Agents](#)

CLASS >>>

RESTRICTION(S): IV: Antimicrobial Program criteria