

# Restricted to Outpatient Facilities

Please review each of these drugs carefully.

[abatacept](#)

**i** See comments.

[ADAMTS13 \(recombinant-krhn\) injection](#)

**i** See comments

[ado-trastuzumab emtansine](#)

**i** See comments

[aflibercept](#)

**i** Restricted to Outpatient Eye Center Facilities. Financial review required prior to initiating therapy for outpatient administration.

[agalsidase beta](#)

**i** Restricted to the Genetics Service for use in the outpatient setting. Financial review with verification of reimbursement required prior to initiating therapy for outpatient administration.

[alemtezumab \(Lemtrada\)](#)

**i** Restricted to use in the outpatient clinic setting by Neurology REMS certified prescribers

## ado-trastuzumab emtansine

**Restricted to Outpatient Facilities:** See comments

**Pharmacy Second Level Review:** Inpatient use and use other than FDA approved indication or indications per NCCN Compendium

Drug Name	Form	Strength	Formulary	Non-Formulary	Restricted	Restricted Outpt	TIP
Kadcyla	IV INJECTION	100 mg	✓			✓	
Kadcyla	IV INJECTION	160 mg	✓			✓	

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### Comments:

Ado-trastuzumab is restricted to the outpatient setting only by authorized chemotherapy providers for FDA approved indications or for indications that have Category 1 or 2A level evidence in the NCCN Drugs and Biologics Compendium. Inpatient use and use other than FDA approved indication or per NCCN Compendium requires Pharmacy Second Level Review. Financial review with verification of reimbursement required prior to initiating therapy for outpatient administration.