



Therapeutic Interchange for Antineoplastics and Monoclonal Antibody

Patients under the age of 16 years old are excluded from this interchange.

These are non-acute medications. If this order is for an inpatient, please contact the prescriber to recommend holding during inpatient admission.

If, after speaking with the prescriber, proceeding with the order is clinically warranted, escalate to the pharmacy supervisor/manager/director for approval for inpatient use. If approved for inpatient, use the below inpatient drug substitution. Substitute drug to the same dose and frequency

Outpatient decisions should be based on preferences in table and insurance

Ordered As	Substitute To
<p><i>Rituximab (Rituxan)</i> <i>Rituximab-abbs (Truxima)</i> <i>Rituximab-arrx (Riabni)</i></p>	<p><i>Nonformulary for inpatient use</i>, but if approved through proper channels for inpatient use: <i>Rituximab-pvvr (Ruxience)</i></p> <p>For outpatients, hierarchy for seeking insurance approval:</p> <ol style="list-style-type: none"> 1. Rituximab-pvvr (Ruxience) 2. Rituximab-abbs (Truxima) 3. Rituximab-arrx (Riabni) 4. Rituximab (Rituxan)
<p><i>Trastuzumab (Herceptin)</i> <i>Trastuzumab-pkrb (Herzuma)</i> <i>Trastuzumab-dkst (Ogivri)</i> <i>Trastuzumab-dttb (Ontruzant)</i> <i>Trastuzumab-anns (Kanjinti)</i></p>	<p><i>Nonformulary for inpatient use</i>, but if approved through proper channels for inpatient use: <i>Trastuzumab-qyyp (Trazimera)</i></p> <p>For outpatients, hierarchy for seeking insurance approval:</p> <ol style="list-style-type: none"> 1. <i>Trastuzumab-qyyp (Trazimera)</i> 2. <i>Trastuzumab-dkst (Ogivri)</i> 3. <i>Trastuzumab-anns (Kanjinti)</i> 4. <i>Trastuzumab (Herceptin)</i>
<p><i>Bevacizumab (Avastin)</i> <i>Bevacisumab-maly (Alymsys)</i> <i>Bevacizumab-adcd (Vegzelma)</i> <i>Bevacizumab-awwb (MVASI)</i></p>	<p><i>Nonformulary for inpatient use</i>, but if approved through proper channels for inpatient use: <i>Bevacizumab-bvzr (Zirabev)</i></p> <p>For outpatients, hierarchy for seeking</p>

	<p>insurance approval:</p> <ol style="list-style-type: none"> 1. <i>Bevacizumab-byzr (Zirabev)</i> 2. <i>Bevacizumab-awwb (Mvasi)</i> 3. <i>Bevacizumab (Avastin)</i>
<p><i>Infliximab (Remicade)</i> <i>Infliximab-axxq (Avsola)</i> <i>Infliximab-dyyb (Inflectra)</i></p>	<p><u>Nonformulary for inpatient use</u>, but if approved through proper channels for inpatient use: <i>Infliximab-abda (Renflexis)</i></p> <p>For outpatients, hierarchy for seeking insurance approval:</p> <ol style="list-style-type: none"> 1. Infliximab-adba (Renflexis) 2. Infliximab-dyyb (Inflectra) 3. Infliximab (J&J) 4. Infliximab (Remicade)