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						RT	REF		
Abatacept **(Orencia)** *(non-chemo)* **REF**	Mix 250 mg vial with 10 mL SWFI (only use silicone-free disposable syringes for preparation)	25 mg/mL	NS 100 mL (withdraw a volume of NS equal to volume of abatacept required)	Maximum 10 mg/mL	30 minutes	24 hr.	24 hr.	IV: Administer through 0.2-1.2-micron, low protein-binding **filter** (e.g. secondary tubing with inline filter) Do not shake SQ: Allow to warm to RT for 30-60 min	Lexicomp
Ado-trastuzumab emtansine **(Kadcyla)** Sound-alike, look-alike warning: do not confuse with trastuzumab or trastuzumab SQ **REF**	Mix 100 mg vial with 5 mL SWFI Or Mix 160 mg vial with 8 mL SWFI	20 mg/mL	NS 250 mL	N/A	First cycle: 90 minutes Subsequent cycles: 30 minutes (if tolerates prior infusions)	Immediate Use	24 hr.	Do not administer IV push or bolus Administer through a 0.**2 or 0.22-micron inline non-protein adsorptive polyethersulfone filter** in PVC bag (non-PVC bag ok) Do not shake Do not use D5W Do not administer with other medications	Lexicomp
Aldesleukin **(Proleukin)** **REF**	Mix 22 Million Unit vial (1.3 mg) with 1.2mL SWFI (PF) (do not use BSWFI or NS for reconstitution or dilution)	18 million units/mL (1.1 mg/mL)	D5W 50 mL	30-70 mcg/mL (If aldesleukin final conc. < 30 mcg/mL, add human albumin to achieve final albumin conc. 0.1% (to ↓ adsorption)	15 minutes (flush line before and after with D5W)	48 hr.	48 hr.	PVC bag recommended **Do not filter** Do not shake Protect lyophilized power from light during storage Allow to reach RT	Lexicomp

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Alemtuzumab **(Lemtrada)** *Lemtrada is on REMS* *Campath is available only through Sanofi Campath Distribution Program* **REF**	RTU Lemtrada 12 mg /1.2ml vial Campath 30 mg/1 mL vial	Lemtrada 10 mg/mL Campath 30 mg/mL	NS 100 mL NS 100 mL	N/A N/A	Lemtrada: 4 hr. Campath: 2 hr.	8 hr. (use within 8 hrs. of dilution)	8 hr. (use within 8 hrs. of dilution)	Do not administer IV push or bolus Do not shake Ok to infuse in PVC or use low-protein-binding **filter** To order Campath (off the market): 1-877-422-6728 (Campath is not on REMS)	Lexicomp
Amifostine **(Ethyol)** *(non-chemo)* **RT**	Mix 500 mg vial with 9.7 mL NS SQ: 500 mg vial with 2.5 mL NS or SWFI	500 mg/10mL	Straight drug, IV push Or in NS if diluted to 5-40 mg/mL	5-40 mg/mL	Give 15-30 minutes prior to Radiation:3 minutes 30 min prior to cisplatin: 15 minutes	5 hr.	24 hr.	Ok to use PVC bag for IV bolus	Lexicomp
Amivantamab-vmjw (Rybevant®)	RTU 350 mg / 7 mL vial	Withdraw and then discard the volume of solution from the 250 mL infusion bag equal to the volume of RYBREVANT to be added. Withdraw 7 mL of RYBREVANT from each vial and add it to the infusion bag. The final volume in the infusion bag should be 250 mL.	5% dextrose solution or 0.9% sodium chloride	n/a (the final volume in the infusion bag should be 250 mL)	Variable depending on dose (mg), initial vs subsequent infusion, and week of therapy; range from 50 mL/hour to 125 mL/hour	Diluted solutions should be administered within 10 hours [including infusion time (2-5 hours)] at room temperature 59°F to 77°F	Store intact vials at 2ºC to 8ºC (36ºF to 46ºF). Store in original carton to protect from light	Only use infusion bags made of polyvinylchloride (PVC), polypropylene (PP), polyethylene (PE), or polyolefin blend (PP+PE)	Package insert
Arsenic trioxide **(Trisenox)** **RT**	RTU New formulation: 12 mg liquid vial (2 mg/ml)	2 mg/mL (prior formulation: 1 mg/ml)	NS 100–250 mL	N/A	1-2 hours (may extend up to 4 hrs. if acute vasomotor reactions are observed)	24 hr.	48 hr.	Irritant Verify concentration prior to admixture	Lexicomp

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Atezolizumab **(Tecentriq)** **REF**	RTU 1200 mg/20 mL vial 840 mg/14 mL vial	60 mg/mL	NS 250 mL	N/A	First cycle: 60 minutes Subsequent **cycles:** 30 minutes (if tolerated)	6 hr.	24 hr.	Do not administer as an IV push or bolus Use polyvinyl chloride (PVC) bag May be infused **with or without a 0.2- to 0.22-micron sterile, non-pyrogenic, low-protein binding in-line filter** Dilute only with NS Do not shake Do not infuse with other medications	Lexicomp
Azacitidine **(Vidaza)** **RT**	Mix 100 mg vial with SWFI: IV: 10 mL SQ: 4mL	IV: 10 mg/mL SQ: 25 mg/mL	NS 50-100 mL (Limited stability and must be prepared immediately prior to each dose)	N/A	IV: 10 minutes SQ: volume of injection may vary based on dose	IV: 1 hr. (short stability) SQ: 1 hr. (must complete within 1 hr. of reconstitution)	IV: No data SQ: 8 hr.	**Do not filter** after reconstitution SQ: Dose greater than 4 mL may be equally divided into 2 syringes	Lexicomp
BCG (TICE BCG) **Intravesical** *(non-chemo but requires biohazard precaution)* **REF**	Intravesical: Mix 1 vial (50 mg) with 1 mL NS (PF), then dilute with 49 mL NS (PF) to put total volume = 50 mL Percutaneous or intracavitary route: 50 mg in 50 mL NS, then the tube is clamped x 1 hour. Pressure is set up in a way to maintain low intra-renal pressure to ensure infusion	50 mg/mL	NS 50 mL (PF)	N/A	N/A	2 hr. (use within 2 hrs. of reconstitut-ion)	No data	Intravesical administration only Percutaneous or intracavitary has been used Dispense in a catheter tip syringe Biohazard labeling required **Do not filter** Do not shake Protect from light in storage and reconstitution only	Lexicomp

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Belantamab mafodotin (Blenrep) **REF**	SWFI 100 mg with 2 mL	50 mg/mL	NS 250 mL	0.2- 2 mg/mL	30 min	4 hr.	24 hr (once removed from fridge, administer within 6 hrs (including infusion time)	Ok to use PVC or polyolefin bag May use polyethersulfone-based filter (0.2 micron) Mix by gentle inversion; do not shake. Solutions diluted for infusion should be clear and colorless; discard if particulate matter is observed	Lexicomp
Belimumab **(Benlysta)** **(Non-chemo)** **REF**	SWFI 120 mg vial with 1.5 mL 400 mg vial with 4.8 mL (Allow to stand 10 to 15 minutes to reach room temperature)	80 mg/mL	NS 250 mL (Before reconstitution, remove and discard diluent volume equal to volume of drug solution)		1 hour	8 hr. (complete within 8 hrs. of drug reconstitution)	8 hr. (complete within 8 hrs. of drug reconstitution)	Do not administer as an IV push or bolus Protect from light during storage Administer through a dedicated IV line	Lexicomp
Bendamustine HCl (Treanda) *Drug manufacturer phased out in March 2017* **REF**	SWFI 25 mg vial: 5mL 100 mg vial: 20mL	5 mg/mL	NS 500 mL (transfer to 500 mL infusion bag within 30 mins of reconstitution)	Powder for solution: 0.2-0.6 mg/mL	CLL: 30 minutes NHL: 60 minutes	3 hr.	24 hr.	Irritant with vesicant-like property Powder formulation: CSTDs or adaptors containing polycarbonate or acrylonitrile-butadiene-styrene (ABS) are safe to use with the lyophilized powder formulation Protect from light during storage	Lexicomp
Bendamustine HCl **(Bendeka)** (contains polyethylene glycol) Sound-alike, look-alike warning: do not confuse with Treanda **REF**	RTU 100 mg/4mL MDV (Allow to come to RT prior to use)	25 mg/mL	NS 50 mL (Use D5W for pts with restricted Na)	1.85-5.6 mg/mL	CLL and HLL: 10 minutes	**NS:** 3 hr.	NS: 24 hr.	Irritant with vesicant-like property Protect from light during storage	Lexicomp

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Bevacizumab **(Avastin)** Sound-alike, look-alike warning: do not confuse with bevacizumab-awwb (Mvasi) **REF**	RTU 100 mg/4 mL vial 400 mg/16 mL vial	25 mg/mL	IV: NS 100 mL (do not administer or mix with D5W) Intravitreal: straight drug	1.4-16.5 mg/mL	Flat rate: 30 min Or first cycle: 90 minutes Second cycle: 60 minutes (if the initial infusion is well tolerated) Third and subsequent: 30 minutes (if the 60-minute infusion is well tolerated)	IV: No data Intravitreal: No data	IV: 8 hr. Intravitreal: 3 months	Do not administer IV push Temporarily withhold bevacizumab for 4 weeks prior to elective surgery and for at least 4 weeks (and until the surgical incision is fully healed) after surgery Do not mix or administer with dextrose Do not shake Protect from light during storage	IV: Lexicomp Intra-vitreal: Paul M et al
Bevacizumab-???? **(Alymsys)** Sound-alike, look-alike warning									
Bevacizumab-awwb **(Mvasi)**	RTU 100 mg/4 mL vial 400 mg/16 mL vial	25 mg/mL	IV: NS 100 mL (do not administer or mix with D5W)	1.4-16.5 mg/mL	Flat rate: 30 min Or 90/60/30 min rate	IV: no data	IV: 8 hr.	Same precaution as in bevacizumab	Lexicomp
Blinatumomab (Blincyto)	Mix 35 mcg single dose vial with SWFI (direct stream toward side of the vial, gently swirl; do not shake)	12.5 mcg/mL	24- or 48-hour infusion: add 270 mL NS to an empty IV bag 7-day infusion (for pts > 22 kg): add 90 mL bacteriostatic NS to an empty IV bag						

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Bleomycin **(Blenoxane)** **REF**	IV: NS Only 15-unit vial: 5 mL 30-unit vial: 10 mL IM/SQ: 15 units vial: 1 mL NS	IV: 3 units/ml IM/SQ: 15 units/ml	IV: NS 50 mL Intrapleural: 60 units in NS 50-100 mL	N/A	Minimum 10 minutes	24 hr.	No data	Irritant Do not reconstitute with dextrose Test dose (optional): IM, IV, SQ: administer 1 to 2 units of bleomycin in NS 50 mL	Lexicomp
Bortezomib **(Velcade)** **RT** *Generic formulation: approved for IV route only*	Mix 3.5 mg vial with NS: IV: 3.5 mL SQ: 1.4 mL	IV: 1 mg/mL SQ: 2.5 mg/mL	IV push: Straight drug, do not further dilute Administer IV push directly	N/A	Rapid IV push: 3-5 seconds	IV push: 3 d SQ: 8hr	IV push: 5 days SQ: no data	For IV or SQ administration only Irritant Protect from light during storage and reconstitution only	Lexicomp
Brentuximab vedotin **(Adcetris)** **REF**	Mix 50 mg vial with 10.5 mL SWFI	5 mg/mL	Minimum NS 100 mL	0.4-1.8 mg/mL	30 minutes	Immediate Use	24 hr. (Use within 24 hrs. of reconstitution)	Do not administer as IV push or bolus Do not shake Do not mix or infuse with other medications When administered with AVD, begin brentuximab within 1 hr. after completing AVD	Lexicomp
Busulfan **(Busulfex)** **REF**	RTU 60 mg/10 ml vial	6 mg/mL	NS or D5W (Dilution volume should be 10 times the volume of busulfan injection)	Minimum of 0.5 mg/mL	2 hours (central line only)	8 hr. (infusion must be completed within 8 hrs.)	12 hr. (infusion must be completed within 12 hrs.)	Irritant Always add drug to the diluent (not diluent to busulfan) Incompatible with many CSTDs (contains N,N-dimethyl acetamide), refer to CSTD manufacturer for compatibility Do not use polycarbonate syringes **Filter required** (5-micron filter needle provided with ampule)	Lexicomp

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Cabazitaxel **(Jevtana)** **RT**	Mix 60 mg/1.5 mL vial with 5.7 mL of supplied diluent	10 mg/mL	NS 250 mL non-DEHP bag (dilute within 30 mins)	0.1-0.26 mg/mL (Total doses >65 mg will require a larger infusion volume; final concentration should not exceed 0.26 mg/mL)	1 hour	8 hr. (infusion must be completed within 8 hrs.)	24 hr. (infusion must be completed within 24 hrs.)	Infuse using a 0.22 micron **inline filter** Do not prepare or administer in PVC-containing infusion containers or polyurethane infusion sets Do not shake Allow to reach RT prior to infusion	Lexicomp
Carboplatin **(Paraplatin)** **RT**	RTU 50 mg per 5 ml vial 150 mg per 15 ml vial 450 mg per 45 ml vial 600 mg per 60 ml vial	10 mg/mL	NS 250 mL	0.5- 10 mg/mL	30-60 minutes (30 min in central line ok)	NS or D5W: 8 hr.	No data	Irritant Protect from light during storage Concentrations used for desensitization vary based on protocol Do not use with aluminum needle/administration sets	Lexicomp
Carfilzomib **(Kyprolis)** **REF**	Mix 60 mg vial with 29 mL SWFI	2 mg/mL	D5W 50-100 mL (may give as IV push or further dilute in D5W 50 mL only, use regular secondary tubing)	N/A	10 or 30 minutes (depends on regimen)	4 hr.	24 hr.	Do not administer as an IV bolus Requires hydration 250-500 mL NS prior to/after infusion (continue in subsequent cycle if needed) Do not shake Protect from light Do not administer with other medications	Lexicomp
Carmustine **(BCNU)** **REF**	Mix 100 mg vial with 3 mL provided diluent (dehydrated alcohol), then further dilute with 27 mL SWFI	3.3 mg/mL in 10% ethanol	NS or D5W 250 – 500 mL (use non-DEHP bag or glass container)		Minimum 2 hours (infusions <2 hrs. may lead to injection site pain or burning)	8 hr.	24 hr. (followed by additional 6 hr. at RT)	Irritant Prepared in either glass or polyolefin container or non-PVC container Protect from light in storage and dilution (does not require light protection in admin) Do not use if product has oil film on the vials	Lexicomp

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Cemiplimab-rwlc **(Libtayo)** **REF**	RTU 350 mg/7 mL	50 mg/mL	NS or D5W	1 – 20 mg/mL	30 minutes	8 hr.	24 hr.	Contains polysorbate 80 (monitor for infusion reactions) Do not shake Allow to reach RT prior to infusion Infuse through 0.2-5 micron **in-line or add-on filter**	Lexicomp
Cetuximab **(Erbitux)** **REF**	RTU 100 mg/50 mL vial 200 mg/100 mL vial	2 mg/mL	Straight drug, do not dilute		Loading dose: 2 hours Maintenance dose: 1 hour	8 hr.	12 hours	Do not administer as IV push or bolus Administer through a low protein- binding 0.22 micrometer **in-line filte**r Do not shake	Lexicomp
Cisplatin **(Platinol)** **RT**	RTU 50 mg/50 mL vial 100 mg/100 mL vial 200 mg/200 mL vial	1 mg/mL	>1/4 NS 500 mL must have a minimum conc. of 0.2% NaCl if only D5W is used, solution will PPT	1 mg/mL 0.05 – 2 mg/mL	60 min - 4 hours (varies, depends on dose and protocol) 1 mg/min rate has been used Continuous infusion has been used (e.g. ESHAP regimen)	20 hr. (Stability may vary due to pH, light and concentration of chloride)	Do not REF	Do not administer as a rapid IV infusion Vesicant (> 0.4 mg/mL); Irritant (≤ 0.4 mg/mL) Vesicant if > 20mL of 0.5 mg/mL solution infiltrates Do not dilute in D5W only Protect from light in storage. No light protection required during administration Do not use with aluminum administration set	Lexicomp
Cladribine **(Leustatin)** **REF**	RTU 10 mg/10 mL vial	1 mg/mL	24-hour infusion: 500 mL NS 7-day infusion: QS to total volume of 100 mL in CADD using bacteriostatic NS	IV: 0.016 mg/mL SQ: 1 mg/mL	Continuous infusion: 24 hours Off-label: 30 mins or 2 hours (infusion rate varies by indication and/or protocol)	IV: dilutions in NS should be used promptly SQ: 7 days	IV 24-hour: up to 8hr IV 7-day: up to 8hr prior to admin Bacteriostatic NS in CADD: 7 days	Irritant 24-hour infusion: filter with a 0.22-micron hydrophilic syringe filter prior to adding to infusion bag 7-day infusion: filter diluent and cladribine with a 0.22-micron hydrophilic filter prior to adding to cassette/reservoir	Lexicomp

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Clofarabine **(Clolar)** **RT**	RTU 20 mg/20 mLvial	1 mg/mL	NS 100 mL	0.15-0.4 mg/mL	2 hours	24 hr.	No data	Filter drug through a 0.2-micron **filter** prior to dilution Do not administer any other medications through the same intravenous line	Lexicomp
Cyclophosphamide **(Cytoxan)** **RT**	SWFI or NS: 500 mg vial: 25 mL 1 gm vial: 50 mL 2 gm vial: 100 mL	20 mg/mL	≤ 1 gm: 100 mL NS > 1 gm: 250 mL NS	0.24 - 20 mg/mL	60 min (250 mL) (infusion rate may vary based on protocol)	24 hr.	6 days	Irritant Do not use vials with signs of melting which may appear as droplets Solutions reconstituted in SWFI are hypotonic and should not be used for direct IV push administration	Lexicomp
Cytarabine **(Cytosar)** **RT**	RTU 2 gm solution **IV:** Mix 1-gram vials with 10 mL BWFI (PF) IT: 100 mg for IT use: 1mL NS (PF) to 100 mg/mL	IV**:** 100 mg/mL IT: 100 mg/mL	NS 500 mL	32 mg/mL	AML: Continuous infusion 100-200 mg/m^2/day High dose: 1-3 hours (Doses ≥ 1gm/m^2 should be infused over > 2 hours) (other rates have been used, refer to specific reference)	Powder for reconstitution: 48 hrs. IV solution: 8 days IT: 8 hours	No data	Irritant IT: use PF drug for IT doses or when cytarabine dose > 1 gm/m^2	Lexicomp
Cytarabine liposomal **(Depocyte)** **REF**	RTU 50 mg/5 mL vial (Allow vial to warm to RT)	10 mg/mL	Straight drug; Do not dilute	N/A	N/A	4 hr. (use within 4 hrs. of withdrawal from the vial)	No data (use within 4 hrs. of withdrawal from the vial)	Intrathecal route only Avoid aggressive agitation **Do not filter** Injection should be made slowly (over 1 to 5 minutes) Do not mix with any other medications	Lexicomp

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Dacarbazine **(DTIC-Dome)** **REF**	SWFI: 100 mg with 10 mL 200 mg with 19.7 mL 500 mg with 49.25 mL	10 mg/mL	NS or D5W 250 mL	N/A	Intermittent: 30-60 minutes Continuous infusion: up to 72 hrs.	8 hr. (stability of 72 hr. has been reported) (extended stability is important for continuous infusion)	24 hr. (stability of 4 days has been reported)	Irritant Protect from light for continuous infusion 7-day refrigerated stability in conc. up to 1.4 mg/mL (in D5W)	Lexicomp
Dactinomycin **(Cosmegan, Actinomycin)** **RT**	Mix 0.5 mg vial with 1.1 mL PF SWFI	500 mcg/mL	D5W or NS 50 mL	≥ 10 mcg/mL	15 minutes	4 hr. (varies based on protocol)	No data	Do not administer IM or SQ Vesicant Dilute in D5W or NS in glass or polyvinyl chloride (PVC) containers Protect from light in storage (does not require light protection in administration) Do not filter with cellulose ester membrane filters	Lexicomp
Daratumumab **(Darzalex)** **REF**	RTU 100 mg/5mL vial 400 mg/20 mL vial	20 mg/mL	NS 500-1,000 mL (remove the volume of NS from the bag that is equal to the required volume of the daratumumab dose)	N/A	Variable, max rate (typically 7-10 hrs.) If expected to infuse > 5 hrs., may split dose into 2 bags, to give on days 1, 2 sequentially	15 hr. (complete infusion within 15 hrs.)	24 hr.	Do not administer IV push or as a bolus Protect from light Administer with an inline **filter** (0.22 or 0.2 micron) Ok to use PVC bag Do not mix with or infuse with other medications	Lexicomp

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Generic name (brand)/storage condition/special warning	Reconstitution and/or RTU information	Reconstitution and/or RTU Concentration	Standard diluent	Final bag/syringe concentration	Standard infusion duration/rate	Stability		Special precautions/filter requirement)	Ref
						RT	REF		
Daratumumab hyaluronidase, subcutaneous (Darzalex Faspro) **REF**	RTU 1,800 mg daratumumab and 30,000 units hyaluronidase per 15 mL in single dose vial	N/A	N/A	N/A	3-5 min subcutaneously	Immediate use	N/A	Do not substitute daratumumab/hyaluronidase for daratumumab IV and vice versa Administer SQ over ~3 to 5 min Compatible with PVC syringe	Lexicomp
Daunorubicin **(Cerubidine, Daunomycin)** **RT**	RTU 20 mg/4mL (4 mL)	5 mg/mL	NS or D5W 50 mL	5 mg/mL	15 -30 minutes	24 hr.	No data	Do not administer IM or SQ Vesicant Protect from light in storage (does not require light protection in administration)	Lexicomp
Daunorubicin liposomal **(Daunoxome)** **REF** Sound-alike, look alike warning: do not confuse with Daunorubicin and cytarabine liposomal	RTU 50 mg/25mL vial	2 mg/mL	1:1 concentration in D5W	1 mg/mL	60 minutes	Immediate use	6 hr.	Irritant Dilute with D5W only Protect from light **Do not filter** Do not mix with other drugs	Lexicomp
Daunorubicin and cytarabine liposomal **(Vyxeos, CPX-351)** **REF** Sound-alike, look alike warning: do not confuse with Daunorubicin liposomal	Mix each vial (44/100 mg) with 19 mL SWFI	2.2 mg/mL	NS or D5W 500 mL	N/A	90 minutes	Immediate use	4 hr.	Do not administer IM or SQ Irritant Flush line with NS or D5W after infusion Do not mix with other medications	Lexicomp
Decitabine **(Dacogen)** **RT**	Mix 50 mg vial with SWFI: IV: 10mL SQ: 5mL	IV: 5 mg/mL SQ: 10 mg/mL	NS 50 mL (use cold NS bags to prepare IV doses)	IV: 0.1-1 mg/mL	1-3 hours (AML) (Rate of administration depends on protocol)	No data	IV: 4 hr. (if prepared in cold NS)	Short stability	Lexicomp

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Denileukin diftitox **(Ontak)** (in freezer ≤ 10 °C)	RTU 300 mcg/2ml vial	15 mcg/mL	NS (PF) (thaw frozen vials for 1- 2 hrs. at RT or 24 hrs. refrigerated)	>/= 15 mcg/mL	30-60 min (can administer over up to 80 min, depending on severity of infusion reaction)	6 hr.	No data	Do not administer by bolus IV injection Irritant **Do not** shake, **filter** or re-freeze vials Do not mix with other drugs	Lexicomp
Dexrazoxane **(Zinecard)** *Do not use Totect for extravasation* *(non-chemo)* **RT**	Brand (Zinecard): mix 250 mg with 25 mL SWFI Or mix 500 mg with 50 mL SWFI **Generic (dexrazoxane**): Reconstitute with supplied diluent (1/6 M sodium lactate Continuous infusion data available in Lexicomp	10 mg/mL	**Cardio-protection** Zinecard: LR only Dexrazoxane: NS 50-100mL **Anthracycline extravasation** Dexrazoxane: NS 1,000 mL	Zinecard: 1.3-3 mg/ml Dexrazoxane: 1.3-5 mg/ml Anthracycline extravasation: not to exceed 10 mg/mL	**Cardio-protection** Zinecard: 15 minutes Dexrazoxane: 15 minutes **Anthracycline extravasation** Dexrazoxane: 1-2 hours Cardio-protection: Infuse over 10-15 min before anthracycline Anthracycline extravasation: infuse over 2-3 hr.	Zinecard: 1 hr. (in LR) Dexrazoxane: 6 hr. (in NS)	Zinecard: 4 hr. (in LR) Dexrazoxane: 6 hr. (in NS)	Cardioprotectant Do not administer by IV push Administer doxorubicin within 30 minutes after completion of the dexrazoxane infusion Anthracycline extravasation: IV administration only Infusion solution should be at RT prior to administration Must initiate within 6 hr. of extravasation Do not order Totect Kit when anthracycline induced extravasation is suspected, use dexrazoxane	Lexicomp

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Docetaxel **(Taxotere)** **REF** Sound-alike, look alike warning: verify strength prior to admixture	RTU 20 mg 80 mg 160 mg 200 mg PF and non-alcohol forms are available (docetaxel is available in multiple concentrations and multiple dosage forms)	20 mg/mL (do not use 10 mg/mL)	IV: NS or D5W 250 mL (use non-DEHP bag) Intravesical: in 50 mL syringe (preferred, to avoid spasm), do not flush	0.3-0.74 mg/mL	60 minutes	Taxotere: 6 hr. Generic: 6 hr. Non-alcohol formulation: no data	Taxotere: 48 hr. No data Non-alcohol: 24 hr.	Irritant with vesicant-like property Mix in Non-DEHP bag and administer through non-DEHP or non- PVC tubing Do not shake **Use of filter is not necessary (although has been commonly practiced**) Protect from light	Lexicomp
Doxorubicin **(Adriamycin)** **RT** Sound-alike, look alike warning: do not confuse with doxorubicin liposomal (Doxil)	RTU 2 mg/mL (5 mL, 10 mL, 25 mL) (multiple vial sizes are available) (doxorubicin solid powder is reserved for trans-arterial chemoembolization or TACE)	2 mg/mL	Intermittent infusion: NS 50 mL Continuous infusion: NS 500 mL	Intermittent IV infusion: 0.2-2 mg/mL	Intermittent infusion: 15 minutes Continuous infusion: Rate of admin varies by protocol (e.g. infusional EPOCH, AIM)	6 hr. (per USP 797) (Extended stability has been reported)	No data (Extended stability has been reported)	Do not administer IM or SQ Vesicant Avoid contact with alkaline solutions For TACE: loading time with doxorubicin liquid form < < than that of solid (needs overnight preparation). See Appendix B	Lexicomp
Doxorubicin liposomal **(Doxil)** **REF** Sound-alike, look alike warning: do not confuse with doxorubicin (Adriamycin)	RTU 20 mg/10mL vial 50 mg/25mL vial	2 mg/mL	Dose ≤ 90 mg: D5W 250 mL Dose >90 mg: D5W 500 mL	0.36 mg/mL	60 minutes (initial rate of 1 mg/minute recommended to minimize risk of infusion reactions)	No data	24 hr.	Do not administer IV push Irritant Do NOT administer undiluted Dilute ONLY in D5W Do not mix with bacteriostatic agents **Do not filter** Do not mix with other medications	Lexicomp

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Durvalumab **(Imfinzi)** **REF**	RTU 120 mg/2.4 mL 500 mg/10 mL	50 mg/mL	NS or D5W	1 - 15 mg/mL	60 minutes	Immediate use	24 hr.	Contains polysorbate 80 (monitor for infusion reactions) Protect from light Do not shake Administer with low-protein binding 0.2-0.22 micron **in-line filter** Do not mix with other medications	Lexicomp
Eculizumab **(Soliris)** *(non-chemo)* **REF**	RTU 300 mg (30 mL)	10 mg/mL	Add drug to an infusion bag (e.g. viaflex bag), dilute with equal volume of NS to final conc of 5 mg/mL (e.g. 300 mg dose to a total volume of 60 mL and etc.)	5 mg/mL	Adults: 35 minutes Pediatrics: 1-4 hrs. (Do not exceed a max 2-hr duration of infusion in adults)	24 hr. (use within this time frame)	24 hr. (use within this time frame)	Do not administer as an IV push or bolus Do not shake Protect from light in storage and dilution (no light protection in administration) Allow to reach RT prior to administration Prescriber must be enrolled in REMS program	Lexicomp
Efgartugnid Alfa **(Vyvgart©)**	400 mg (20 mL)	20 mg/mL	Dilute the dose in NS to make a total volume 125 mg	Varies	Infuse over 1 hour via a 0.2 micron in-line filter	4 hr	8 hr	Only administer with PE, PVC, EVA, or polyurethane/polypropylene infusion lines. Do not mix efgartigimod alfa with other medications or inject other medications into infusion side ports. Flush the entire line with 0.9% Sodium Chloride Injection, USP following infusion.	Lexicomp
Efgartigimod Alfa-hyaluronidase **(Vyvgart© Hytrulo)**	RTU 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase /5.6 mL	RTU 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase /5.6 mL	n/a - RTU	RTU 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase /5.6 mL	Over 30-90 seconds	PF - use immediately once withdrawn from vial	PF - use immediately once withdrawn from vial	Use a winged infusion set made of polyvinyl chloride (PVC), 25G, 12 inches tubing, maximum priming volume of 0.4 mL	Package insert

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Elotuzumab **(Empliciti)** **REF**	300 mg: 13 mL SWFI 400 mg: 17 mL SWFI	25 mg/mL	NS 230 mL NS (PVC bag or polyolefin bag) (may adjust volume not to exceed 5 mL/kg of body (pt. weight)	Volume of diluent < 5 mL/kg (patient weight in kg)	First infusion: start at 0.5 mL/min, escalate by 1 mL/min to max 2 mL/min Second infusion: start at 3 mL/min for 1st 30 min; if tolerated, escalate to max 4 mL/min Subsequent infusion: if no prior reaction, infuse at 5 mL/min	8 hr.	24 hr. (including 8hr in RT)	Do not administer IV push or as a bolus Administer with a sterile, non-pyrogenic**, low protein-binding filter** (0.2 to 1.2 micron) Do not shake After dissolution, allow the reconstituted vials to stand for 5 to 10 minutes Protect from light in storage Do not mix with or infuse with other medications	Lexicomp
Emapalumab **(Gamifant)** **REF**	RTU 10 mg/2 mL 50 mg/10 mL	5 mg/mL	NS	0.25 – 2.5 mg/mL	1 hour	Immediate Use	4 hr.	Infuse through IV line containing a sterile, non-pyrogenic, low-protein binding 0.2-micron **inline filter** Store in original carton to protect from light Bring solution to RT prior to infusion Do not mix with other drugs	Lexicomp
Enfortumuamb vedotin **(Padcev)** **REF**	20 mg: mix with 2.3 mL SWFI 30 mg: mix with 3.3 mL SWFI	10 mg/mL	NS 250 mL	0.3-4 mg/mL	30 min	Immediate use	8 hr.	Do not administer IV push or bolus Maximum dose is 125 mg	Lexicomp

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Epcoritamab-bysp (Epkinly) **REF**	0.16 mg (requires 2 dilutions): Add 4.2 mL of NS to 0.8 mL (4 mg) of epcoritamab for an initial concentration of 0.8 mg/mL. Transfer 2 mL of this dilution to empty vial and add 8 mL of NS for a final concentration of 0.16 mg/mL. Withdraw 1 mL for a final dose of 0.16 mg. 0.8 mg dose (1 dilution required): Add 4.2 mL of NS to 0.8 mL (4 mg) of epcoritamab for a final concentration of 0.8 mg/mL. Withdraw 1 mL for a final dose of 0.8 mg. 48 mg dose: RTU	0.16 mg dose: 0.16 mg/mL 0.8 mg dose: 0.8 mg/mL 48 mg dose: RTU (48 mg/0.8 mL)	NS	0.16 mg dose: 0.16 mg/mL 0.8 mg dose: 0.8 mg/mL 48 mg dose: RTU (48 mg/0.8 mL)	N/A (subcutaneous injection)	12 hrs	24 hrs	Allow epcoritamab solution to equilibrate to RT for no more than 1 hr before administration Do not freeze Do not shake intact vials Store in carton to protect from light Filtering of diluted solutions is not required	Lexicomp
Epirubicin **(Ellence)** **REF** Sound-alike, look-alike warning: do not confuse with eribulin (Halaven)	RTU 50 mg 200 mg	2 mg/mL	NS or D5W 100 mL	N/A	15 min	Immediate use	24 hr.	Vesicant Protect from light	Lexicomp
Eptinezumab (Vyepti) **REF**	RTU 100 mg 300 mg	100 mg/mL	NS 100 mL	100 mg/mL	30 min	8 hrs.	No data	Do not administer as IV push or bolus injection Do not mix or infuse other medications in same infusion set Following infusion, flush line with 20 mL NS	Lexicomp

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Eribulin **(Halaven)** **RT** Sound-alike, look-alike warning do not confuse with epirubicin (Ellence)	RTU 1 mg/2 mL (2 mL)	0.5 mg/mL	NS 100 mL or undiluted in syringe	N/A	2-5 min	4 hr.	24 hr.	Do not administer other medications through the same IV line, or through a line containing dextrose	Lexicomp
Etoposide **(Toposar)** **RT** Sound alike, look alike warning: do not confuse with etoposide phosphate (Etopophos)	RTU 100 mg 500 mg 1 g	20 mg/mL	NS 500 mL (Use a non-DEHP bag) Continuous infusion is available (e.g. infusional EPOCH)	Max concentration not to exceed 0.4 mg/mL, adjust volume of diluent and infusion rate if necessary	30-60 minutes (90 min or longer if not tolerated) (Higher dose may be infused over longer time periods depending on the protocol) 2-4 hours	0.2 mg/mL: 96 hr. 0.4 mg/mL: 24 hr. (extended stability has been reported for continuous EPOCH)	No data	Do not infuse by rapid infusion: may cause hypotension Irritant Concentration > 0.4 mg/mL is unstable and may PPT Administer infusion with **filter per HM standard** May administer through a non-PVC (low sorbing) tubing Do not infuse by rapid infusion, may cause hypotension	Lexicomp
Etoposide phosphate **(Etopophos)** Sound alike, look alike warning: do not confuse with etoposide (Toposar) **REF**	Mix 100 mg vial with 5 mL SWFI	20 mg/mL	Straight drug Or NS (use a non-DEHP bag)	0.1mg/mL - 20 mg/mL	5 minutes - 3.5 hours	24 hr.	24 hr.	Do not interchange with etoposide (unless in drug shortage per policy) (113.5 mg etoposide phosphate = 100 mg etoposide) IV bolus over at least 5 minutes Mix in non-DEHP bag, non-DEHP tubing with 0.2-micron filter	Lexicomp

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Fam-trastuzumab deruxtecan **(Enhertu)** Sound alike, look alike warning: do not confuse with trastuzunab (Herceptin) or ado-trastuzumab emtansine (Kadcyla)	Mix 100 mg vial with 5 mL SWFI	20 mg/mL	D5W 100 mL (do not dilute in NS)	N/A	1st dose: 90 min Subsequent dose over 30 min (if tolerated)	4 hr.	24 hr.	Administer in bag made of polyolefin or polybutadiene (ok for PVC bag) and a 0.2- or 0.22-micron **in-line** polyethersulfone or polysulfone **filter** Allow solution to reach RT prior to administration Do not shake the reconstituted or diluted solution. Cover infusion bag to protect from light. Do not mix fam-trastuzumab deruxtecan with other medications.	Lexicomp
Degarelix **(Firmagon)**	Reconstitute with provided prefilled syringe containing preservative free sterile water for injection	Loading dose 40 mg/mL each syringe x 2 syringes Maintenance: 20 mg/mL x1 syringe	SW for injection	Loading dose 40 mg/mL each syringe x 2 syringes Maintenance: 20 mg/mL x1 syringe	Subcutaneous injection	Administer within 1 hour of reconstitution	Administer within 1 hour of reconstitution	N/A	Lexicomp
Fludarabine **(Fludara)** **REF**	RTU Or mix 50 mg vial with 2mL SWFI	25 mg/mL	NS or D5W 100 – 125 mL	1 mg/mL	30 minutes	8 hr.	No data	Protect from light	Lexicomp

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Fluorouracil **(Adrucil)** **RT**	RTU 500 mg 1 g 2.5 g (multiple vial sizes are available)	50mg/ml	NS Outpatient: use CADD pump (use only NS as diluent), volume depends on dose (> 5,000 mg requires 250 mL cassette; < 5,000 mg: use 100 mL cassette) Inpatient: add daily dose to 500 mL NS, hang bag daily	50 mg/mL	15 minutes-variable (based on protocol)	Varies 7 days (in CADD pump if diluted) (follow USP 797 standard for beyond use date)	Varies (up to 14 days has been reported) (follow USP 797 standard for beyond use date)	Irritant May be administered by IV push, IV bolus, or continuous infusion	Lexicomp
Gemcitabine **(Gemzar)** **RT**	RTU 200 mg vial: 5 mL 1 gm vial: 25 mL 2 gm vial: 50 mL 200 mg vial: 5 mL	IV: 38 mg/mL Intravesical: 40 mg/mL	IV: NS 250 mL Intravesical: 50 mL NS (preferred, to avoid urinary spasm), do not flush	IV: 0.1 mg/mL - 25 mg/mL Intravesical: 20 mg/mL or 40 mg/mL	30 min Fixed dose rate at 10 mg/m^2/min has been reported for sarcoma, pancreatic, biliary and urothelial ca)	IV: 24 hr. Intravesical: 24 hr.	Do not REF (may PPT)	Irritant Intravesical: admix in 50- or 100-mL NS (usual dwelling time: 1 hr.) Protect from light	Lexicomp

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Gemtuzumab Ozogamicin **(Mylotarg)** **REF**	4.5 mg vial: 5 mL SWFI Allow to warm to room temperature prior to reconstitution	1 mg/mL Dose < 3.9 mg should be prepared in a syringe to reduce the impact of drug adsorption	0.3 mg up to 0.45 mg: use **4 mL** syringe 0.45 mg up to 0.75 mg: use **6 mL** syringe 0.75 mg up to 1.89 mg: use **10 mL** syringe 1.89 mg up to 3.9 mg: **use 25 mL** syringe 3.9 mg up to 11.7 mg: use **50 mL** IV bag 11.7 mg up to 21.6 mg: use **100 mL** IV bag	Final conc: 0.075-0.234 mg/mL	2 hours	6 hr.	12 hr.	Premedicate appropriately Do not administer as IV push or bolus Protect bag from light using a light-blocking cover; infusion line does not need protection from light Administer through a low protein-binding (0.2 to 1.2 micron) **in-line filter** Do not co-administer other drugs through the same infusion line	Lexicomp
Glucarpidase **(Voraxaze)** **REF**	IV: mix each vial (1,000 units) with 1 mL NS IT: mix 2,000 units with 12 mL preservative-free NS	IV: 1000 units/mL IT: 2000 units/12 mL	IV: 1 mL NS IT: 12 mL PF NS		IV: 5 minutes IT: 5 minutes via lumbar route, ventriculostomy, Ommaya reservoir (within 3-9 hr. of IT methotrexate overdose)	Immediate Use	4 hr.	IV: flush line before and after administration Administer leucovorin at least 2 hr. before and 2 hr. after glucarpidase dose Mix gently by rolling/tilting vial; do not shake Clinical monitoring guideline for methotrexate level is available	Lexicomp

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Hemin **(Panhematin)** *(non-chemo)* **RT**	Mix 350 mg vial with 48 mL SWFI Albumin 25% has been added to decrease risk of phlebitis in some protocols (mixing instruction with albumin embedded in DoseEdge)	7 mg/mL	N/A	7 mg/mL	30 min (flush with NS 100 mL after infusion) With albumin added: max rate ≤ 1 mg/min	Immediate Use	No data available	Reconstitute immediately prior to use Shake vial well for 2-3 minutes to dissolve Maximum dose of 6 mg/kg/24 hours **Use ≤ 0.45-micron filter** Do not mix with other medications	Lexicomp
Idarubicin **(Idamycin)** **REF**	RTU 5 mg 10 mg 20 mg	1 mg/mL	Straight drug or dilute in NS 50 mL	N/A	15 minutes	No data (follow USP 797 for beyond use date)	No data (follow USP 797 for beyond use date)	Do not administer IM or SQ Vesicant Protect from light during storage (does not require light protection during administration)	Lexicomp
Ifosfamide **(Ifex)** **RT**	1 g/20 mL (20 mL) 3 g/60 mL (60 mL)	50 mg/mL	NS 500 mL	0.6-20 mg/mL	1-3 hours (Infusion duration may vary, refer to specific protocol for duration)	No data	24 hr.	Irritant Should be given with mesna (concurrent, before or after ifosfamide infusion, check protocol) and hydration Requires hydration	Lexicomp
Imiglucerase **(Cerezyme)** *(non-chemo)* **REF**	400-unit vial: mix with 10.2 mL SWFI	40 units/mL	NS 100-200 mL (translucent fiber may appear after dilution, do not use if discolored or opaque particles appear)		1-2 hours	12 hr.	24 hr.	NOT cytotoxic Diluted solution may be filtered through an in-line low protein-binding **0.2-micron filter** NOT cytotoxic	Lexicomp

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inebilizumab-cdon (Uplizna)	100 mg/10 mL (10 mg/mL) solution in a single-dose vial must be diluted d in 250 mL of 0.9% Sodium Chloride Injection, USP prior to administration	10 mg/mL	250 mL of 0.9% Sodium Chloride	1 mg/mL	0-30 minutes = 42 mL/hr 31-60 minutes = 125 mL/hr 61-completion = 333 mL/hr Total infusion time ~90 minutes	4 hours	24 hours	Administer through an intravenous line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter.	Package insert
Infliximab **(Remicade)** *(non-chemo)* **REF**	Mix 100 mg vial with 10 mL SWFI (use 21-guage or smaller needle; direct SWFI to the wall of the vial. Allow to stand for 5 minutes)	10 mg/mL	NS to total volume of 250 mL (add reconstituted infliximab slowly)	0.4- 4 mg/mL	Minimum of 2 hours (for first dose: may follow titration rate per HM standard)	3 hr. (Infusion should begin within 3hr of reconstitution & dilution.)	24 hr. (14 days have been documented in one study)	Risk of hypersensitivity reactions, premedicate appropriately Infuse using in-line low protein **binding filter (≤1.2 micron)** Do not shake Do not dilute reconstituted infliximab solution with any other diluent Contraindicated in moderate to severe heart failure Do not infuse with other agents	Lexicomp
Interferon alfa-2b **(Intron A)** **REF**	RTU Mix 10 million units vial, 18 million units vial or 50 million units vial with 1 mL of SWFI	 10 million units/mL 18 million units/mL 50 million units/mL	NS 100 mL	Must be ≥ 10 million units/100 mL	20 minutes	IV: Immediate Use	IV: 24 hr.	Refer to package insert for specific route (IM or SQ) if needed Not all routes are available for all dosage forms	Lexicomp
Ipilimumab **(Yervoy)** **REF**	RTU 50 mg 100 mg	5 mg/mL	QS with NS	1-2 mg/mL	90 minutes (melanoma) 30 min (colorectal, hepatocellular, NSCLC or renal ca)	24 hr.	24 hr.	Drug must sit at RT for 5 minutes prior to admixing Do not shake Administer with low protein binding, **0.2-micron filter**	Lexicomp

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Irinotecan **(Camptosar)** **RT**	RTU 40 mg 100 mg 300 mg	20 mg/mL	D5W 500 mL	0.12-2.8 mg/mL	90 minutes	24 hr. (in D5W)	48 hr. (in D%W)	Irritant Protect from light (does not require light protection in admin) Do not REF dose diluted in NS, drug may PPT	Lexicomp
Irinotecan liposomal **(Onivyde)** Sound-alike, look-alike warning: do not confuse with irinotecan (Camptosar) **REF**	RTU 43 mg/10 mL (10 mL)	4.3 mg/mL	D5W or NS 500 mL	N/A	90 min	4 hr.	24 hr.	Mix by gentle inversion, protect diluted solution from light Allow diluted solution to come to RT prior to administration	
Ixabepilone **(Ixempra)** **REF**	Use supplied diluent: 15 mg vial: 8 mL 45 mg vial: 23.5 mL (reconstitute only with supplied diluent) (vials must be allowed to warm to RT for 30 min prior to constitution)	2 mg/mL	QS with LR to ~250 mL in non-DEHP bag	0.2-0.6 mg/mL	3 hours (If the dose > 40 mg/m^2, infuse over 4 hrs.)	6 hr. (if pH is maintained 6-9)	No data	Irritant Use non-DEHP administration set (e.g. polyethylene); filter with **a 0.2 to 1.2-micron inline filter** Protect from light (does not require light protection in admin)	Lexicomp
Lecanemab (Leqembi®)	Withdraw the required volume of LEQEMBI from the 100 mg/mL vial(s) and add to an infusion bag containing 250 mL of 0.9% Sodium Chloride Injection, USP	Each vial contains a LEQEMBI concentration of 100 mg/mL	0.9% Sodium Chloride Injection, USP	variable	1 hour	4 hours	4 hours	terminal low-protein binding 0.2 micron in-line filter	Package insert

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Leucovorin calcium (folinic acid) *(non-chemo)* **RT** Sound-alike, lookalike warning: do not confuse with levoleucovorin (Fusilev)	RTU 100 mg/10 mL (10 mL) 500 mg/50 mL (50 mL) Or use solid powder: 100 mg vial: mix with 10 mL SWFI 200 mg vial: mix with 20 mL SWFI 350 mg vial: mix with 17.5 mL SWFI	10 mg/mL 10 mg/mL 10 mg/mL 10 mg/mL 20 mg/mL	D5W or NS 50-500 mL (for methanol toxicity, dilute in D5W)	2-10 mg/mL	May give as IM, IV push IV infusion: 15 minutes - 2 hours (maximum rate of 160 mg/min due to calcium content)	No data	No data (7 days if prepared in BSWFI in one study)	Not intended for intrathecal use Store refrigerated Protect from light Leucovorin should not be mixed in same infusion as fluorouracil Leucovorin should not be administered concurrently with methotrexate Commonly initiated 24 hours after start of methotrexate (toxicity to normal tissues may be irreversible if leucovorin is not initiated by ~40 hours after the start of methotrexate NOT cytotoxic	Lexicomp
Levoleucovorin (Fusilev) *(non-chemo)* Sound-alike, lookalike warning: do not confuse with leucovorin **RT**	RTU 175 mg/17.5 mL (17.5 mL) 250 mg/25 mL (25 mL) Or use solid powder: Mix 50 mg vial with 5.3 mL PFNS Mix 175 mg with 3.6 mL PF NS Mix 300 mg with 6.2 mL PF NS	10 mg/mL 10 mg/mL 50 mg/mL 50 mg/mL	NS	0.5-5 mg/mL	Slow IV push or infusion: > 3 minutes Usual duration: 2 hours (maximum rate of 160 mg/min due to calcium content)	NS: 4 hr. D5W: 4 hr. Lyophilized powder: 12 hr. in NS (4-12 hrs. in D5W)	No data available	Do not administer intrathecally NOT cytotoxic Do not prepare with other products in the same admixture; may cause PTT	Lexicomp
Loncastuximab tesirine (Zylonta) **REF**	10 mg vial: mix with 2.2 mL SWFI	5 mg/mL (gentle swirl, do not shake)	D5W 50 mL	N/A	30 min	8 hr	24 hr	Infuse through a dedicated line with low-protein binding 0.2 or 0.22 micron in-line or add-on filter and catheter. Do not infuse with other medications Loncastuximab tesirine does **not** have incompatibilities with PVC, polyolefin, or copolymer of ethylene and propylene	Lexicomp

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Lurbinectedin (Zepzelca) **RT**	4 mg vial: 8 mL of SWFI	0.5 mg /mL	NS or D5W	100 mL (central line) or ≥ 250 mL (peripheral line)	60 minutes	24 hr.	24 hr.		Lexicomp
Luspatercept (Reblozyl) **REF** Allows to stand 15-30 min at RT prior to use	25 mg vial with 0.68 mL SWFI 75 mg with 1.6 mL SWFI	50 mg/mL	N/A	50 mg/mL	N/A (subcutaneous injection)	8 hr.	24 hr.	Doses requiring larger reconstituted volumes (>1.2 mL) should be divided into separate syringes Direct stream onto powder and allow to stand for 1 minute. Gently swirl for 30 seconds, let vial sit for additional 30 seconds. repeat until powder is completely dissolved	Lexicomp
Margetuximab (Margenza) **REF**	RTU 250 mg/10 mL (10 mL)	25 mg/mL	NS 100 mL or NS 250 mL (based on final conc.)	0.5 – 7.2 mg/mL	Initial dose: 120 minutes; infuse subsequent doses over at least 30 minutes.	4 hr	24hr	Infuse via a sterile, nonpyrogenic, low-protein binding polyethersulfone 0.2 micron (in-line or add-on) filter. May use non-PVC bag made with polyolefins (polyethylene and polypropylene) and polyamide or polyolefins Do not administer as an IV push or bolus	Lexicomp
Mechlorethamine (Mustargen) **RT**	10 mg vial with 10 mL SWFI Use immediately (IV solution decomposes rapidly)	1 mg/mL	Straight drug; Do not dilute- due to short stability, give iv push	1 mg/mL syringe Give iv push (free flowing IV at gravity)	IV push: 3-5 minutes in free flowing IV fluid	Immediate use	Immediate use	Vesicant Protect from light Use immediately (IV solution decomposes rapidly) Infusion of the drug is **not** recommended (phlebitis, venous irritation)	Lexicomp

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Melphalan **(Alkeran)** (Product preparation, storage, and dosing may differ between formulations) **RT**	Mix 50 mg vial with 10 mL of supplied diluent Time between reconstitution/dilution and administration must be kept to a minimum (reconstituted and diluted solutions are unstable)	5 mg/mL	NS 250 mL	≤ 0.45 mg/mL	15-20 minutes	4 hrs.	Do not REF (may PPT)	Irritant Do not mix or combine formulations Protect from light Shake vigorously	Lexicomp
Mesna **(Mesnex)** *(non-chemo)* **RT**	RTU 100 mg	100 mg/mL	NS	1-20 mg/mL (if given together with ifosfamide in same bag, ifosfamide final conc. ≤ 50 mg/mL)	May be administered as an IV bolus (5- 15 min), short infusion (30 min) or as continuous infusion (12-2 4 hrs.) (may be given12-24 hrs. after completion of ifosfamide infusion)	Varies (24 hr. in one study) (follows USP 797 beyond-use-date rule)	Varies (48 hr. in one study) (follows USP 797 beyond-use-date rule)	IV bolus dose is equal to 20% of the ifosfamide dose at the time of ifosfamide administration (may give after ifosfamide infusion and 4 and 8 hours after each dose) Total dose of mesna is 60% of ifosfamide dose (as intermittent infusion) May also be given continuous infusion	Lexicomp

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Methotrexate **(Trexate)** **RT**	RTU 50 mg 250 mg 1 g Must use PF NS or SWFI if using for intrathecal or intraventricular chemotherapy and if dose used is ≥ 1 g/m2	IV: 25 mg/mL IV: 100 mg/mL (high dose)	Bolus: NS 100 mL(bolus) Continuous infusion: 1,000 mL IT: QS with PF NS to a final volume of up to 6 mL Intra-ventricular: QS with NS or SWFI to a final volume of up to 3-6 mL	25 mg/mL IT: 8 hours	Slow push: 10 mg/minute Bolus infusion: 15 minutes 24-hour continuous infusion (Route and rate of administration depends on indication and/or protocol; refer to specific references)	IV: 24 hr. IT: immediate use (no data per USP 797 rule, 4 hrs. has been suggested in one facility)	No data	High dose should be followed by leucovorin calcium rescue to prevent toxicity Protect from light Light (does not require light protection in administration)	Lexicomp
Mirvetuximab Soravtansine-gynx **(Elahere™)** **RT or REF**	RTU 100 mg/20 mL single-use vial	5 mg/mL	IV: D5W 500 mL	1-2 mg/mL	First dose: 1 mg/min If well tolerated after 30 min, increase to 3 mg/min If well tolerated after 30 min, increase to 5 mg/min (Max rate) (Subsequent infusions should be started at the maximally tolerated rate)	IV: 8 hrs	IV: 12 hrs	Hazardous – Handle with care 0.2 or 0.22 µm polyethersulfone (PES) in-line filter Do not shake (If refrigerated, allow the infusion bag to reach room temperature prior to administration)	Lexicomp
Mitomycin **(Mutamycin)** **RT**	5 mg vial: SWFI 10mL 20 mg vial: SWFI 40 mL 40 mg vial: SWFI 80mL Intravesical: 40 mg in 20 mL NS or SWFI (40 mg in 40 mL NS or SWFI has been used) Intraocular: see appendix A	IV: 0.5mg/mL Intravesical: 2 mg/mL (1 mg/mL has been used) Intraocular: 0.2mg/mL (0.02%) 0.4 mg/mL (0.04%)	IV: NS 50 mL (may also dilute in sodium lactate) Intravesical: mitomycin 40 mg in 20 mL NS/SWFI 40 mg in 40 mL NS/SWFI has been used Intraocular conc.: see appendix A	IV: 0.02 - 0.04 mg/mL Intravesical: 2 or 1 mg/mL Intraocular: 0.2mg/mL (0.02%) and 0.4 mg/mL (0.04%)	IV: 15 minutes Intravesical: 1-2 hours	IV: 12 hr. (NS) or 24 hr. (sodium lactate) Intravesical: Immediate use Intraocular: Immediate use	IV: No data Intravesical: no data Intraocular: no data	Vesicant Shake to dissolve Protect from light Vesicant	Lexicomp Au J et al

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Mitoxantrone **(Novantrone)** **RT**	RTU 20 mg MDV 25 mg MDV 30 MDV	2 mg/mL	NS or D5W 100 mL	0.5 mg/mL	15 minutes	7 days (immediate use per drug manufacturer)	7 days (immediate use per drug manufacturer)	Do not administer intrathecally, subcutaneously, intramuscularly or intra-arterially Vesicant Protect from light Do not mix with other drugs	Lexicomp
Mosunetuzumab-axgb (Lunsumio)	1 mg/ 1 mL single-use vial 30 mg/ 30 mL single-use vial RTU	1 mg / mL	0.9% sodium chloride or 0.45% sodium chloride	Variable See package insert for chart	Variable Cycle 1: over minimum of 4 hours Cycle 2+: administer over 2 hours if cycle 1 well tolerated	(immediate use per drug manufacturer) Solutions may be stored at 9ºC to 30ºC (48ºF to 86ºF) for up to 16 hours	(immediate use per drug manufacturer) Store intact vials at 2ºC to 8ºC (36ºF to 46ºF). Do not freeze. Store in original carton to protect from light. Solutions may be stored at 2ºC to 8ºC (36ºF to 46ºF) for up to 24 hours	Do not use an in-line filter to administer LUNSUMIO Only use infusion bags made of polyvinyl chloride (PVC) or polyolefin (PO) such as polyethylene (PE) and polypropylene. Allow solution to reach room temperature prior to infusion	PI
Moxetumomab Pasudotox **(Lumoxiti)** **REF**	Mix each vial (1 mg) with 1.1 mL SWFI Add 1 mL IV solution stabilizer to 50 mL NS infusion bag (before adding reconstituted drug)	1 mg/mL	NS 50 mL	N/A	30 minutes	4 hr.	24 hr.	Do not reconstitute with other solutions Flush line with NS (same rate as infusion) to ensure entire dose delivered Protect from light during storage Do not shake Do not mix with other drugs	Lexicomp

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Natalizumab **(Tysabri)** *(non-chemo)* *REMS program (TOUCH)* **REF**	RTU 300 mg/15 mL	20 mg/mL	NS 100 mL	2.6 mg/mL	60 minutes	Immediate use	8 hr. No data	Do not administer by IV bolus or push Do not shake Protect from light Patient, prescriber, and facility must be enrolled in REMS program (TOUCH) Allow solution to warm to RT prior to administration	Lexicomp
Nelarabine **(Arranon)** **RT**	RTU 250 mg	5 mg/mL	Straight drug Do NOT further dilute Transfer dose to an empty PVC or glass infusion container	N/A	hours (adults) 1 hr. (pediatrics)	8 hr.	No data	Irritant Do not dilutee	Lexicomp
Nivolumab **(Opdivo)** **REF**	RTU 40 mg 100 mg 240 mg	10 mg/mL	NS 100 mL NS	1-10 mg/mL	30 min	8 hr.	24 hr.	Administer with 0.1 to 1.2-micron low protein binding in-line filter Do not shake Protect from light When administered in combination with ipilimumab, infuse nivolumab first followed by ipilimumab on the same day Discard if cloudy or has color change (should be clear to pale yellow) Do not administer other medications through the same IV line	Lexicomp

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Nivolumab/Relatlimab-rmbw (Opdualag)	Nivolumab 240 mg and relatlimab rmbw 80 mg per 20 mL (20 mL)	240-80 mg/20 mL (per mL)	Dilute with NS or D5W. The concentration for administration should range from 3 to 12 mg/mL (nivolumab component) and from 1 to 4 mg/mL (relatlimab component); the maximum infusion volume should be 160 mL	The concentration for administration should range from 3 to 12 mg/mL (nivolumab component) and from 1 to 4 mg/mL (relatlimab component	Infuse over 30 minutes via an IV line containing a sterile, nonpyrogenic, low protein binding polyethersulfone, nylon, or polyvinylidene fluoride 0.2 to 1.2 micrometer inline filter. Flush IV line at the end of the infusion	8 hrs	24 hrs	Infuse over 30 minutes via an IV line containing a sterile, nonpyrogenic, low protein binding polyethersulfone, nylon, or polyvinylidene fluoride 0.2 to 1.2 micrometer in-line filter. Flush IV line at the end of the infusion. Do not administer other medications through the same IV line. Monitor for signs/symptoms of infusion-related reactions.	Lexicomp
Obinutuzumab (Gazyva) **REF**	RTU 1,000 mg/40 mL	25 mg/mL	100 mg dose (cycle 1, day 1 dose): 4 mL of drug added to NS 100 mL 900 mg dose (96 mL of drug) in cycle 1, day 2 dose) or 1,000 mg dose (cycle 1 day 8 and 15) and all subsequent cycles): NS 250 mL	25 mg/mL	CLL: starts at 25 mg/hr. (1st dose), up to max 400 mg/hr. NHL: starts at 50 mg/hr. (1st dose), up to max 400 mg/hr. (Rate of administration depends on indication and/or protocol; refer to specific references)	Immediate Use	24 hr.	Do not administer IV push or as a bolus May use PVC or non-PVC tubing/bag Do not shake, do not Freeze Administer through dedicated iv line (do not mix with other medication) Do not use D5W	Lexicomp
Ocrelizumab (Ocrevus) **REF**	RTU 300 mg/10 mL	300 mg dose: withdraw 10 mL from vial into 250 mL NS 600 mg vial: withdraw 20 mL from vial into 250 mL NS	300 mg: 250 mL NS 600 mg: 500 mL NS	N/A	Initial 2 doses (300 mg): 30 mL/hr., increase by 30 mL/hr. q30 min to maximum 180 mL/hr. Subsequent doses (600 mg): 40 mL/hr., increase by 40 mL/hr. q30 min to maximum 200 mL/hr.	Immediate use	≤ 24 hrs. + additional 8 hr. at RT	Administer diluted solution through a separate IV line using a 0.2- or 0.22-mcm inline filter	Lexicomp

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Ofatumumab **(Arzerra)** **REF**	RTU 100 mg 1,000 mg	20 mg/mL	1,000 mL	2 mg/mL	Incremental (rate of administration depends on indication and/or protocol; refer to specific regimen)	Immediate use	24 hr.	Do not administer IV push, IV bolus, or as a subcutaneous injection Protect from light Filter during administration with manufacturer provided filter Administer with 0.2-micron low protein binding in-line filter Do not shake Do not mix with or infuse with other medications	Lexicomp
Olaratumab **(Lartruvo)** **REF**	RTU 190 mg/19 mL 500 mg/50 mL	10 mg/mL	NS 250 mL (NS only)	N/A	60 minutes	No data	24 hr. (+ additional 4 hrs. at RT)	Do not infuse as an IV push or bolus Do not shake Allow infusion solution to reach RT prior to administration Do not co-administer with electrolytes or other medication	Lexicomp
Oxaliplatin **(Eloxatin)** **RT**	RTU 50 mg 100 mg	5 mg/mL	D5W 500 mL (may use 250 mL)	0.2-0.7 1.3 mg/mL	2 hours (Extend to 6 hrs. for acute toxicities)	6 hr.	24 hr.	Irritant with vesicant like properties Do not use needles or administration sets containing aluminum When used in combination with a fluoropyrimidine (e.g. fluorouracil), infuse oxaliplatin first	Lexicomp

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Paclitaxel **(Taxol)** **RT**	RTU 30 mg 100 mg 150 mg 300 mg	6 mg/mL	NS or D5W 250-500 mL (Use non-DEHP bag)	0.3 – 1.2 mg/mL	1-3 hours (depending on indication/protocol; 24-hr rate has been used, associated with erratic PPT)	27 hrs.	No data	Irritant with vesicant like properties Infuse through a **0.22-micron in-line filter** and non-PVC administration set Sequence of administration may vary by regimen; refer to specific regimen for sequence recommendation Non-DEHP bag and tubing use Taxol primary tubing with inline filter 0.2 micron	Lexicomp
Paclitaxel nanoparticle albumin bound (nab) **(Abraxane)** *Also known as solvent-free or surfactant-free paclitaxel* **RT**	Mix 100 mg vial with 20 mL NS	5 mg/mL	Straight drug; Do not dilute (Use of non-DEHP containers or administration sets is not necessary)	N/A	30 minutes	4 hr.	24 hr.	Irritant Protect from light Do not filter Sequence of administration may vary by regimen; refer to specific protocol for sequence of administration Paclitaxel nab should be given first, followed immediately by carboplatin (NSCLC) or gemcitabine (pancreatic cancer) Inject 20 mL air into empty container (to minimize waste) is advised	Lexicomp
Pamidronate **(Aredia)** *(non-chemo)* **RT**	RTU 30 mg 60 mg 90 mg Or mix 30 mg vial and 90 mg vial with 10 mL SWFI	3 mg/mL 9 mg/mL	NS 500-1,000 mL	0.06-0.18 mg/mL	2- 4 hrs. (minimum 2 hrs.) Up to 24 hrs has been given	24 hr.	No data	Irritant Corrected Calcium levels should be calculated before determining dose Caution with renal impairment	Lexicomp

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Panitumumab **(Vectibix)** **REF**	RTU 100 mg 400 mg	20 mg/mL	Doses ≤ 1,000 mg: NS 100 mL Doses >1000 mg: NS 150 mL	≤ 10 mg/mL	Doses ≤ 1,000 mg: 1st dose: 60 min Subsequent: 30 -60 min Dose > 1,000 mg: 90 min	6 hr.	24 hr.	Do not administer IV push or as a bolus Administer through a **0.2 or 0.22 micron in-line filter** Doses > 1,000 mg over 90 min in NS 150 mL Do not shake Protect from light Administer through 0.22-micron filter	Lexicomp
Pegaspargase **(Oncospar)** *Asparaginase- no longer used in HHS* **REF**	RTU 3750 units vial (750 units/mL, 5 mL)	750 units/mL	NS 100 mL		2 hours	48 hr.	48 hr.	Do not administer IV push Do not filter Protect from light IM: max volume per syringe = 2 mL Do not give as IV Push	Ikesue H et al
Pemetrexed **(Alimta)** **RT**	NS (PF): 100 mg vial: 4.2 mL 500 mg vial: 20 mL	25 mg/mL	QS with NS to 100 mL	2 – 20 mg/mL	10 min	Immediate use	24 hr.	Use in-line filter	Lexicomp
Pembrolizumab **(Keytruda)** **REF**	RTU 100 mg/4 mL (4 mL)	25 mg/mL	NS 100 mL	1-10 mg/mL	30 min	6 hr.	24 hr.	Infuse through a **0.2 to 5 micron inline or add-on filter** Do not shake, allow up to 5 min for bubbles to dissipate Protect from light during storage (no light protection in admin) Allow to reach RT prior to administration Do not infuse other medications through the same infusion line	Lexicomp

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Pemivibart (Pemgarda)									See FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION OF PEMGARDA
Pentostatin (Nipent) **REF**	Mix 10 mg vial with 5mL SWFI	2 mg/mL	NS 50 mL	0.18-0.33 mg/mL	30 minutes	8 hr.	No data	Stable for 24 hrs. in D5W	Lexicomp
Pertuzumab (Perjeta) **REF**	RTU 420 mg/14 mL vial	420 mg/14 mL (30 mg/mL)	NS 250 mL		Loading dose (840 mg): 60 minutes Maintenance dose (420 mg): 30-60 minutes	Immediate Use	24 hr.	Do not administer IV push or as a rapid bolus Incompatible with D5W Do not shake Do not mix with other medications May use PVC or non-PVC bag (regular secondary tubing) Pertuzumab and trastuzumab may be administered in any order; however, docetaxel should be given after pertuzumab and trastuzumab Protect from light (only for storage)	Lexicomp

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Pertuzumab, trastuzumab and hyaluronidase **(Phesgo)** **REF**	RTU Loading: pertuzumab 1,200 mg, trastuzumab 600 mg, hyaluronidase 30,000 units Maintenance: pertuzumab 600 mg, trastuzumab 600 mg, hyaluronidase 20,000 units	Loading: Pertuzumab 80 mg, trastuzumab 40 mg, and hyaluronidase 2,000 units per mL (15 mL) Maintenance: Pertuzumab 60 mg, trastuzumab 60 mg, and hyaluronidase 2,000 units per mL (10 mL)	N/A	15 ml (loading) 10 ml (maintenance)	Loading: 8 minutes Maintenance: 5 minutes	4 hrs. (if not used immediately)	24 hrs. (if not used immediately)	Do not administer by another route, SQ only Do not freeze Avoid unnecessary storage Do not interchange with **Fam-trastuzumab deruxtecan**	Lexicomp
Polatuzumab vedotin **(Polivy)** **REF**	Mix each vial (140 mg) with 7.2 mL SWFI	20 mg/mL	NS, minimum 50 mL	0.72 – 2.7 mg/mL	Initial: 90 minutes (monitor for infusion reaction for at least 90 min after completion) If tolerated initial: 30 minutes for subsequent doses (monitor for at least 30 min after completion) After infusion reaction resolution: Resume at 50% of prior rate	4 hr. (in NS)	24 hr. (in NS)	Admin antihistamine and antipyretic 30-60 min prior to each infusion If infusion reaction occurs, interrupt infusion and administer supportive treatment Use line with sterile, non-pyrogenic, **low-protein binding inline or add-on 0.2- 0.22-micron filter** Gently invert bag to mix; do not shake	Lexicomp
Porfimer **(Photofrin)** **RT**	Mix 75 mg vial with 31.8 mL NS	2.5 mg/mL	Straight drug; Do not dilute	2.5 mg/mL	3-5 min	Immediate Use	No data	Protect from light Shake well until dissolved	Lexicomp
Pralatrexate **(Folotyn)** **REF**	RTU 20 mg 40 mg	20 mg/mL	Straight drug, do not dilute	20 mg/mL	3-5 min	Immediate Use	No data	Protect from light	Lexicomp

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Ramucirumab **(Cyramza)** **REF**	RTU 500 mg 1,000 mg	10 mg/mL	NS QS to 250 mL	N/A	60 minutes (30 min in subsequent if tolerated)	4 hr.	24 hr.	Do not administer as an IV push or bolus Administration via **0.22micron or less protein sparing filter** (e.g. primary non-DEHP tubing with 0.2-micron filter) is recommended Do not shake Do not use D5W Do not infuse in the same IV line with electrolytes or other medications Administer prior to docetaxel, paclitaxel, or FOLFIRI if administering in combination	Lexicomp
Rasburicase **(Elitek)** *(non-chemo)* **REF**	Supplied diluent: 1.5 mg vial: 1 mL 7.5 mg vial: 5 mL (for cost saving, dose is ordered in flat dose, e.g., 3 mg, 6 mg)	1.5 mg/mL	QS with NS to 50 mL	N/A	30 minutes	No data available	24 hr.	Do not administer as a bolus infusion Do not shake or vortex Not considered cytotoxic chemotherapy **Do not use filter** Administer through a separate line if possible	Lexicomp
Ravulizumab-cwvz **(Ultomiris)** **REF**	RTU 300 mg	300 mg/30 mL	NS	5 mg/mL	Infusion rate is weight-based (refer to Lexicomp)	6 hr.	24 hr.	Allow solution to adjust to RT prior to infusion Do not shake Protect diluted solution from light	Lexicomp
Risankizumab-rzaa (Skyrizi)	Withdraw 10 mL Risankizumab from vial and add to infusion bag or glass bottle of D5W	600 mg/10mL in 100, 250, or 500 mL	D5W	1.2-6 mg/mL	Infuse over at least 1 hour	8 hr.	20 hr.	Allow solution to reach RT prior to infusion Do not shake Protect from light Do not freeze	Lexicomp

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Rituximab **(Rituxan)** **REF**	RTU 100 mg 500 mg	10 mg/mL	QS with NS to 1 mg/mL final conc. Rapid rate: mix dose in 250 mL NS	1-4 mg/mL; (standard: to admix as 1 mg/ mL infusion)	First Infusion: 50 mg/hr. If tolerated, increase by 50 mg/hr. q30 min to max of 400 mg/hr. Subsequent Infusions: 100 mg/hr. If tolerated, increase by 100 mg/hr. q30-min to max of 400 mg/hr. Rapid rate: 90 min	24 hr.	24 hr.	Do not administer IV push or bolus Refrigerate	Lexicomp
Rituximab and hyaluronidase (Rituxan Hycela) **REF**	RTU Rituximab 1,600 mg/hyaluronidase 26,800 units (CLL) Rituximab 1,400 mg/hyaluronidase 23,400 units (DLBCL)	Rituximab 1,600 mg/hyaluronidase 26,800 units (CLL) Rituximab 1,400 mg/hyaluronidase 23,400 units (DLBCL)	N/A	N/A	SQ 5-7 min	Immediate use (within 8 hrs.)	48 hr. (+ additional 8 hrs. at RT)	Rituximab/hyaluronidase (for subcutaneous administration) and rituximab (for IV administration) are not interchangeable To avoid clogging the needle, change the needle to a 1/2-inch to 5/8-inch needle	Lexicomp
Romidepsin **(Istodax)** **RT**	Mix 10 mg vial with 2mL of supplied diluent	5 mg/mL	NS 500 mL		4hr	24 hr.	No data available		Lexicomp
Romiplostim (Nplate) *(non-chemo)* **REF**	SWFI: 250 mcg (0.72 mL) 500 mcg (1.2 mL)	500 mcg/mL	N/A	N/A	N/A	24 hr.	24 hr.	SQ: Administration volume may be small; use appropriate syringe (with graduations to 0.01 mL) for administration Do not use BSWI Do not shake Protect reconstituted solution from light	Lexicomp

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Rozanolixizumab **(Rystiggo)**									See package insert or Lexicomp
Sacituzumab govitican **(Trodelvy)** **REF**	Mix 180 mg vial with 20 mL NS	10 mg/mL	NS 500 mL	1.1-3.4mg /mL	3 hrs. (1- 2 hrs. if well tolerated)	4 hrs. (including infusion time)	4 hrs. (including infusion time)	Do not administer IV push or bolus Do not administer with other medications If the required dose is >1.7 g, divide the dose equally between two 500 mL infusion bags and infuse sequentially Observe patients during for at least 30 min after each infusion	Lexicomp
Secukinumab IV(Cosentyx)									See package insert or Lexicomp
Streptozocin **(Zanosar)** **REF**	Mix 1 gm vial with 9.5 mL NS	100 mg/mL	NS 50-250 mL	100 mg/mL	Over at least 15 min to 6hrs (may give as raid IV push)	No data (6 hrs. per USP 797 beyond use date data)	No data	Refrigerate Vesicant	Lexicomp

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Tafasitamab (Monjuvi) **REF**	Mix 200 mg with 5 mL SWFI	40 mg/mL	NS 250 mL	2-8 mg/mL	Infuse initial infusion at 70 mL/hr for the first 30 min, then increase rate so infusion is administered within 1.5- 2.5 hrs Infuse subsequent infusions over 1.5-2 hrs	12 hrs.	18 hrs.	Protect from light during storage Gently swirl vial until completely dissolved; do not shake or swirl vigorously Complete dissolution may take ~5 minutes Determine the volume of reconstituted solution needed for the dose; remove a volume equal to the required dose from a 250 mL NS infusion bag and discard it Do not administer other medications through the same infusion line No incompatibilities have been observed between tafasitamab and infusion sets made of polyurethane (PUR) or PVC	Lexicomp

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Talimogene laherparepvec (Imlygic) Frozen Stored in ultra-low freezer at -90°C to -70°C (-130°F to -94°F)	RTU	10^6 (1 million) PFU/mL 10^8 (100 million) PFU/mL	Straight drug (undiluted)	Syringe with straight drug	N/A (intralesional injection)	After thawing, prepare and administer TVEC immediately, or protect from light and store in original vials no longer than the specified times below: Thawed vials are stable at **RT**, when protected from light: 10^6 (1 million) PFU/mL: 12 hrs 10^8 (100 million) PFU/mL: 24 hrs	Thawed vials are stable **REF**, when protected from light: 10^6 (1 million) PFU/mL: 24 hrs 10^8 (100 million) PFU/mL: 7 days	Protect from light Do not shake Dispense individuals doses in separate syringes Thaw frozen vials at room temperature (~90 min) Must not be refrozen 1 million PFU/mL vial for initial dose only and 100 million PFU/mL vial for subsequent doses	Lexicomp

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Teclistamab (Tecvayli)	RTU 30 mg/3mL vial 153 mg/1.7mL vial	30 mg/3mL 153 mg/1.7mL	N/A	N/A	SQ 5 min	20 hr	20hr	Doses requiring >2 mL total volume should be equally divided into multiple syringes Do not shake vials SQ: Allow to warm to RT for 15 min	Lexicomp
Temozolomide (Temodar) **REF**	Mix 100 mg vial with 41 mL of SWFI	2.5 mg/mL	Straight drug; Do not dilute	2.5 mg/mL	90 minutes	14 hr. (must be completed within 14 hrs. of reconstitution)	No data	Bring vial to room temperature RT before prior to reconstitution Do NOT shake Do not administer other medications through the same IV line	Lexicomp
Temsirolimus (Torisel) **REF**	Mix 1.8 mL of supplied diluent to 30 mg/1.2 mL vial (Do not add undiluted temsirolimus to aqueous solution)	10 mg/mL	NS 250 mL (Use non-DEHP bag)	N/A	30 - 60 minutes	6 hr.	No data	Protect from light during storage, preparation, and handling Protect from light Must use non-PVC bags and tubing, use primary Taxol tubing with **inline filter (0.2 2 micron)** Avoid excessive shaking	Lexicomp
Teniposide (Vumon) **REF**	RTU 10 mg/mL (5 mL)	10 mg/mL	NS 250 – 500 mL (Use non-DEHP bag) QS with NS to final concentration of 0.1 mg/mL, 0.2 mg/mL, 0.4 mg/mL, or 1 mg/mL	0.1 mg/mL 0.2 mg/mL 0.4 mg/mL 1 mg/mL	30 - 60 minutes	≤ 0.4 mg/mL-24hr > 0.4 mg/mL-4hr	Do not REF	Do not administer by rapid IV injection Irritant	Lexicomp

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Thiotepa **(Thioplex)** **REF**	SWFI: 15 mg vial: 1.5 mL 30 mg vial: 3mL 100 mg: 10 mL	~10 mg/mL (actual concentration = 10.4 mg/mL due to overfill)	IV: NS only 50 mL (if dose < 250 mg) IT: PF NS 10 mL Intravesical: NS 30 - 60 mL	IV: 0.5 -1 mg/mL (consult protocol if high dose is used) IT: 1 mg/mL Intravesical: 1 – 2 mg/mL Irrigation: 1 mg/mL	IV: 15 minutes Intravesical: 1-2 hrs.	IV: 4 hr. Intravesical: immediate use, no data IT: 4 hrs. (per USP 797)	24 hr.	Irritant Use **0.22-micron filter** during preparation Intravesical: Instill directly into the bladder and retain for 2 hours For IT doses use PFNS Contains N, N-dimethylacetamide, which may be incompatible with some closed system transfer devices (CSTDs), consult CSTD manufacturer	Lexicomp
Tocilizumab **(Actemra)** *(non-chemo)* **REF**	RTU 80 mg/4 mL 200 mg/ 10 mL	20 mg/mL	Children <30 kg: NS 50 mL total or children ≥30 kg and adults: NS 100 mL total (must withdraw equal volume of NS for the volume of drug required)	N/A	60 minutes	24 hr.	24 hr.	Do not administer IV push or IV bolus Allow diluted solution for infusion to reach RT prior to administration Protect from light storage Infuse through dedicated IV line	Lexicomp
Tofersen (Qalsody	RTU 100 mg/15 mL	6.7 mg/mL	Do not dilute	n/a	intrathecal bolus injection over 1 to 3 minutes	immediately (within 4 hours of removal from the vial)	n/a	External filters are not required	Package insert
Topotecan **(Hycamtin)** **RT**	RTU 4 mg/4 mL (4 mL) PF form is available for IT route	1 mg/mL	NS 50 mL	N/A	30 minutes	Lyophilized powder: IV: 24 hrs. IT: 4 hrs. (or per USP 797 beyond use date guideline)	IV: 7 days	Irritant Protect from light For IT route, use PF NS	Lexicomp

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						RT	REF		
Trabectedin **(Yondelis)** **REF**	Mix 1 mg vial with 20 mL SWFI	0.05 mg/mL	NS 500 mL (inpatient use) If ordered as CADD pump for outpatient use: must order administration set 21-7394-24 directly from InfusSystem to attach to NS 500 mL bag, no cassette is required	N/A	Soft tissue sarcoma: 24 hrs. Ovarian cancer: 3 hrs. Continuous infusion over 24 hrs.	Complete infusion within 30 hrs. of drug reconstitution	No data available	Vesicant Prime in non-PVC, non DEHP bag with polyethersulfonate (e.g. primary paclitaxel tubing with filter) **inline 0.22-micron filter** Shake until completely dissolved Combination therapy with doxorubicin liposomal: Administer doxorubicin liposomal first (flush line with D5W) then follow with trabectedin infusion Do not mix with other medications	Lexicomp
Trastuzumab **(Herceptin)** Sound-alike, look-alike warning: do not confuse with ado- trastuzumab emtansine (Kadcyla) **REF**	Mix 150 mg SDV with 7.4 mL SWFI Or mix 420 mg MDV with 20 mL BSWFI (use SWFI if pt. has hypersensitivity to benzyl alcohol) Trastuzumab intrathecal or Ommaya: do not use manufacturer supplied diluent , use SWFI	21 mg/mL	IV: NS 250 mL IT: SWFI (PF) 6 mL	N/A	Loading dose: 90 minutes Maintenance dose: 30 minutes (if tolerated)	Immediate Use	IV: 24 hr. IT: 8hr	Do not administer IV push or by rapid bolus Do not shake Do not administer with D5W Reconstituted vial stable for 28 days in fridge For IT doses, use PF SWFI Do not mix with any other medications	Lexicomp
Trastuzumab-anns **(Kanjinti)** Sound-alike, look-alike warning: do not confuse with trastuzumab (Herceptin)	Mix 150 mg SDV with 7.4 mL SWFI	21 mg/mL	IV: NS 250 mL	N/A	Loading dose: 90 minutes Maintenance dose: 30 minutes (if tolerated)	Immediate Use	IV: 24 hr.	Do not administer IV push or by rapid bolus Do not shake Do not administer with D5W Do not mix with any other medications	Lexicomp

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Generic name (brand)/storage condition/special warning	Reconstitution and/or RTU information	Reconstitution and/or RTU Concentration	Standard diluent	Final bag/syringe concentration	Standard infusion duration/rate	Stability		Special precautions/filter requirement)	Ref
						RT	REF		
Trastuzumab-???? (Ogivri) Sound-alike, look-alike warning									
Trastuzumab and hyaluronidsae **(Herceptin Hylecta)** **REF**	RTU trastuzumab 600 mg and hyaluronidase 10,000 units per 5 mL (5 mL) Using transfer needle, withdraw solution from vial into syringe	Trastuzumab 600 mg and hyaluronidase 10,000 units per 5 mL (5 mL)	N/A	N/A	Admin SQ over 2-5 min	4 hr.	24 hr.	For SQ use only Alternate injection site between left and right thigh (at least 2.5 cm from previous site) Do not admin other SQ medications at same sites Store in original carton to protect from light Do not shake	Lexicomp
Tremelimumab **(Imjudo)**	Withdraw appropriate tremelimumab dose volume from the vial (do not use if cloudy, discolored or if visible particulates are present) and transfer to IV bag containing NS or D5W	300 mg/15 mL (15 mL) OR 25 mg/1.25 mL (1.25 mL, 15 mL)	NS or D5W is acceptable	Final concentration of 0.1 to 10 mg/mL The final concentration of the diluted solution **should not exceed** 10 mg/mL	Infuse IV over 60 min through IV line	24 hr.	24 hr.	For IV use only low-protein binding 0.2- or 0.22-micron filter Do not freeze Do not shake	Lexicomp
Valrubicin **(Valstar)** **REF**	RTU 40 mg/mL (5 mL) (vials must be thawed at RT for 30 min prior to admixing)	40 mg/mL	800 mg dose (20 mL) added to NS 55 mL(or QS to 75 mL) (Use non-DEHP bag)	14.5 mg/mL	N/A 2 hr.	12 hr.	No data available	For intravesical use only Allow vials to slowly warm to RT prior to use Use non-PVC containers and administration sets Retain in the bladder for 2 hours, then void/drain Do not mix with other drugs	Lexicomp

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Generic name (brand)/storage condition/special warning	Reconstitution and/or RTU information	Reconstitution and/or RTU Concentration	Standard diluent	Final bag/syringe concentration	Standard infusion duration/rate	Stability		Special precautions/filter requirement)	Ref
						RT	REF		
Vedolizumab (Entyvio) *(non-chemo)* **REF**	Mix 300 mg vial with 4.8 mL SWFI (results in 5 mL after dissolving)	60 mg/mL	NS 250 mL	N/A	30 min	12 hr. (in NS)	24 hr. (in NS)	Do not administer by IV push or bolus Do not vigorously shake or invert Do not use the vial if the drug product is not dissolved within 30 minutes Flush with NS 30 mL after infusion	Lexicomp
Vinblastine (Velban) **REF**	RTU 10 mg	1 mg/mL	NS 50 mL	1 mg/mL	15 min	Immediate Use	6 hrs. (per USP 797) (21 days in one study)	FATAL IF GIVEN INTRATHECALLY Vesicant Dispense in a minibag (NOT in a syringe) Protect from light	Lexicomp
Vincristine (Oncovin) **REF**	RTU 1 mg 2 mg	1 mg/mL	Intermittent infusion: NS 50 mL Continuous infusion: NS 500 mL NS (as in infusional EPOCH)	1 mg/mL	15 min	Immediate use	6 hrs. (per USP 797)	FATAL IF GIVEN INTRATHECALLY Vesicant Dispense in a minibag (NOT in a syringe)	Lexicomp
Vincristine liposomal (Marqibo) **REF**	See 25-step process in drug package insert 5 mg/31 mL	0.16 mg/mL	NS or D5W 100 mL	N/A	60 minutes	12 hrs.	No data	FATAL IF GIVEN INTRATHECALLY Do not administer IV push or bolus Irritant **Do not use with in-line filters** Follow package insert for admixing and calibration	Lexicomp

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						RT	REF		
Vinorelbine **(Navelbine)** **REF**	RTU 10 mg 50 mg	10 mg/mL	NS 50 mL	0.5 – 2 mg/mL	6-10 minutes (followed by NS 75-125 mL)	24 hrs.	No data	FATAL IF GIVEN INTRATHECALLY Vesicant	Lexicomp
Zoledronic Acid **(Zometa)** *(non-chemo)* Sound alike look-alike warning: do not confuse with zoledronic 5 mg vial (Reclast) **RT**	RTU 4 mg /5 mL (5 mL) Premixed bag is available: 4 mg/100 mL bag	0.8 mg/mL	NS 100 mL	N/A	15-30 minutes	Immediate use	24 hrs.	Allow solution to reach RT before administration Infuse in a line separate from other medications Caution in patients with renal impairment	Lexicomp

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Appendix A

To prepare a 0.2 mg/mL (0.02%) or 0.4 mg/mL (0.04%) mitomycin eye drop:

(1) Reconstitute 20 mg vial of mitomycin with 40 mL SWI to give a concentration of 0.5 mg/mL
(2) For 0.2 mg/mL (0.02%): transfer 6 mL (3 mg) to a sterile 15 mL eye dropper bottle
Then add 9 mL SWI to the eye dropper bottle to give final conc. of 0.2 mg/mL (0.02%)
(3) For 0.4 mg/mL (0.04%): transfer 12 mL (6 mg) to a sterile 15 mL bottle
Then add 3 mL SWI to the eye dropper bottle to give final conc. of 0.4 mg/mL (0.02%)

Appendix B

Compounding of TACE with doxorubicin liquid formulation

Dose of doxorubicin	# of doxorubicin liquid vial (2 mg/mL) needed	# of LC (or DC) beads (2 mL each vial)	Loading time required for doxorubicin liquid with LC beads 100-300 µm
50 mg	1	1	5 hours
75 mg	2	1	7 hours
100 mg	2	2	No data (presumed > 10 hours)
150 mg	3	2	No data (presumed > 10 hours)

Disclaimer: Follow most recent Houston Methodist guideline whenever there is discordance

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