

Drug	Route: Standard Concentration and Diluent	*End-product BUD* (References and 2023 USP dating applied)	Special Instructions	Attachments/ Tubing and Filters	Aux Labels: ALL Chemotherapy Do Not Tube	Vial Type (Storage prior to use, RT unless noted) Concentration and Size	Vial Reconstitution	Vial Expiration once punctured	Confirm prior to Mixing	Reference I=Insert, T=Trissel, M=MicroMedex, A=Article, F&C=Factors and Comparisons
ado-trastuzumab	IV infusion: 250 mL NS	4 h RT 24 h REF	Do not substitute trastuzumab Do not use dextrose for dilution	0.22 micron in-line (PES) filter	Do not shake	SDV (REF) 160 mg powder	Final Conc: 20 mg/mL 5 mL SWFI in the 100 mg vial 8 mL SWFI in the 160 mg vial Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	Discard unused portion		I (Genentech 7.2024)
Arsenic Trioxide	IV infusion: 100 mL NS	24h RT 48h REF	All supplies & PPE used to admix arsenic must be discarded in a separate BLACK RCRA container - labeled with ARSENIC.			SDV 1 mg/mL, 10 mL vial	Prediluted	Discard unused portion		I (Sagent 11.2022)
Azacitadine	IVPB: 50 or 100 mL NS SubQ: 25 mg/mL	1h RT Infusion must be completed by this time	SubQ: doses requiring more than 1 vial, divide the dose equally between the syringes. Do NOT filter. Do NOT use with Dextrose	SubQ: CSTD with cap		SDV 100 mg vial	IV: Final Conc.: 10 mg/mL 10 mL SWFI SubQ: Final Conc: 25 mg/mL 4 mL SWFI	Discard unused portion	YES	I (Accord c.1.2024)
BCG	Intravesicle- 50 mL NS	2 hr RT	QS to total volume of 50 mL with NS. After compounding this med: BSC deep clean and Hazardous buffer room high touch surfaces must get deactivated, decontaminated, and disinfected before compounding can continue.		Do NOT filter Do NOT shake	SDV (REF) 1 x 10 ⁸ CFU vial Protect from light	Intravesical: Final conc: 1 x 10 ⁸ CFU/mL 1 x 10 ⁸ CFU- 1 mL NS Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	Discard unused portion	YES	I (Merck, c. 12.2023)
Bendamustine	IV injection: 0.49 - 5.6 mg/mL In 50 mL D5W or NS	NS: 6h RT 24h REF D5W: 3h RT 24h REF Infusion must be completed by these times	Allow vial to reach RT prior to use			MDV (REF) 25 mg/mL, 4 mL vial	Prediluted	28 days REF Protect from light No more than 6 doses withdrawals per vial	YES	I (Teva, c. 1.2024)
Bleomycin	IV infusion: In 50 -500 mL NS IV Syringe (PEDS): Straightdraw	24h RT	Not compatible with D5W.		Protect from light	SDV (REF) 15 units powder 30 units powder	Infusion: Final Conc: 3 units/mL 15 units - 5 mL NS 30 units - 10 mL NS	Discard unused portion		I (Hospira, c. 8.2022)
Bortezomib	IV: 1 mg/mL in NS SubQ: 2.5 mg/mL in NS (Brand only)	8h RT	Not for intrathecal administration Only use NS	SubQ: CSTD with cap	Use manufacturer provided stickers based on route of administration	SDV (REF) 3.5 mg powder	IV: Final Conc: 1 mg/mL 3.5 mL NS SubQ: Final Conc: 2.5 mg/mL 1.4 mL NS	8h RT Protect from light Discard unused portion		I (Auromedics, c. 1.2024)
Brentuximab	IV infusion: 0.4 mg/mL - 1.8 mg/mL In 100 mL - 500 mL NS	24h REF	Do NOT shake. Gently invert the bag to mix		Do NOT shake	SDV (REF) 50 mg powder Protect from light	Final Conc: 5 mg/mL 10.5 mL SWFI Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	24h REF		I (Seagen, c. 6.2023)
Busulfan	IV infusion: 0.5 mg/mL in D5W or NS Dilution volume should be 10 times the volume of injection	NS: 8h RT 12h REF D5W: 8h RT Infusion must be completed by these times	Always add busulfan to the diluent, not vice versa - inverting several times to mix Rapid infusion is NOT tested and NOT recommended.	NO polycarbonate-containing syringes, filters, or IV tubing. Incompatible with some CSTDs.	n/a	SDV (REF) 6 mg/mL, 10 mL vial	Prediluted	Discard unused portion	YES	I (Meitheal, c. 6.2021)

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Cabazitaxel	IV infusion: 0.1 mg/mL - 0.26 mg/mL In 250 mL D5W or NS	8 h RT 24h REF Infusion must be completed by these times	Further dilute into a sterile 250 mL PVC-free container of either 0.9% sodium chloride solution or 5% dextrose solution for infusion No PVC infusion sets Gently invert the bag to mix	NON-PVC tubing with 0.2 micron in-line filter	Filter	SDV drug and diluent 60mg/1.5 mL drug	Final Conc: 10mg/mL Use entire contents of supplied diluent direct the needle onto the inside wall of vial and inject slowly to limit foaming, allow foam to dissipate	Discard unused portion		I (Sanofi-Aventis, c. 8.2024)
Carboplatin	IV or IA infusion: > 0.5 mg/mL in 100 mL - 250 mL D5W, or NS	8h RT	Needles or IV sets containing aluminum parts that may come into contact with the drug must NOT be used - BD brand needles, if needed, contains no aluminum			MDV 10 mg/mL, 5 mL vial 10 mg/mL, 15 mL vial 10 mg/mL, 45 mL vial 10 mg/mL, 60 mL vial Protect from light	Prediluted	14 days RT Protect from light		I (Teva c. 1.2016; Hospira c. 6.2024)
Carfilzomib	IV infusion: In 50 mL - 100 mL D5W	4 h RT 24 h REF	Gently invert the bag to mix		Do NOT shake	SDV (REF) 10 mg powder 30 mg powder 60 mg powder Protect from light	Final Conc: 2 mg/mL 5 mL SWFI in 10 mg vial 15 mL SWFI in 30 mg vial 29 mL SWFI in 60 mg vial Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	24 h REF		I (Onyx Pharmaceuticals, c 6.2022)
Carmustine	IV infusion: 0.2 mg/mL in D5W High-Dose > 200mg/m2 in 500 mL D5W	8h RT 24h REF then 6h RT	Protect from light Final product stores in glass or polypropylene containers only	Non-PVC & non-DEHP tubing and bag	Slow infusion Extravasation Protect from light	SDV 100 mg powder	<u>Step 1:</u> dissolve in 3 mL supplied diluent (dehydrated alcohol) <u>Step 2:</u> add 27 mL SWFI for final concentration of 3.3 mg/mL & protect from light	24h REF Protect from light Discard unused portion		I (Heritage/Avet, c. 4.2023)
Cetuximab	IV Infusion: 2 mg/mL	8h RT 12h REF	Pool dose into empty Viaflex bag. Do NOT dilute	Low Protein Binding 0.2 micron in-line filter	Do not shake	SDV (REF) 100 mg/ 50 mL 200 mg/ 100 mL	Prediluted	Discard unused portion		I (ImClone, c 7.2024)
Cidofovir	IV infusion: In 100 mL NS Intralesional: 7.5mg/mL	24h RT or REF	Intralesional: Dispensed in Syringe - no CSTD attached			SDV 75 mg/mL, 5mL:	Prediluted	Discard unused portion		I (Mylan, c. 4.2021)
Cisplatin	IV infusion: 0.05 - 2mg/mL in NS Intraperitoneal: 500 - 1000mL NS	24h RT	Needles or IV sets containing aluminum parts that may come into contact with the drug must NOT be used - BD brand needles, if needed, contains no aluminum NOT compatible with D5W		Vesicant Do not refrigerate	MDV 1 mg/mL, 100 mL vial 1 mg/mL, 50 mL vial Protect from light	Prediluted	28 days RT Protect from light		I (Teva c. 8.2022), F&C, M
Cladribine	IV Infusion: In 500 mL NS	24h RT	Drug must be filtered with a 0.22 micron filter during compounding. Do not mix with D5W Can store diluted solutions up to 8 hours prior in fridge			SDV (REF) 1 mg/mL, 10 mL vial Protect from light	Prediluted	Protect from light Discard unused portion		I (Hikma, c. 4.2023)
Cyclophosphamide	IV Direct Injection: 20 mg/mL in NS IV infusion: ≥ 2 mg/mL in D5W, NS, 0.45% NS, or D5NS	NS 20 mg/mL injection (I): 24h RT 6 days REF NS IV infusion (T): 4d RT D5W or D5NS IV Infusion (I): 24h RT 36h REF 0.45% NS IV Infusion (I): 24h RT 6 days REF	Shake vigorously as it takes a long time to dissolve into solution			SDV 500 mg powder 1 gram powder 2 gram powder	Final Conc: 20 mg/mL 500 mg - 25 mL NS 1 g - 50 mL NS 2 g - 100 mL NS	Reconstituted with NS: 24h RT 6 days REF SWFI- do not store Discard unused portion		I(Baxter, c. 3.2017), T

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Cytarabine	IV infusion: 250-1000 mL D5W or NS IV syringe (PEDS): 20mg/mL SubQ: ≤ 100 mg/mL in bacteriostatic NS or SWFI	4 days RT	Do not refrigerate - can cause precipitate. redissolve by warming up to 55°C for NLT 30 mins, with dry heat, and shake until the precipitate has dissolved.	SubQ: CSTD with cap	Do not refrigerate	SDV 20 mg/mL, 5mL vial 100 mg/mL, 20 mL vial	Prediluted	4h RT Protect from light		I (Hospira, c. 12.2022) F&C
Cytarabine IT	QS PF NS to designated volume	Immediate use	Use PF vials for IT doses. Solutions containing bacteriostatic agents can not be used. Do not refrigerate - can cause precipitate	10mL syringe with RED cap (no Equashield syringe)	Intrathecal Do not refrigerate	SDV 20 mg/mL, 5mL vial 100 mg/mL, 20 mL vial	Prediluted	4h RT Protect from light	YES (IT)	I (Hospira, c. 12.2022) F&C
Dacarbazine	IV infusion: D5W, NS	8h RT 24h REF then 6h RT	Protect from light Decomposition of reconstituted solution is detected by change of color from pale yellow to pink		Protect from light	SDV (REF) 100 mg powder 200 mg powder	Final Conc: 10 mg/mL 100 mg - 9.9 mL SWFI 200 mg - 19.7 mL SWFI	8h RT 72h REF Protect from light		I (Fresenius, c. 10.2022) F&C
Dactinomycin	IV Injection: ≥ 10 mcg/ mL in D5W, NS	≥ 10 mcg/mL: 10h RT < 10 mcg/mL: 4h RT	If mixed in IVPB of 50 mL, conc will be < 10 mcg/mL	CSTD and cap	Do NOT filter	SDV 500 mcg powder Protect from light	Final Conc: 500 mcg/mL Add 1.1 mL of SWFI	4 h RT Discard unused portion		I, (Eugia 12.2023)
Decitabine	IV infusion: 0.1 mg/ mL - 1 mg/mL 50 mL - 100 mL D5W, NS	4 h REF Infusion must be completed by this time	Use refrigerated diluent, or administer within 15 minutes		Refrigerate	SDV 50 mg powder	Final Concentration: 5 mg/mL 10 mL SWFI	4 h REF discard immediately RT		I (Accord, c. 7/2024)
Degarelix	SubQ: 40 mg/mL	1 h RT	240 mg dose is composed of 2 x 120 mg doses Do NOT shake			80 mg powder kit 240 mg powder kit	Final Conc: 120 mg vials - 40mg/mL; 80 mg vial - 20mg/mL Use accompanying vial to reconstitute 120mg - 3mL SW (in kit), 80mg - 4.2mL SW (in kit).	Discard unused portion		I (Ferring Pharmaceuticals, c. 1.2024)
Docetaxel	IV infusion: 0.3 mg/mL - 0.74 mg/mL 100 mL - 500 mL D5W, NS Intravesical: 38 mg in 50 mL NS	IV infusion: 4 h RT Infusion must be completed by this time Intravesical: 4 days RT (A)	If needles must be used- use only a 21 g needle, as larger bore needles can cause coring. Intravesical: QS to 50 mL NS	IV Infusion: NonPVC & Non-DEHP bags & PE lined tubing (low sorbing)		MDV 10 mg/ mL, 16 mL vial	Prediluted	28 days REF Protect from Light	Intravesical: YES	I (Hospira, c.4.2024), T, A (Hart & Ahmed)
Doxorubicin	IV infusion: D5W or NS IV Syringe (PEDS): 2 mg/mL direct injection	4 days RT	Protect from light Avoid contact with heparin, fluorouracil and alkaline solutions IVP: Equashield syringes allow full volume of syringe to be used. May need to split dose into 2 syringes. CIV: CENTRAL LINE ONLY	IVP: CSTD with cap	Vesicant Protect from light for continuous infusions	SDV (REF) 2 mg/mL, 5 mL vial 2 mg/mL, 10 mL vial 2 mg/mL, 25 mL vial MDV (REF) 2 mg/mL, 100 mL vial Protect from light	Prediluted	Protect from Light SDV-Discard unused portion MDV- 28 days REF		I (Pfizer, c. 8.2024) F&C
Doxorubicin for TACE	Intra-Catheter: NS IA: With Beads	Immediate use	Protect from light IR to specify dilution volume and provide syringe for final product (LGS providers prefer 50 mg in 5 mL solution)	chemo RED cap	Vesicant	SDV 50 mg powder Protect from light	See Special Instructions	Discard unused portion	YES	I (Mylan, c. 7.2022)

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Doxorubicin Liposomal	IV infusion: 250 - 500 mL D5W	24h REF	Dilute doses exceeding 90 mg in 500 mL of 5% Dextrose Injection		Vesicant Refrigerate Do NOT filter	SDV (REF) 2 mg/mL, 10 mL vial 2 mg/mL 25mL vial	Prediluted	Discard unused portion		I (Zydus, c. 8.2024), M, T
Enfortumab	IV Infusion: 0.3 mg/mL to 4 mg/mL In 50 mL NS	8h REF	Gently invert the bag to mix Protect from light		Protect from light	SDV (REF) 20 mg vial 30 mg vial	Final Conc: 10 mg/mL 2.3 mL SWFI in 20 mg vial 3.3 mL SWFI in 30 mg vial Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	24h REF Protect from light Discard unused portion		I (Seagen, c. 8.2024)
Eribulin	IV injection: 0.5 mg/mL, no diluent needed	4h RT 24h REF	May be diluted in 100mL NS. Not compatible with Dextrose	CSTD with chemo RED cap		SDV 0.5 mg/mL, 2 mL vial	Prediluted	If drawn up in syringe undiluted: 4h RT 24h REF Discard unused portion		I (Eisai, c. 9.2022)
Etoposide	IV infusion: 0.2-0.4 mg/mL in NS	0.2 mg/mL = 4 days RT 0.21 to 0.39 mg/mL = 48h RT >0.4 mg/mL = 24h RT	Avoid PVC bag Precipitate may occur if concentration above 0.4 mg/mL- recommend to use filter-tubing if running over 1h Do not refrigerate (immediate use when brought to RT otherwise)	No filter required if under 0.4 mg/mL and running < 1 h Non-PVC & non-DEHP tubing and bag	Do not refrigerate Filter > 0.4mg/mL	MDV 20 mg/mL, 5 mL vial 20 mg/mL, 12.5 mL vial 20 mg/mL, 25 mL vial 20 mg/mL, 50 mL vial	Prediluted	28 days RT		I (Accord, c. 9.2020), A (Lepage), F&C
Etoposide Phosphate (ETOPOPHOS)	IV infusion: ≥0.1 mg/mL D5W or NS	24h RT or REF				SDV 100 mg powder	Final Conc: 20 mg/mL 5 mL NS or SWFI	Up to 24hr RT or 7 days REF		I (H2-Pharma; 2023)
Fam-trastuzumab deruxtecan-nxki (Enhertu)	IV: In 100 mL of D5W	4h RT 24h REF Infusion must be completed by this time	Do not use NS for dilution, use D5W only Gently invert the bag to mix Protect from light	0.22 micron in-line filter- polyethersulfone (PES) or polysulfone (PS) okay	Do not shake Protect from light Filter	SDV (REF) 100 mg powder	Final Conc: 20 mg/mL 5 mL SWFI Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	24h REF Protect from light		I (Daiichi Sankyo, c. 4.2024)
Fluorouracil	IV infusion: Undiluted: 50 mg/mL for bolus Diluted: D5W CIV: NS CADD (out-patient only): Undiluted and Diluted: 1mg/mL or 10mg/mL in NS or D5W	4 days RT CADD: diluted- 14 days RT undiluted - 7 days RT	May be an irritant IVP: Slow IV push. 30 min of cryotherapy recommended prior to administration. CIV: CENTRAL LINE ONLY. QS with NS.	IVP: CSTD with cap		SDV 50 mg/mL, 10 mL vial 50 mg/mL, 20 mL vial MDV (PBP) 50 mg/mL, 50 mL 50 mg/mL, 100 mL Protect from light	Prediluted	4h RT for PBP vials Protect from light	YES (IVP)	I (Alembic, c. 2.2024) T, M (2023)
Ganciclovir	IVPB: Up to 10 mg/mL in 100 mL NS	24h RT	Do NOT reconstitute using bacteriostatic water. CAUTION: Must be handled, prepared, and administered as an ANTINEOPLASTIC drug per manufacturer safe handling guidelines. Prep in HD Room			SDV 50 mg/mL, 10 mL vial	Prediluted	Discard unused portion		I (Sagent, c. 11.2023)

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Gemcitabine	IV infusion: ≥ 0.1 mg/mL in NS Intravesical: 20 mg/mL in NS	IV Infusion: 24h RT Intravesical: 4 days RT	Do NOT refrigerate as crystallization may occur Equashield syringes allow full volume of syringe to be used. May need to split dose into 2 syringes.		Do not refrigerate	SDV 200 mg powder 1 gram powder or soln, 2 gram powder or soln Vials in soln- REF	Final Conc: 38 mg/mL 200 mg - 5 mL NS 1 g - 25 mL NS 2 g - 50 mL NS	Discard unused portion		I (Meitheal, c. 6.2024))
Ifosfamide	IV infusion: 0.6 - 20 mg/mL in NS	24h REF			Refrigerate	SDV 1 gram powder 3 grams powder	Final Conc: 50 mg/mL 1 g - 20 mL SWFI 3 g - 60 mL SWFI	24h REF		I (Baxter, c. 3.2019) F&C
Ifosfamide + Mesna	IV infusion: < 50 mg/mL, in 250 - 1000 mL NS	4 days RT	Final concentration of ifosfamide can not exceed 50 mg/mL in mesna mixed bag		Do not refrigerate	See ifosfamide above Mesna: MDV, 10 mg/mL, 10 mL	See ifosfamide above Mesna: Prediluted	See ifosfamide above Mesna: 8d RT		A (2014)
Irinotecan	IV infusion: 0.12 mg/mL - 2.8 mg/mL In 250 mL, 500 mL D5W or NS	12h RT D5W only- 24h REF Infusion must be completed by this time	Not recommended to refrigerate in NS			SDV 20 mg/mL, 2 mL vial 20 mg/mL, 5 mL vial Protect from light	Prediluted	Discard unused portion		I (Hikma, c. 6.2020)
Irinotecan Liposomal	IV infusion: In 500 mL D5W or NS	4h RT 24h REF	Gently invert the bag to mix		Do not shake	SDV 4.3 mg/mL, 10 mL vial	Prediluted	Discard unused vial		I (Ipsen Biopharmaceuticals, c. 6.2024)
Lurbinectedin (Zepzelca)	IV infusion: In 250 mL NS	24h RT or REF Infusion must be completed by this time				SDV (REF) 4 mg powder	Final Conc: 0.5mg/ mL 8 mL SWFI	Discard unused vial		I (Jazz Pharmaceuticals, c. 7.2023)
Melphalan	IV infusion: ≤ 0.45 mg/mL in NS	60 minutes RT Infusion must be completed by this time	Administration is over 45 minutes. Compounding and delivery to unit to occur within 15 minutes.		Do not refrigerate Irritant	SDV 50 mg powder Protect from light	Final Conc: 5 mg/mL 10 mL sterile diluent provided Rapid injection of diluent into vial and shake immediately	Discard unused portion	YES	I (Dr. Reddy, c 4.2018) F&C
Methotrexate	IV infusion: D5W, NS IM: 25 mg/mL straight draw	IV infusion: 24h REF IM: 4 days RT or 10 days REF (C&R repackaged)	Must use PF vial for high dose	IM: CSTD with chemo RED cap	Protect from light	SDV 25 mg/mL, 2 mL vial 25 mg/mL, 10 mL vial 25 mg/mL, 40 mL vial Protect from light	Prediluted	Discard unused portion		I (Teva 6.2024), T
Methotrexate IT	IT: PF NS to 3, 5, 8, or 10 mL	Immediate use	Use PF vials for IT doses. Solutions containing bacteriostatic agents can not be used.	10mL syringe with RED cap (no Equashield syringe)	IntraTHECAL use only Protect from light	SDV 25 mg/mL, 2 mL vial 25 mg/mL, 10 mL vial 25 mg/mL, 40 mL vial Protect from light	Prediluted	Discard unused portion	YES	I (Teva 6.2024), T
Mitomycin	IV infusion: 20 - 40 mcg/mL in NS Intravesical: 0.5 -0.8 mg/mL SWFI	IV infusion: 12h RT Intravesical: 4 days RT	Shake to dissolve vial Intravesical: Use Premix if available Equashield syringes allow full volume of syringe to be used. May need to split dose into 2 syringes.		Vesicant Protect from light Intravesical: For Intravesical Use Only	SDV 5 mg powder 20 mg powder 40 mg powder Protect from light	IV: Final Conc: 0.5 mg/mL 5 mg - 10 mL SWFI 20 mg - 40 mL SWFI 40 mg - 80 mL SWFI Intravesical: Final concentration: 0.5 mg/mL 40 mg - 80 mL SWFI	14 days REF 7 days RT Protect from light		I (Sagent c 5.2023)

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Oxaliplatin	IV infusion: 250-1000mL D5W	6h RT 24h REF	Do not dilute with NS or other chloride-containing solution Avoid contact with Aluminum			SDV 5 mg/mL, 10 mL vial 5 mg/mL, 20 mL vial Protect from light	Prediluted	Discard unused portion		I (Sandoz 7.2023) M F&C
Paclitaxel	IV infusion: 0.3 - 1.2 mg/mL in 250 ml - 500 mL D5W or NS	27h RT		Low Sorbing Tubing with 0.22 micron in-line filter Non-PVC & non-DEHP tubing and bag		MDV 6 mg/mL, 5 mL vial 6 mg/mL, 16.7 mL vial 6 mg/mL, 50 mL vial Protect from light	Prediluted	28 days RT		I (Hospira, c.7.2024) M F&C
Paclitaxel-Protein bound (Abraxane)	IV Injection: 5 mg/mL No diluent	4h RT 24h REF	Place into empty Viaflex bag (DEHP okay) Protect from light		Do not shake Protect from light	SDV 100 mg powder each vial contains 100 mg paclitaxel and 900 mg human albumin Protect from light	Final Conc: 5 mg/mL 20 mL NS Direct stream toward the wall of the vial. Let sit for 5 minutes. Swirl gently for 2 minutes. Do NOT Shake	24h REF 4h RT Discard unused portion		I (Abraxis BioScience, c. 10.2022)
Pemetrexed	<u>generic</u> IV infusion: 100 mL NS only <u>Pemfexy</u> IV infusion: 100 mL D5W	<u>generic</u> 24h REF Infusion must be completed within 24 hours <u>Pemfexy</u> In D5W - 48h RT				<u>generic</u> SDV 100 mg powder 500 mg powder <u>Pemfexy</u> MDV (REF) 25 mg/mL, 20 mL vial Protect from light	<u>generic</u> Final Conc: 25 mg/ mL 100 mg- 4.2 mL NS 500 mg - 20 mL NS Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	<u>generic</u> Discard unused portion <u>Pemfexy</u> 28 d REF		<u>generic</u> I (Meitheal, c. 4.2024) <u>Pemfexy</u> I (Eagle Pharm. c. 5.2023)
Pertuzumab	IVPB: 250 mL NS	24 h REF	Gently invert the bag to mix NS only, do not use D5W		Do not shake	SDV (REF) 30 mg/mL, 14 mL vial	Prediluted	Discard unused portion		I (Genentech, c. 10.2020)
Pertuzumab/ Trastuzumab/ and hyaluronidase-zzxf (Phesgo)	SubQ: 10 mL or 15 mL	In syringe with cap: 4h RT 24h REF	Do not split syringes- send full volume in one syringe	CSTD with chemo RED cap	Do not shake	SDV (REF) 600 mg/ 600 mg/ 20,000units / 10 mL 1,200 mg/ 600 mg/ 30,000 units/ 15 mL Protect from light	Prediluted	Discard unused portion		I (Genentech, c.11.2022)
Polatuzumab vedotin	IV infusion: 0.72–2.7 mg/mL In 100 mL - 250 mL NS	NS: 4h RT 36h REF	Gently invert the bag to mix Protect from light	low-protein-binding 0.2 micron in-line or add-on filter	Do not shake	SDV (REF) 30 mg powder 140 mg powder Protect from light	Final Conc: 20 mg/mL 30 mg- 1.8 mL SWFI 140 mg - 7.2 mL SWFI Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	8h RT 48h REF		I (Genentech, c.4.2024)
Sacituzumab govitecan (Trodelvy)	IV infusion: 1.1 to 3.4 mg/mL QS to total volume, NS only	8h RT 24h REF Infusion must be completed by this time	Withdraw and discard volume of NS from final infusion bag to achieve the indicated concentration. Slowly inject drug into bag to minimize foaming. Gently invert bag to mix. Protect from light		Do not shake Protect from light	SDV (REF) 180 mg powder Protect from light	Final Conc: 10 mg/mL 20 mL NS Allow to come to RT before reconstitution Direct stream toward the wall of the vial Swirl gently. Do NOT Shake	Discard unused portion		I (Gilead Sciences, c. 9.2024)
Teclistamab	SubQ: do not dilute 10 mg/mL or 90 mg/mL	20h RT or REF	NOTE CONCENTRATION: Do not combine vials of different concentrations to achieve the appropriate dose Final volume at most 2 mL per syringe; equally divide doses greater than 2 mL total volume into multiple syringes	CSTD with chemo RED cap	Do not shake	SDV (REF) 10 mg/mL, 3 mL vial 90 mg/mL, 1.7 mL vial Protect from light	Prediluted	Discard unused portion	YES	I (Janssen Biotech, c. 5.2024) F&C

Drug	Route: Standard Concentration and Diluent	*End-product BUD* (References and 2023 USP dating applied)	Special Instructions	Attachments/ Tubing and Filters	Aux Labels: ALL Chemotherapy Do Not Tube	Vial Type (Storage prior to use, RT unless noted) Concentration and Size	Vial Reconstitution	Vial Expiration once punctured	Confirm prior to Mixing	Reference I=Insert, T=Trissel, M=MicroMedex, A=Article, F&C=Factors and Comparisons
Thiotepa	IV infusion: NS preferred	4h RT 24h REF	Drug must be filtered with a 0.22 micron filter during compounding. Gently mix by repeated inversions; do not shake	0.22 micron filter		SDV (REF) 15 mg powder 100 mg powder	Final Conc: 10 mg/mL 15 mg - 1.5 mL SWFI 100 mg - 10 mL SWFI	8h REF Discard unused portion	YES	I (Hikma, c. 5.2023)
Vinblastine	IV infusion: In 50 mL - 1000 mL D5W or NS PEDS doses in 50 mLs	4 days RT 10 days REF	Dispense in IVPB, avoid syringe		Place on sticker provided: For Intravenous use only FATAL if given other routes Vesicant	MDV (REF) 1 mg/mL, 10 mL vial Protect from light	Prediluted Otherwise, dilute with NS only	28 days REF		I (Fresenius Kabi, c. 12.2019) T F&C
Vincristine	IV infusion: In 25 mL - 500mL NS	24h RT when protected from light 8h RT in normal light	Protect from light for longer BUD Use NS only Dispense in IVPB, avoid syringe		For Intravenous use only FATAL if given other routes Vesicant Protect from Light (for longer BUD)	SDV (REF) 1 mg/mL, 1 mL vial 1 mg/mL, 2 mL vial Protect from light Store upright	Prediluted	Discard unused portion		I (Hospira, c. 4.2024) F&C
COMBOS:										
DCEP (cyclophosphamide + etoposide + cisplatin)	IV infusion: In 1000 mL NS	24h RT (All are compatible, using the shortest stability of the 3 medications- all have 24h RT at respected concentrations in NS.)	Protect from light Do not refrigerate	Non-PVC & non-DEHP tubing and bag 0.2-micron in-line filter	Protect from light Do not refrigerate	see individual line items	Prediluted	n/a		See individual Pis
EPOCH (Vincristine + Etoposide + Doxorubicin)	IV infusion: In 500 mL - 1000 mL NS	36h RT	Protect from light Central line only Do not refrigerate	Non-PVC & non-DEHP tubing and bag 0.2-micron in-line filter	Vesicant Protect from light Do not refrigerate	see individual line items	Prediluted	n/a		A (Dunleavy 2013)

Equashield CSTDs are not compatible with the Alaris Pumps. Anti-neoplastic medications administered via Alaris Syringe Pump must be dispensed in a BD syringe with an Equashield female luer-lock connector (Part#: FC-1S)