

On the drug detail page:

bevacizumab

Drug Name	Form	Strength	Formulary Unrestricted	Formulary Restricted	Non-formulary	Interchange
Avastin	INJECTION	25 mg/mL (4 mL vial)			✓	✓
Allymsys (-maly)	SOLUTION FOR INFUSION	25 mg/mL		✓		
Vegzelma (-adcd)	SOLUTION FOR INFUSION	25 mg/mL		✓		

VIEW MORE [antineoplastics](#), [VEGF/VEGFR inhibitors](#)

CLASS >>>

○ High Alert Drug

Comments:

Avastin is Restricted to outpatients whose insurance only covers Avastin and to use for intraocular injections. Avastin will only be procured for scheduled outpatient infusions and requires 72 hours notice.

Preferred biosimilar agent

Inpatient use: **Allymsys** (-maly)

Outpatient use: **Vegzelma** (-adcd)

Non-Preferred agents will only be procured for scheduled infusion patients with an approved PA whose insurance will not cover our preferred agent(s).

filgrastim

Drug Name	Form	Strength	Ambulatory Use Only	Ambulatory Restrictions	Inpatient Restrictions	Non-Formulary
Nivestym	SOLUTION, INJECTABLE	aafi 300 mcg/0.5 mL; 480 mcg/0.8 mL	✓			
Zarxio	SOLUTION, INJECTABLE	sndz 300 mcg/0.5 mL; 480 mcg/0.8 mL	✓			
Neupogen	SOLUTION, INJECTABLE	300 mcg/0.5 mL; 480 mcg/0.8 mL				✓

VIEW MORE [colony stimulating factors](#), [immunologic agents](#), [immunostimulants](#)

CLASS >>>

	Generic Name	Brand Name
Biosimilar (HFH preferred)	tbo-filgrastim	Granix
Biosimilar (1st line approved alternate)*	filgrastim-aafi	Nivestym
Biosimilar (2nd line approved alternate)*	filgrastim-sndz	Zarxio
Originator product	filgrastim	Neupogen

*Alternate biosimilar approved for ambulatory comes when HFH preferred filgrastim biosimilar (Granix) not covered by insurance. Zarxio 1st line alternate at Jackson only.

riTUXimab

Drug Name	Form	Strength	Formulary	Non-Formulary	Restricted	Scope of Practice	Therapeutic Interchange	Med Dose Adjustment (age/renal/dose rounding)	Note
Ruxience	SOLUTION, INTRAVENOUS	pvvr 10 mg/mL	✓					✓	
Truxima	SOLUTION, INTRAVENOUS	abbs 10 mg/mL	✓					✓	Preferred agent
Rituxan	SOLUTION, INTRAVENOUS	10 mg/mL	✓					✓	

VIEW MORE [antineoplastics](#), [miscellaneous agents](#), [antirheumatics](#), [CD20 monoclonal antibodies](#)

[CLASS >>>](#)

Policies and procedures

Consults and Protocols

- Chemotherapy Dose Banding - Adults and Pediatrics

Additional information

- Rituximab-pvvr (Ruxience) Formulary Review 2020
- Rituximab-abbs (Truxima) Formulary Review 2020

Biosimilars: Ruxience (rituximab-pvvr)

Biosimilars: Truxima (rituximab-abbs) - Preferred biosimilar

Biosimilars: Riabni (rituximab-arxx)

Black Box Warnings: Fatal infusion reaction; mucocutaneous reactions; progressive multifocal leukoencephalopathy; hep b reactivation

High Cost Drugs: (Rituxan) Approx AWP \$7,900/dose

High Cost Drugs: (Truxima) Approx AWP \$7,100/dose