MCKESSON

Injectable Admixture Chart

Injectable Admixture Chart

Purpose: To provide community oncology practices an easy to view chart with injectable admixture information

Intended Use: As a reference document to provide standard dilutions including injectable admixture drug concentration, method of preparations, infusion volumes, administration guidelines and product stability

Major References: Based on our review it was determined that the extended stability references were contained in one of the below major references

1. All information is derived from manufacturer package inserts, unless otherwise referenced. [Data accessed between 07/2021 and 09/2021].
2. Clinical Pharmacology On-line. www.clinicalpharmacology.com.
3. Micromedex Healthcare Series, Truven Health Analytics. www.micromedexsolutions.com.

Special Notes: This chart was compiled from manufacturer's information and tertiary reference sources. Every effort has been made to ensure that the information is accurate at the time of publication. However, the information is not all inclusive. Reader is advised that the publishers and reviewers cannot be responsible for errors in omissions and consequences arising from the use of the information in the patient care setting.

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Acronym Key:

BNS	Bacteriostatic Normal Saline for Injection	IV	Intravenous	PO	Polyolefin
BT	Body Temperature 35°C to 37°C	LR	Lactated Ringer's	PP	Polypropylene
BWFI	Bacteriostatic Water for Injection	MDV	Multi-Dose Vial	PU	Polyurethane
d	Day(s)	min	Minute(s)	PVC	Polyvinylchloride
D5W	Dextrose 5% in Water	mo	Month(s)	RF	Refrigeration 2°C to 8°C
DEHP	Di(2-ethyhexl)phthalate	NS	Normal Saline (0.9% Sodium Chloride)	RT	Room Temperature 20°C to 25°C
EVA	Ethyl Vinyl Acetate	PA	Polyamide	SDV	Single-Dose Vial
FRZ	Frozen -20°C to -10°C	PAB	Copolymer of ethylene and propylene	SQ	Subcutaneous
hr	Hour(s)	PBD	Polybutadiene	SWFI	Sterile Water for Injection
IM	Intramuscular	PES	Polyethersulfone	U	Unit(s)
IT	Intrathecal	PE	Polyethylene	Wk	Week(s)
IU	International Unit(s)	PF	Preservative-Free		

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ABATACEPT (Orencia®) 250 mg powder SDV 125 mg/mL, 50 mg, 87.5 mg, 125 mg single-dose prefilled syringe	RF Do NOT freeze syringes Protect from light	Reconstitution: Use 10 mL SWFI to achieve a concentration of 25 mg/mL Use only included silicone-free syringe and 18- to 21-gauge needle Gently swirl to mix- Do NOT shake After dissolution, vent with a needle to dissipate foam Dilution: Further dilute with NS to a total volume of 100 mL Continue to use only silicone-free syringe Gently swirl to mix- Do NOT shake	IV Infusion: over 30 min Infuse through a 0.2 to 1.2 micron low protein-binding filter Infusion must be complete within 24 hours of initial reconstitution SQ: allow 30-60 min to warm to RT Administer in upper arm, upper thigh or abdomen. Rotate injection sites Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF or RT 24 hr
ADO-TRASTUZUMAB EMTANSINE (Kadcyla®) 100 mg, 160 mg powder SDV	RF Do NOT freeze Do NOT shake	Reconstitution: Use 5 mL SWFI for the 100 mg vial or 8 mL SWFI for the 160 mg vial to achieve a concentration of 20 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with 250 mL NS Do NOT use dextrose-containing diluents Gently invert to mix- Do NOT shake	**Irritant** IV infusion: over 90 min (initial dose) or over 30 min (subsequent doses, if prior infusions were well tolerated) Infuse through a 0.2 or 0.22 micron in-line PES filter Observe patient for at least 90 min after initial dose and for 30 min after subsequent doses for infusion reactions Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr. Do NOT freeze or shake In syringe: no data available In admixture (Including Infusion Time): RF 24 hr. Do NOT freeze or shake
ADUCANUMAB-AVWA (Aduhelm™) 100 mg/mL solution 170 mg, 300 mg SDV	RF Do NOT freeze Do NOT shake Protect from light RT (up to 25°C) 3 d After refrigeration, RT (up to 25°C) 24 hr Protect from light	Dilution: Further dilute with 100 mL NS Do NOT use other diluents Gently invert to mix- Do NOT shake	Allow to warm to RT if refrigerated IV infusion: over 1 hr Infuse through a low protein-binding 0.2 or 0.22 micron in-line filter	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 12 hr RF 3 d

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
AGALSIDASE BETA (Fabrazyme®) 5 mg, 35 mg powder SDV	RF	Reconstitution: Allow vial to warm to RT prior to mixing Use 1.1 mL SWFI for 5 mg vial or 7.2 mL SWFI for 35 mg vial to achieve a concentration of 5 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with NS based on patient weight: Weight 35 kg or less: total volume 50 mL 35.1 to 70 kg: total volume 100 mL 70.1 to 100 kg: total volume 250 mL > 100 kg: total volume 500 mL Gently invert to mix- Do NOT shake	IV infusion: initial dose at 15 mg/hr Increase rate by 3 to 5 mg/hr for each subsequent infusion as tolerated Weight < 30 kg, do NOT increase rate over maximum of 15 mg/hr; weight of 30 kg or greater, minimum duration of infusion is 90 min Slow infusion rate or discontinue if a reaction occurs Infuse through a 0.2 micron low protein-binding in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RF 24 hr
ALDESLEUKIN, IL-2 (Proleukin®) 22 Million IU (1.3 mg) powder SDV	RF Protect from light	Reconstitution: Use 1.2 mL SWFI to achieve a concentration of 18 Million IU/mL (1.1 mg/mL) Gently swirl to mix- Do NOT shake Do NOT reconstitute with NS or BWFI Dilution: Further dilute with 50 mL D5W For total dose 1.5 mg or less, dilute with D5W to a final concentration of 0.03 to 0.07 mg/mL For concentration less than 0.03 mg/mL, dilute with 50 mL D5W and add 50 mg human albumin to the solution (2) For continuous IV, dilute with D5W containing 0.1% albumin to a final concentration of 0.005-0.06 mg/mL (2) Use PVC plastic bags for dilution, not glass bottles	Allow up to 30 min to warm to RT IV infusion: over 15 min Continuous IV (2) SQ (2) Do NOT filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 48 hr. Do NOT freeze In syringe: 1.1 mg/mL in D5W: RF 5 d (2) 0.22 mg/mL in D5W: RF 14 d (2) In admixture (Including Infusion Time): RF 48 hr. Do NOT freeze

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ALEMTUZUMAB (Campath®, Lemtrada®) Campath®: 30 mg/mL solution 30 mg SDV Lemtrada®: 10 mg/mL solution 12 mg SDV	RF Do NOT freeze Do NOT shake Campath®: Protect from direct sunlight If accidentally frozen, allow to thaw at RF Lemtrada®: Protect from light	Dilution: Further dilute with 100 mL NS or D5W Gently invert to mix - Do NOT shake	Campath®: IV infusion: over 2 hr SQ (2) Lemtrada®: IV infusion over 4 hr Monitor for signs/symptoms of infusion-related reactions Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF or RT 8 hr. Protect from light
AMIFOSTINE (Ethyol®) 500 mg powder SDV	RT	Reconstitution: Use 9.7 mL NS to achieve a concentration of 50 mg/mL Dilution: Further dilute with NS to a final concentration of 5 to 40 mg/mL	IV infusion: over 15 min, starting 30 min prior to chemo, or over 3 min, 15 to 30 min prior to radiation therapy Monitor for hypotension Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 5 hr RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RT 5 hr RF 24 hr

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AMIVANTAMAB-VMJW (Rybrevant™) 50 mg/mL solution 350 mg SDV	RF Do NOT Freeze Protect from light	Dilution: Further dilute with NS or D5W to a total volume of 250 mL Gently invert to mix – Do NOT shake Must use infusion bags made of PVC, PP, PE, or PP+PE blend	IV infusion: For 1050 mg: Week 1 days 1 and 2 split dosing: initiate at 50 mL/hr for 2 hr, then increase rate to 75 mL/hr to complete infusion Week 2: infuse at 85 mL/hr Week 3 and subsequent infusions: infuse at 125 mL/hr For 1400 mg: Week 1 day 1 split dosing: initiate at 50 mL/hr for 2 hr, then increase rate to 75 mL/hr to complete infusion Week 1 day 2 split dosing: initiate at 35 mL/hr for 2 hr, then increase rate to 50 mL/hr to complete infusion Week 2: infuse at 65 mL/hr Week 3: infuse at 85 mL/hr Week 4 and subsequent infusions: infuse at 125 mL/hr Infuse through a 0.2 micron low protein-binding PES in-line filter Must use infusion set made of PU, PBD, PVC, PP, or PE, and fitted with a flow regulator Prime infusion set and filter with diluent only Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 10 hr
ANIFROLUMAB-FNIA (Saphnelo™) 150 mg/mL solution 300 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a total volume of 100 mL Gently invert to mix-Do NOT shake	Allow to warm to RT if refrigerated IV infusion: over 30 min Infuse through a low-protein binding 0.2 or 0.22 micron in-line filter Flush line after infusion with 25 mL NS Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Do NOT freeze Protect from light

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APREPITANT (Cinvanti®) 7.2 mg/mL emulsion 130 mg SDV	RF Do NOT Freeze RT up to 60 days	IV push: Administer undiluted Dilution for IV infusion: 130 mg: Dilute 18 mL with 100 mL NS or D5W. 100 mg: Dilute 14 mL with 100 mL NS or D5W. Gently invert to mix - Do NOT shake Must use Non-DEHP infusion set and non-PVC infusion bags Do not mix with LR or any solution containing divalent cations such as calcium and magnesium	IV push: over 2 min Flush line before and after injection with NS IV infusion: over 30 min Complete the infusion or injection 30 min before chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 6 hr in NS, 12 hr in D5W RF 72 hr in NS or D5W
ARSENIC TRIOXIDE (Trisenox®) 2 mg/mL solution 12 mg SDV 1 mg/mL solution 10 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	Dilution: Further dilute with 100 to 250 mL D5W or NS iKnowMed standard: Check vial concentration (two strengths available)	**Vascular irritant** IV infusion: over 2 hr (up to 4 hr if vasomotor reactions occur) Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 24 hr RF 48 hr
ASPARAGINASE ERWINIA CHRYSANTHEMI (Erwinaze®) 10,000 IU powder SDV	RF Protect from light	Reconstitution: Use 1 mL preservative-free sterile 0.9% sodium chloride injection to achieve a concentration of 10,000 IU/mL or 2 mL preservative-free sterile 0.9% sodium chloride injection to achieve a concentration of 5,000 IU/mL Gently swirl to mix- Do NOT shake or invert Withdraw volume needed into a PP syringe within 15 min Dilution Further dilute with 100 mL NS at RT Do NOT shake or squeeze IV bag	IM: inject deeply into large muscle mass If reconstituted dose to be administered is greater than 2 mL, use multiple injection sites IV infusion: over 1 to 2 hr Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 15 min Do NOT freeze or refrigerate In syringe: RT 4 hr. Do NOT freeze or refrigerate In admixture (Including Infusion Time): RT 4 hr. Do NOT freeze or refrigerate

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ATEZOLIZUMAB (Tecentriq®) 60 mg/mL solution 840 mg, 1200 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a final concentration of 3.2 to 16.8 mg/mL Gently invert to mix- Do NOT shake Infusion bags must be made of PVC, PE, or PO	IV infusion: over 60 min with or without a filter. If first infusion is tolerated, subsequent infusions can be over 30 min May infuse through a 0.2 to 0.22 micron low-protein binding in-line filter Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 6 hr RF 24 hr Do NOT freeze or shake
ATROPINE 0.05 mg/mL solution 5 mL syringe 0.1 mg/mL solution 5 mL and 10 mL syringes 1 mg/mL solution 1 mL SDV 0.4 mg/mL solution 1 mL SDV, 20 mL MDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	No reconstitution or dilution required Dilution for IV administration (2): May give undiluted or dilute with 10 mL SWFI	May be administered by SQ, IM, or IV injection	Reconstituted or open vial: SDV: no data available MDV: 24 hr In syringe: no data available In admixture (Including Infusion Time): no data available
AVELUMAB (Bavencio®) 20 mg/mL solution 200 mg SDV	RF Do NOT freeze or shake Protect from light	Dilution: Further dilute in 250 mL NS or 0.45NS Gently invert to mix- Do NOT shake Avoid foaming or excessive shearing	Allow to warm to RT if refrigerated IV infusion: over 1 hr Infuse through a 0.2 micron low-protein binding in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Protect from light Do NOT freeze or shake

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AZACITIDINE (Vidaza®) 100 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution for SQ administration: Use 4 mL SWFI to achieve a concentration of 25 mg/mL Vigorously shake or roll the vial to mix Suspension will remain cloudy, do NOT filter Divide doses > 4 mL into 2 or more syringes equally Reconstitution for IV administration: Use 10 mL SWFI to achieve a concentration of 10 mg/mL Vigorously shake or roll the vial to mix Solution should be clear Further dilute with 50 to 100 mL NS or LR Do NOT use dextrose or bicarbonate-containing diluents	Allow up to 30 min to warm to RT if refrigerated SQ Mix well- vigorously roll between palms until a cloudy suspension is achieved Administer in upper arm, upper thigh or abdomen. Rotate injection sites. New injections should be given at least 1 inch from a previous site IV infusion: over 10 to 40 min (must complete infusion within 1 hr of reconstitution)	Reconstituted or open vial: for SQ administration: RT 1 hr RF 8 hr if SWFI used for reconstitution was NOT refrigerated (22 hr if refrigerated SWFI was used for reconstitution) In syringe: for SQ administration: RT 1 hr RF 8 hr if SWFI used for reconstitution was NOT refrigerated (22 hr if refrigerated SWFI was used for reconstitution) In admixture (Including Infusion Time): RT. Complete infusion within 1 hr of reconstitution
BCG FOR INTRAVESICAL USE (Tice®) 50 mg powder SDV	RF Protect from direct sunlight	Reconstitution (Tice®): Use 1 mL preservative-free NS Gently swirl to mix- Do NOT shake Add to catheter-tip syringe containing 49 mL preservative-free NS, gently rotate to mix Do NOT inhale while mixing Do NOT filter Solution contains live bacteria Do NOT prepare in areas where parenteral drugs are prepared If NOT prepared in hood, then wear mask and gown to avoid inhalation Avoid bacteriostatic solutions	Intravesicular bladder lavage: Patient should NOT drink liquids for 4 hr prior to treatment Instruct patient to empty bladder, then insert urethral catheter in bladder Instill BCG by gravity flow via the urethral catheter. Do NOT depress plunger Reposition patient every 15 min to maximize bladder surface exposure Instruct patient retain solution for 2 hr, if possible, then void Patient should sit while urinating for first 24 hr For 6 hr after administration, disinfect urine with an equal volume of undiluted household bleach and allow to stand for 15 min before flushing Do NOT administer SQ, IV or IM	Reconstituted or open vial: RF 2 hr. Protect from direct sunlight In syringe: no data available In admixture (Including Infusion Time): no data available

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BELANTAMAB MAFODOTIN-BLMF (Blenrep) 100 mg powder SDV	RF	Reconstitution: Allow vial to warm to RT for 10 min Use 2 mL SWFI to achieve a concentration of 50 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with 250 mL NS to a final concentration of 0.2 to 2 mg/mL Gently invert to mix- Do NOT shake Must use infusion bag made of PVC or PO	Allow the diluted solution to warm to RT if refrigerated. Must complete infusion within 6 hr after removing from refrigeration IV infusion: over 30 min Must use infusion set made of PVC or PO Filter is not required. If diluted solution is filtered, must use 0.2-micron PES filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RT or RF 4 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr Do NOT freeze Complete infusion within 6 hr after removing from refrigeration
BELIMUMAB (Benlysta®) 120 mg, 400 mg powder SDV 200 mg/mL single-dose prefilled syringe, autoinjector	RF Do NOT freeze Protect from light Protect from heat Solution: Do NOT shake	Reconstitution for IV administration (may take up to 30 min): Allow vial to warm to RT for 10 to 15 min Use 1.5 mL SWFI for the 120 mg vial or 4.8 mL SWFI for the 400 mg vial to achieve a concentration of 80 mg/mL To avoid foaming, direct stream toward wall of vial Gently swirl for 60 seconds every 5 min until dissolved - Do NOT shake Protect from sunlight IV Dilution: Further dilute with NS, 0.45NS or LR to a total volume of 250 mL Gently invert to mix - Do NOT shake Do NOT use dextrose-containing diluents Single-dose prefilled syringe for SQ administration only. No reconstitution or dilution required	IV infusion: over 1 hr Do NOT administer IV push or bolus Do NOT mix or infuse with other agents SQ: Allow syringes to warm to RT for 30 min Do NOT warm using any other method Administer in abdomen or thigh. Rotate injection sites	Reconstituted or open vial: RF 8 hr. Protect from direct sunlight In syringe: no data available In admixture (Including Infusion Time): RF or RT. Complete infusion within 8 hr of reconstitution. Protect from direct sunlight

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BELINOSTAT (Beleodaq®) 500 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 9 mL SWFI to achieve a concentration of 50 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with 250 mL NS	IV infusion: over 30 min Extend infusion time to over 45 min if infusion site pain or other symptoms potentially attributable to the infusion occur Infuse through a 0.22 micron in-line filter	Reconstituted or open vial: RT 12 hr In syringe: no data available In admixture (Including Infusion Time): RT 36 hr

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BENDAMUSTINE (Belrapzo™, Bendeka®, Treanda®) Treanda® 90 mg/mL solution 45 mg, 180 mg SDV 25 mg, 100 mg powder SDV Belrapzo™ 25 mg/mL solution 100 mg MDV Bendeka® 25 mg/mL solution 100 mg MDV	Powder (Treanda®): RT, excursion permitted to 30°C (86°F) Solution: RF Protect from light	Reconstitution (for powder SDV): Use 5 mL SWFI for 25 mg vial, or 20 mL SWFI for 100 mg vial to achieve a concentration of 5 mg/mL Shake well Further dilute within 30 min of reconstitution Dilution for Treanda®: Further dilute with 500 mL NS or D2.5/0.45NS for a final concentration of 0.2 to 0.6 mg/mL for powder SDV (or 0.2 to 0.7 mg/mL for solution SDV) Do NOT use closed system transfer devices, adapters, or syringes containing polycarbonate or acrylonitrile-butadiene-styrene (ABS) when preparing/ transferring Treanda® solution into infusion bag Only withdraw Treanda® solution using a PP syringe with a metal needle and a PP hub Dilution for Belrapzo™: Allow vials to warm to RT Further dilute with 500 mL NS or D2.5/0.45NS to a final concentration of 0.2 to 0.7 mg/mL Dilution for Bendeka®: Further dilute with 50 mL NS, D2.5/0.45NS, or D5W to final concentration of 1.85 to 5.6 mg/mL Do NOT use other diluent Do NOT mix or combine formulations	**Vesicant** Treanda® and Belrapzo™: IV infusion: over 30 min for doses ≤ 100 mg/m2 and over 60 min for doses > 100 mg/m2 Bendeka®: IV infusion: over 10 min	Reconstituted or open vial: Treanda®: RT 30 min (powder) Belrapzo™: RF 28 d Protect from light not recommended for more than 6 dose withdrawals Bendeka®: RF 28 d Protect from light not recommended for more than 6 dose withdrawals In syringe: no data available In admixture (Including Infusion Time): Treanda®: RT 3 hr (powder) RT 2 hr (solution) RF 24 hr Belrapzo™: RF 24 hr RT 3 hr Bendeka®: in NS or D2.5/0.45NS: RF 24 hr RT 6 hr in D5W: RF 24 hr RT 3 hr

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BEVACIZUMAB (Avastin®) 25 mg/mL solution 100 mg, 400 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a total volume of 100 mL Do NOT use dextrose-containing diluents	IV infusion: over 90 min for 1st dose, over 60 min for 2nd dose, over 30 min for 3rd and subsequent doses Do NOT administer IV push or bolus iKnowMed standard: IV infusion: over 30 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 8 hr
BEVACIZUMAB-AWWB (Mvasi™) 25 mg/mL solution 100 mg, 400 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a total volume of 100 mL Do NOT use dextrose-containing diluents	IV infusion: over 90 min for 1st dose, over 60 min for 2nd dose, over 30 min for 3rd and subsequent doses if tolerated Do NOT administer IV push or bolus iKnowMed standard: IV infusion: over 30 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 8 hr
BEVACIZUMAB-BVZR (Zirabev™) 25 mg/mL solution 100 mg, 400 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a total volume of 100 mL Do NOT use dextrose-containing diluents	IV infusion: over 90 min for 1st dose, over 60 min for 2nd dose, over 30 min for 3rd and subsequent doses if tolerated Do NOT administer IV push or bolus iKnowMed standard: IV infusion: over 30 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 8 hr
BEZLOTOXUMAB (Zinplava™) 25 mg/mL solution 1000 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Vial may stand at RT up to 24 hr prior to dilution. Protect from light. Dilution: Further dilute with NS or D5W to a final concentration of 1 to 10 mg/mL Gently invert to mix - Do NOT shake	If RF, allow bag to warm to RT IV infusion: over 60 min Infuse through a 0.2 to 5 micron low protein-binding in-line or add-on filter Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 16 hr RF 24 hr Do NOT freeze

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BLEOMYCIN (Blenoxane®) 15 Units, 30 Units powder SDV	RF	Reconstitution for IM or SQ administration: Use 1 to 5 mL SWFI, NS or BWFI for the 15 unit vial, or 2 to 10 mL SWFI, NS or BWFI for the 30 unit vial. Maximum concentration should be 5 units/mL (2) Reconstitution for IV administration: Use 5 mL NS for 15 unit vial or 10 mL NS for 30 unit vial Maximum concentration should be 5 units/mL (2) Dilution: May further dilute with 50 mL NS (2) Reconstitution for Intrapleural administration: Dissolve 60 units in 50 to 100 mL NS Do NOT use dextrose-containing diluents	**Irritant** May administer IV, IM, SQ, or intrapleural IV infusion: over 10 to 15 min (2) iKnowMed standard: May administer test dose of 1-2 units IV, IM, SQ to evaluate hypersensitivity status - recommended in lymphoma patients Check vital signs every 15 min x 4. May see false negatives IV infusion: over 10 to 30 min	Reconstituted or open vial: in NS RT 24 hr In syringe: no data available In admixture (Including Infusion Time): in NS RT 24 hr (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
BLINATUMOMAB (Blincyto®) 35 mcg powder SDV & IV solution stabilizer (10 mL)	RF RT 8 hr Do NOT freeze Protect from light	Reconstitution: Do NOT use IV solution stabilizer for reconstitution Use 3 mL preservative free SWFI to achieve a concentration of 12.5 mcg/mL Gently swirl to mix- Do NOT shake Dilution (Patients > or equal to 45 kg): For 24 hr or 48 hr infusion bag: Add 5.5 mL IV Solution Stabilizer to 270 mL NS Gently mix to avoid foaming- Do NOT shake For a 9 mcg/day dose infused over 24 hr: Add 0.83 mL drug into 270 mL NS bag with IV Solution Stabilizer For a 9 mcg/day dose infused over 48 hr: Add 1.7 mL drug into 270 mL NS bag with IV Solution Stabilizer For a 28 mcg/day dose infused over 24 hr: Add 2.6 mL drug into 270 mL NS bag with IV Solution Stabilizer For a 28 mcg/day dose infused over 48 hr: Add 5.2 mL drug into 270 mL NS bag with IV Solution Stabilizer For patients < 45 kg: Refer to manufacturer guidelines for dilution information For a 5 mcg/m^2/day or 15 mcg/m^2/day dose infused over 24 hr or 48 hr: refer to manufacturer guidelines for calculated dose and volume Attach IV infusion set with a 0.2 micron low-protein-binding in-line filter under aseptic condition and prime line with drug solution. Do NOT prime with NS Must use DEHP-free infusion container and infusion set Infusion bag can be prepared with BNS as diluent for 7 day continuous infusion. Refer to manufacture guidelines. 7 day infusion is not recommended for patients weighing < 22 kg.	Continuous IV infusion: over 24 (10 mL/ hr) or 48 hr (5 mL/hr). Infusion rate and duration remain constant. Infusion bag is prepared with more drug than prescribed dose to account for drug solution used to prime infusion set. Discard unused portion at the end of infusion Do NOT flush the line, especially when changing infusion bags Infuse through a 0.2 micron low protein-binding in-line filter Prime line with drug solution (do NOT prime with NS) Must use DEHP-free infusion container and infusion set Do NOT mix or infuse with other agents (2) iKnowMed standard: Patient to be seen for bag change and pump disconnect at the end of treatment each cycle	Reconstituted or open vial: RT 4 hr RF 24 hr In syringe: no data available In admixture (Including Infusion Time): NS: RT: Complete infusion within 48 hr of reconstitution RF 8 d Do NOT freeze BNS: Refer to manufacturer guidelines

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BORTEZOMIB (Velcade®) 3.5 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Reconstitution for IV administration: Use 3.5 mL NS to achieve a concentration of 1 mg/mL Reconstitution for SQ administration: Use 1.4 mL NS to achieve a concentration of 2.5 mg/mL Bortezomib injection, powder, lyophilized, for solution manufactured by Fresenius Kabi USA, LLC is for IV USE ONLY.	**Possible vascular irritant** IV push: over 3 to 5 seconds SQ: administer in thigh or abdomen; rotate sites, and give at least one inch from old site. If local injection site reactions occur, use less concentrated solution (i.e. 1 mg/mL) Do NOT administer doses less than 72 hr apart Must be administered within 8 hr of preparation	Reconstituted or open vial: RT 8 hr In syringe: RT 8 hr In admixture (Including Infusion Time): no data available
BRENTUXIMAB VEDOTIN (Adcetris®) 50 mg powder SDV	RF Protect from light	Reconstitution: Use 10.5 mL SWFI to achieve a concentration of 5 mg/mL Direct stream toward wall of vial Gently swirl to mix - Do NOT shake Dilution: Further dilute in minimum volume of 100 mL with NS, D5W or LR to a final concentration of 0.4 to 1.8 mg/mL Gently invert bag to mix- Do NOT shake	IV infusion: over 30 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr. Do NOT freeze
BUSULFAN (Busulfex®) 6 mg/mL solution 60 mg SDV	RF	Dilute with NS or D5W to achieve a concentration of 0.5 mg/mL Do NOT use syringes or filter needles made of polycarbonate Always add busulfan to the diluent, never the diluent to the busulfan Gently invert to mix	IV infusion: over 2 hr through a central venous catheter Flush catheter before and after infusion with 5 mL NS or D5W Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): in NS: RF Complete infusion within 12 hr of reconstitution in NS or D5W: RT Complete infusion within 8 hr of reconstitution

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CABAZITAXEL (Jevtana®) 40 mg/mL solution 60 mg SDV & diluent (5.7 mL)	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT RF	Dilution (two are required): 1st Dilution: Use entire contents of provided diluent to achieve a concentration of 10 mg/mL Direct stream toward wall of vial Gently invert for at least 45 seconds to mix - Do NOT shake 2nd Dilution: Within 30 min, further dilute with 250 mL NS or D5W to a final concentration of 0.1 to 0.26 mg/mL. If a dose greater than 65 mg is required, use a larger volume of NS or D5W so that the concentration of 0.26 mg/mL is not exceeded. Must use DEHP-free infusion container and infusion set. Do NOT use PVC containers or PU infusion sets Do NOT use if a precipitate forms	IV infusion: over 1 hr Infuse through a 0.22 micron in-line filter (DEHP-free) Must use DEHP-free infusion container and infusion set Do NOT mix or infuse with other agents Do NOT use if a precipitate forms	Reconstituted or open vial: The 2nd dilution should be done immediately (within 30 min) of 1st dilution. In syringe: no data available In admixture (Including Infusion Time): Following 2nd dilution: RT 8 hr RF 24 hr
CALASPARGASE PEGOL-MKNL (Asparlas™) 750 units/mL solution 3750 units SDV	RF Do NOT freeze Do NOT shake Protect from light RT up to 48 hr	Dilution: Further dilute with 100 mL NS or D5W	IV infusion: over 1 hr, into a running infusion of NS or D5W Monitor for 1 hr after infusion for signs of hypersensitivity Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 4 hr Do NOT freeze Do NOT shake Protect from light

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CAPLACIZUMAB-YHDP (Cablivi®) 11 mg powder SDV & diluent (1 mL)	RF Do NOT freeze Protect from light RT up to 30ºC (86ºF) for up to 2 mo Protect from light Do not return to the refrigerator after storing in RT	Reconstitution: Allow vial and diluent syringe to warm to RT Attach provided syringe containing diluent to vial adaptor. Inject 1 mL provided diluent from the syringe into the vial to achieve a concentration of 11 mg/mL With syringe attached with vial adaptor, gently swirl to mix. Do NOT shake. Withdraw reconstituted solution from the vial into the syringe	IV bolus: inject at least 15 min prior to plasma exchange followed by an additional dose after completion of plasma exchange on the first day If using an intravenous line, the glass syringe should be connected to a standard Luer lock. Do NOT use a needleless connector. Flush line after injection with NS or D5W SQ: on subsequent days of plasma exchange, inject after plasma exchange. Administer using the provided glass syringe in abdomen. Avoid navel. Rotate sites.	Reconstituted or open vial: no data available In syringe: RF 4 hr In admixture (Including Infusion Time): no data available
CARBOPLATIN (Paraplatin®) 10 mg/mL solution 50 mg, 150 mg, 450 mg, 600 mg MDV	RT Protect from light	Dilution: Further dilute with D5W or NS to a final concentration of 0.5 to 4 mg/mL (2) Do NOT use any needles or IV sets that contain aluminum iKnowMed Standard: Dilution: Further dilute with 100 to 500 mL D5W or NS	**Irritant** IV infusion: over 30 - 60 min	Reconstituted or open vial: MDV (punctured vial): RT 14 d In syringe: no data available In admixture (Including Infusion Time): RT 8 hr
CARFILZOMIB (Kyprolis®) 10 mg, 30 mg, 60 mg powder SDV	RF Protect from light	Reconstitution: Use 21-gauge or smaller bore needle with the following volumes based upon selected vial size to achieve concentration 2 mg/mL: 10 mg vial: 5 mL SWFI 30 mg vial: 15 mL SWFI 60 mg vial: 29 mL SWFI To avoid foaming, direct stream toward wall of vial slowly Gently invert at least 1 min to mix - Do NOT shake Allow vial to rest 5 min if foaming occurs Dilution: Further dilute with 50 to 100 mL D5W	IV infusion: over 10 or 30 min, depending on dose regimen Flush line before and after infusion with NS or D5W Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 4 hr RF 24 hr In syringe: RT 4 hr RF 24 hr In admixture (Including Infusion Time): RT 4 hr RF 24 hr

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CARMUSTINE (BiCNU®) 100 mg powder SDV & diluent (3 mL)	RF	Reconstitution (two-step process): Transfer 3 mL provided diluent to powder and dissolve thoroughly Add 27 mL SWFI to achieve a concentration of 3.3 mg/mL in 10% ethanol Dilution: Further dilute with D5W or NS to a final concentration of 0.2 mg/mL Protect from light Use only glass containers or PVC-free and DEHP-free PP containers	**Irritant** IV infusion: over at least 2 hr, not to exceed 1.66 mg/m^2 per minute. Infuse using non-PVC and non-DEHP infusion set (2)	Reconstituted or open vial: RF 24 hr. Protect from light In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RF 24 hr and additional 6 hr at RT Protect from light
CEFTRIAXONE (Rocephin®) 250 mg, 500 mg, 1000 mg, 2000 mg, 10 g powder	RT Protect from light	Reconstitution for IV administration: Use SWFI, NS, D5W, or D10W to achieve a concentration of 100 mg/mL: For the 250 mg vial, use 2.4 mL For the 500 mg vial, use 4.8 mL For the 1000 mg vial, use 9.6 mL For the 2000 mg vial, use 19.2 mL For the 10 g vial, use 95 mL Dilution: Further dilute with SWFI, NS, D5W or D10W to a final concentration of 10 to 40 mg/mL Reconstitution for IM administration: Use 1% lidocaine (without epinephrine), SWFI, NS, D5W or Bacteriostatic Water + 0.9% Benzyl Alcohol to achieve a concentration of 250 mg/mL For the 250 mg vial, use 0.9 mL For the 500 mg vial, use 1.8 mL For the 1000 mg vial, use 3.6 mL For the 2000 mg vial, use 7.2 mL or to achieve a concentration of 350 mg/mL: For the 500 mg vial, use 1 mL For the 1000 mg vial, use 2.1 mL For the 2000 mg vial, use 4.2 mL Shake well Do NOT use calcium-containing diluents	IV infusion: over 30 min IM: inject deeply into large muscle mass	Reconstituted or open vial: IM solutions: with SWFI, NS, D5W 100 mg/mL: RT 2 d, RF 10 d 250 or 350 mg/mL: RT 24 hr, RF 3 d with Bacteriostatic Water + 0.9% Benzyl Alcohol, 1% Lidocaine (without epinephrine) 100 mg/mL: RT 24 hr, RF 10 d 250 or 350 mg/mL: RT 24 hr, RF 3 d In syringe: in SWFI: RT 5 d RF 40 d FRZ 180 d (2) In admixture (Including Infusion Time): IV solutions: RT 2 d RF 10 d FRZ 26 wk in NS or D5W in PVC or PO containers. Thaw at room temp, Do NOT refreeze.

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CEMIPLIMAB-RWLC (Libtayo®) 50 mg/mL solution 350 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 20 mg/mL Gently invert to mix- Do NOT shake	Allow to warm to RT if refrigerated IV infusion: over 30 min Infuse through a 0.2 micron to 5 micron in-line or add-on filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT (up to 25°C) 8 hr RF 24 hr Do NOT freeze
CERTOLIZUMAB PEGOL (Cimzia®) 200 mg powder SDV & diluent (1 mL) 200 mg/mL single-dose prefilled syringe	RF Do NOT freeze Protect from light RT Vials: 6 mo Syringe: 7 d Do NOT return to refrigerator	Reconstitution (for powder SDV): Bring vials to RT prior to reconstitution Use 1 mL provided diluent to achieve a concentration of 200 mg/mL Direct stream toward wall of vial Gently swirl to mix for 1 min- Do NOT shake Continue swirling every 5 min to fully reconstitute. May take as long as 30 min	Allow to warm to RT if refrigerated SQ: administer into thigh or abdomen Inject at least 2 inches away from the navel, at least 1 inch from the previous site Do NOT inject into areas where skin is tender, bruised, red or hard, or where there are scars or stretch marks Where a 400 mg dose is required, two injections are required. Separate sites should be used for each 200 mg injection.	Reconstituted or open vial: RT 2 hr RF 24 hr Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): no data available
CETUXIMAB (Erbitux®) 2 mg/mL solution 100 mg, 200 mg SDV	RF Do NOT freeze	Do NOT further dilute Do NOT shake	IV infusion: rate NOT to exceed 5 mL/min (10 mg/min) Infuse through a 0.22 micron low protein-binding in-line filter Observe for at least 1 hr following infusion Do NOT administer IV push or bolus Do NOT mix or infuse with other agents (2)	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): in infusion containers/ syringe pump: RT 8 hr RF 12 hr

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CISPLATIN (Platinol AQ®) 1 mg/mL solution 50 mg, 100 mg, 200 mg MDV	RT Do NOT refrigerate Protect from light	Dilution for IV infusion: Further dilute in NS or D51/2NS to a final concentration not greater than 0.5 mg/mL (2) Dilution for intraperitoneal infusion: Further dilute in warm NS Do NOT use any needles or IV sets that contain aluminum Do NOT use D5W iKnowMed standard: Dilution for IV infusion: Further dilute with 500 mL NS Dilution for intraperitoneal infusion: Further dilute with 1000 to 2000 mL NS	**Vesicant** **Irritant if concentration <0.5 mg/mL** IV infusion: over 1 to 8 hr (3) Intraperitoneal infusion: Administer via gravity per regimen with appropriate dwell time. Ensure adequate hydration and urinary output iKnowMed standard: IV infusion: over 1 to 2 hr	Reconstituted or open vial: RT 28 d (protected from light) RT 7 d (exposed to fluorescent light) In syringe: no data available In admixture (Including Infusion Time): RT 24 hr (2)
CLADRIBINE (Leustatin®) 1 mg/mL solution 10 mg SDV	RF Protect from light If frozen, allow to thaw at RT. Do NOT heat Once thawed, do NOT refreeze	Dilution for Single Daily infusion: Further dilute with 500 mL NS through a 0.22 micron filter Dilution for 7 day Continuous infusion: Further dilute 7 d dose with BNS to a total volume of 100 mL in infusion container through a 0.22 micron filter Do NOT use dextrose-containing diluents	Daily Dose: over 24 hr Continuous infusion: infuse over 7 d Do NOT mix or infuse with other agents iKnowMed standard: IV infusion: 30 min or 2 hr depending on dose regimen	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 8 hr prior to administration in PVC infusion containers: RT 24 hr (using NS) in Deltec Reservoir: RT 7 d (using BNS)
CLOFARABINE (Clolar®) 1 mg/mL solution 20 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Filter dose through a 0.2 micron filter, then further dilute with NS or D5W to a final concentration of 0.15 to 0.4 mg/mL	IV infusion: over 2 hr Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 24 hr

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COPANLISIB (Aliqopa™) 60 mg powder SDV	RF Protect from light	Reconstitution: Use 4.4 mL NS to achieve a concentration of 15 mg/mL Gently shake for 30 sec Allow to stand for 1 min Dilution: Further dilute dose in 100 mL NS For 60 mg dose use 4 mL reconstituted solution For 45 mg dose use 3 mL reconstituted solution For 30 mg dose use 2 mL reconstituted solution Gently invert to mix	If RF, allow to come to RT IV infusion: over 1 hr Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr. Protect from light In syringe: no data available In admixture (Including Infusion Time): RF 24 hr. Protect from light
CRIZANLIZUMAB-TMCA (Adakveo®) 10 mg/mL solution 100 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Allow vials to come to RT for a maximum of 4 hr Further dilute with NS or D5W to a total volume of 100 mL The volume of drug added to the infusion bag should not exceed 96 mL Gently invert to mix- Do NOT shake Must use infusion bag made of PVC, PE or PP	IV infusion: over 30 min Infuse through a 0.2 micron in-line filter Flush after infusion with at least 25 mL NS or D5W Must use infusion set made of PVC, PE-lined PVC, PU Must use in-line filter membranes made of PES, positively charged polyamide and polysulphone Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT (up to 25°C) 4.5 hr (from start of preparation to the completion of infusion) RF 24 hr (from start of preparation to the completion of infusion, including storage of diluted solution and time to warm up to RT) Protect from light

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CYCLOPHOSPHAMIDE (Cytoxan®) 500 mg, 1000 mg, 2000 mg powder SDV 200 mg/mL solution 500 mg, 1000 mg MDV	Powder: RT, at or below 25°C (77°F) Solution: RF	Reconstitution (powder SDV): Use NS or SWFI to achieve a concentration of 20 mg/mL For 500 mg vial, use 25 mL For 1000 mg vial, use 50 mL For 2000 mg vial, use 100 mL Do NOT use SWFI if administering by direct IV injection Gently swirl to dissolve completely Dilution: For direct IV injection (solution MDV), further dilute with NS, 0.45NS, D5W, or D5NS to a minimum concentration of 20 mg/mL For IV infusion, further dilute with 50 to 250 mL NS, 0.45NS, D5W, or D5NS to a minimum concentration of 2 mg/mL Do NOT use SWFI if administering by direct injection	**Irritant** IV infusion: duration depends on the infusion volume and fluid type; may infuse over 30 to 60 min Direct injection/IV push: rate depends on the infusion volume and varies based on protocol	Reconstituted or open vial (powder SDV): NS: RT 24 hr RF 6 d SWFI: use immediately Open vial (solution MDV): RF 28 d In syringe: no data available In admixture (Including Infusion Time): 0.45NS from reconstituted powder SDV RT 24 hr RF 6 d D5W or D5NS from reconstituted powder SDV RT 24 hr RF 36 hr Diluted solution from MDV RT 24 hr RF 6 d
CYTARABINE HCL (Ara-C, Cytosar U®) 20 mg/mL solution 100 mg SDV, 500 mg MDV, 1000 mg single-entry bulk package 100 mg/mL solution 2000 mg SDV	RT Protect from light	Dilution for IV infusion: Further dilute with 100 to 250 mL NS, D5W, D5NS, D5LR, or LR (2) Dilution for Continuous IV infusion: Further dilute with 500 to 1000 mL NS, D5W, D5NS, D5LR, or LR (2) Use preservative-free diluent for high dose regimens or IT administration	IV push: over 1-3 min (2) SQ IV infusion: over 30 min to 2 hr Continuous infusion: refer to stability and storage guidelines IT (with preservative-free diluent) iKnowMed standard: High Dose IV infusion: over 3 hr	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 8 d in NS or D5W

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DACARBAZINE (DTIC®) 100 mg, 200 mg powder SDV	RF Protect from light	Reconstitution: Use 9.9 mL SWFI for the 100 mg vial (2) or 19.7 mL SWFI for the 200 mg vial to achieve a concentration of 10 mg/mL Dilution: Further dilute with 250 to 500 mL D5W or NS (3)	Slow IV push: over 2-3 min (2) IV infusion: over 15 to 30 min (2) iKnowMed standard: IV infusion: over 30 to 60 min	Reconstituted or open vial: RT 8 hr RF 72 hr Protect from light In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RF 24 hr Protect from light
DACTINOMYCIN or ACTINOMYCIN D (Cosmegen®) 0.5 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light & humidity	Reconstitution: Use 1.1 mL SWFI (preservative-free) to achieve a concentration of 0.5 mg/mL Dilution: Further dilute with NS or D5W to final concentration of 10 mcg/mL or higher	**Vesicant** IV push or Y-site into free flowing IV: over 1 to 3 min (2) IV infusion: over 10 to 15 min Do NOT use an in-line filter (2) iKnowMed standard: IV push: over 2 to 3 min IV infusion: over 15 to 30 min	Reconstituted or open vial: RT 4 hr (2) In syringe: no data available In admixture (Including Infusion Time): RT 4 hr
DARATUMUMAB (Darzalex®) 20 mg/mL preservative-free solution 100 mg, 400 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution for First Infusion: Further dilute to a total volume of 1000 mL with NS Dilution for Second and subsequent infusions: Further dilute to a total volume of 500 mL with NS Gently invert to mix- Do NOT shake Infusion bags must be PVC, PP, PE, or PO blend (PP + PE)	Allow to come to RT prior to administration IV infusion: First and second infusions: Initial rate 50 mL/hr; may increase by 50 mL/hr every hr as tolerated to maximum of 200 mL/hr Subsequent infusions: Initial rate 100 mL/hr; may increase by 50 mL/hr every hour to maximum of 200 mL/hr Infusion must be complete within 15 hours Infuse through a 0.2 to 0.22 micron low protein-binding in-line PES filter with a flow regulator. PU, PBD, PVC, PP or PE admin sets must be used. Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 15 hr RF 24 hr Protect from light Do NOT freeze

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DARATUMUMAB AND HYALURONIDASE-FIHJ (Darzalex Faspro™) 1,800 mg-30,000 units/ 15 mL solution SDV	RF Do NOT freeze Do NOT shake Protect from light RT 24 hr Protect from direct sunlight Do NOT shake	Do NOT further dilute	Allow to come to RT prior to administration SQ: administer undiluted, into tissues of abdomen approximately 3 inches (7.5 cm) to the right or left of the navel over approximately 3-5 min Rotate injection sites Do NOT inject into areas where the skin is red, bruised, tender, hard or areas where there are scars Pause or slow delivery rate if patient experiences pain. In the event of pain not alleviated by pausing or slowing delivery rate, a second injection site may be chosen on the opposite side of the abdomen to deliver the remainder of the dose Use syringes made of PP or PE Use infusion sets made of PP, PE or PVC Use transfer and injection needles made of stainless steel Do NOT inject other medications for SQ use at the same site Do NOT inject intravenously	Reconstituted or open vial: no data available In syringe: RT 4 hr In admixture (Including Infusion Time): no data available
DARBEPOETIN ALFA (Aranesp®) 25 mcg/mL, 40 mcg/mL, 60 mcg/mL, 100 mcg/mL, 200 mcg/mL, 300 mcg/mL SDV 10 mcg/0.4 mL, 25 mcg/0.42 mL, 40 mcg/0.4 mL, 60 mcg/0.3 mL, 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL single-dose prefilled syringes	RF Do NOT freeze Do NOT shake Protect from light	Do NOT further dilute	SQ or IV Flush line after infusion with NS if given IV (2) Do NOT mix or infuse with other agents (2)	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

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DAUNORUBICIN (Cerubidine®) 5 mg/mL solution 20 mg, 50 mg SDV	RF Protect from light	Withdraw solution into syringe containing 10 to 15 mL NS Do NOT use aluminum needles during reconstitution or administration (2)	**Vesicant** IV push Inject prepared syringe into tubing or sidearm of rapidly flowing IV infusion of NS or D5W Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: Solution with 10 to 15 mL NS: RT 24 hr Protect from light In admixture (Including Infusion Time): RT 24 hr
DAUNORUBICIN + CYTARABINE, LIPOSOME (Vyxeos™) Daunorubicin 44 mg and Cytarabine 100 mg in liposomes cake SDV	RF Protect from light Store upright	Reconstitution: Allow vials to stand at RT for 30 min Use 19 mL SWFI to achieve a concentration of 2.2 mg/mL daunorubicin and 5 mg/mL cytarabine Gently swirl to mix for 5 min, inverting vial every 30 seconds - do NOT shake or heat Let stand for 15 min Dilution: Gently invert vials 5 times prior to withdrawing reconstituted product for dilution Further dilute in 500 mL NS or D5W Gently invert to mix Do NOT interchange with other daunorubicin and/or cytarabine products	**Vesicant** IV infusion: over 90 min Do NOT use an in-line filter unless minimum pore diameter is greater than or equal to 15 µm. Flush line after infusion with NS or D5W Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 4 hr In syringe: no data available In admixture (Including Infusion Time): RF 4 hr

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DECITABINE (Dacogen®) 50 mg powder SDV 50 mg powder SDV & diluent (10 mL)	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 10 mL SWFI or provided diluent (if supplied) to achieve a concentration of 5 mg/mL Dilution: Immediately after reconstitution, further dilute with cold (RF) (preferred) or room temperature NS or D5W to a final concentration of 0.1 to 1 mg/mL Unless used within 15 min of reconstitution, the diluted solution must be prepared using cold (RF) infusion fluids and stored in RF for up to 4 hr Recommended vial diluent, dilution solutions, and storage following reconstitution and dilution vary among products. Please refer to product labeling for more details	IV infusion: over 1 hr if administered daily for 5 d, or over 3 hr if administered every 8 hr for 3 d	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 4 hr (only if prepared with cold diluent)
DEFEROXAMINE (Desferal®) 500 mg, 2000 mg powder SDV	RT	Reconstitution for IM administration: Use 2 mL SWFI for the 500 mg vial or 8 mL SWFI for the 2000 mg vial to achieve a concentration of 213 mg/mL Reconstitution for IV or SQ administration: Use 5 mL SWFI for the 500 mg vial or 20 mL SWFI for the 2000 mg vial to achieve a concentration of 95 mg/mL Dilution: For IV, further dilute with NS, 0.45NS, LR, or D5W	IM: inject deeply into large muscle mass, rotate sites. Slow IV infusion: infuse over 8 to 12 hr (rate NOT TO EXCEED 15 mg/kg/hr) Slow SQ infusion: administer into abdominal tissue via pump over 8 to 24 hr Do NOT administer concurrently with blood transfusions	Reconstituted or open vial: RT 24 hr Do NOT refrigerate In syringe: no data available In admixture (Including Infusion Time): no data available
DEGARELIX (Firmagon®) 80 mg powder SDV & diluent (4.2 mL) 120 mg powder SDV & diluent (3 mL)	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 3 mL provided diluent for the 120 mg vial to achieve a concentration of 40 mg/mL or 4.2 mL provided diluent for the 80 mg vial to achieve a concentration of 20 mg/mL Gently swirl to mix - Do NOT shake Reconstitution may take up to 15 min	Slow SQ injection: inject at a 45 degree angle, all the way to the hub, in the abdominal region in areas NOT exposed to pressure from waistbands over 30 seconds Give within 1 hr after reconstitution Do NOT administer IV push or bolus	Reconstituted or open vial: RT 1 hr In syringe: no data available In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
DENOSUMAB (Prolia®, Xgeva®) Prolia®: 60 mg/mL solution single-dose prefilled syringes Xgeva®: 70 mg/mL solution 120 mg SDV	RF Do NOT freeze Do NOT shake Protect from light and heat Once removed from RF, use within 14 d	Allow product to warm to RT for 15 to 30 min. Do NOT warm in any other way. SDV: Use a 27-gauge needle to withdraw and inject dose	SQ: administer in upper arm, upper thigh, or abdomen Do NOT administer IV or IM	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
DEXAMETHASONE (Decadron®) 4 mg/mL solution: 4 mg SDV, 20 mg, 120 mg MDV 10 mg/mL solution: 10 mg SDV, 100 mg MDV	RT Do NOT freeze Protect from light and heat	May administer undiluted, or further dilute doses > 10 mg with at least an equal volume of D5W or NS (2) iKnowMed standard: Dilution: Further dilute with 50 mL NS	May be given: slow IV push, IV infusion, IM, SQ, intra-articular, intra-lesional, or soft-tissue injection iKnowMed standard: IV infusion: over 20 min	Reconstituted or open vial: MDV: RT or RF 28 d (2) In syringe: 10 mg/mL: RT 35 d (2) 1 mg/mL and 0.1 mg/mL in NS: RT 22 d (2) In admixture (Including Infusion Time): RT 14 d in D5W (2) RT 22 d in NS (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
DEXRAZOXANE (Totect®, Zinecard®) 250 mg, 500 mg powder SDV Totect® 500 mg powder SDV Zinecard® 250 mg, 500 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Totect® Reconstitution: Prepare 0.167M sodium lactate injection solution by adding 1.67 mL of 5 mEq/mL sodium lactate injection to 50 mL SWFI. Use 50 mL of 0.167M sodium lactate injection solution for 500 mg vial to achieve a concentration of 10 mg/mL Dilution: Further dilute with 1000 mL NS Zinecard®, Generics Reconstitution: Use 25 mL SWFI for the 250 mg vial, or 50 mL SWFI for the 500 mg vial to achieve a concentration of 10 mg/mL Dilution: Further dilute with LR to a final concentration of 1.3 to 3 mg/mL Several forms and concentrations of dexrazoxane injection exist. Ensure that the correct preparation procedure and dating are used and that there is no confusion with other products	Totect® IV infusion: over 1 to 2 hr in a large caliber vein in extremity/area other than the one affected by extravasation Start 1st infusion as soon as possible, but within 6 hr post extravasation Remove topical cooling from extravasation area at least 15 min prior to infusion to permit sufficient blood flow to area Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Zinecard® IV infusion: over 15 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Following completion of dexrazoxane infusion, begin doxorubicin infusion (within 30 min from the start of the dexrazoxane infusion)	Reconstituted or open vial: Totect® RT 2 hr Zinecard®, Generics RT 30 min RF 3 hr In syringe: no data available In admixture (Including Infusion Time): Totect® RT 4 hr Temperature should not exceed 25°C (77°F) Zinecard®, Generics RT 1 hr RF 4 hr
DIPHENHYDRAMINE HCl (Benadryl®) 50 mg/mL solution 50 mg SDV & single-dose prefilled syringes 500 mg MDV	RT Do NOT freeze Protect from light	May dilute with NS or D5W Maximum concentration for injection is 50 mg/mL (2)	IM: inject deeply into large muscle mass IV infusion: over at least 10 to 15 min (2) (max rate 25 mg/min) IV push: slow injection Do NOT administer SQ	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
DOCETAXEL (Taxotere®) Concentrate 20 mg/mL solution 20 mg, 80 mg, 160 mg SDV 20 mg, 80 mg, 160 mg MDV 10 mg/mL solution 20 mg SDV 20 mg, 80 mg, 160 mg, 200 mg MDV	RT or RF Protect from light Refer to PI	Concentrated 20 mg/mL formulations: If RF, allow vial to stand at RT for 5 min Further dilute with 250 mL NS or D5W to a final concentration of 0.3 to 0.74 mg/mL Use only 21-gauge needle to withdraw from vial to avoid coring Gently rotate bag to mix 10 mg/mL formulations: Further dilute with 250 mL NS or D5W to final concentration of 0.3 to 0.74 mg/mL Gently invert to mix Must use DEHP-free infusion container and infusion set Do NOT mix formulations for dose preparation Several forms and concentrations of docetaxel injection exist. Ensure that the correct drug concentration, dose, and preparation procedure are used and that there is no confusion with other products	IV infusion: over 1 hr Must use DEHP-free infusion container and infusion set	Reconstituted or open vial: 20 mg/mL MDV (after initial puncture): RT or RF 28 d Protect from light (2) 10 mg/mL MDV: RT or RF 28 d Protect from light In syringe: no data available In admixture (Including Infusion Time): 20 mg/mL after dilution with NS or D5W RT 6 hr RF 48 hr 10 mg/mL, after dilution with NS or D5W RT or RF 4 hr
DOSTARLIMAB-GXLY (Jemperli) 50 mg/mL solution 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Use PP syringe to draw up appropriate drug volume For 500 mg dose: Further dilute with NS or D5W to a final concentration of 2 to 10 mg/mL and a maximum volume of 250 mL For 1000 mg dose: Further dilute with NS or D5W to a final concentration of 4 to 10 mg/mL and a maximum volume of 250 mL Gently invert to mix - Do NOT shake Must use infusion bags made of PO, EVA, or PVC with DEHP	Allow admixture to warm to RT if refrigerated IV infusion: over 30 min Infuse through a 0.2-micron low protein-binding in-line or add-on filter Must use an infusion set made of PVC or platinum cured silicon and fittings made of PVC or polycarbonate Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 6 hr RF 24 hr Do NOT freeze

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
DOXORUBICIN (Adriamycin®) 2 mg/mL solution 10 mg, 20 mg, 50 mg SDV 150 mg and 200 mg solution MDV 10 mg, 20 mg, 50 mg powder SDV	Solution: RF Powder: RT Protect from light	Reconstitution (for powder): Use NS to achieve a concentration of 2 mg/mL For 10 mg vial, use 5 mL For 20 mg vial, use 10 mL For 50 mg vial, use 25 mL Gently shake to dissolve Dilution for IV infusion: Further dilute with NS or D5W Use solution to avoid risk of handling drug Protect from light	**Vesicant** IV push: over 3 to 10 min into a free flowing IV of NS, 0.45NS or D5W IV infusion Continuous infusion Do NOT administer IM or SQ Do NOT mix or infuse with other agents	Reconstituted or open vial: Following reconstitution of powder: RT 7 d RF 15 d (2) Protect from light In syringe: 2 mg/mL: RF 43 d (2) In admixture (Including Infusion Time): Portable pump reservoirs (2 mg/mL): RT or RF 14 d (2)
DOXORUBICIN LIPOSOMAL (Doxil®) 2 mg/mL solution 20 mg, 50 mg SDV	RF Do NOT freeze	Dilution: Further dilute doses 90 mg or less with 250 mL D5W, doses equal to or higher than 90 mg with 500 mL D5W Do NOT use NS diluents	**Irritant** IV infusion: 1 mg/min; if tolerated, may increase rate to complete infusion in 1 hr Do NOT administer IV push, bolus, IM, SQ or undiluted Do NOT mix or infuse with other agents Do NOT rapidly flush line Do NOT filter	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
DURVALUMAB (Imfinzi®) 50 mg/mL 120 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS or D5W to a final concentration of 1 mg/mL to 15 mg/mL Gently invert bag to mix- Do NOT shake	IV infusion: over 60 min Infuse through a 0.2 to 0.22 micron low protein-binding in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 8 hr Do NOT freeze Do NOT shake
ECULIZUMAB (Soliris®) 10 mg/mL solution 300 mg SDV	RF RT 72 hr, do NOT return to refrigerator Do NOT freeze Do NOT shake Protect from light	Dilute with an equal amount of NS, 0.45NS, LR, or D5W to a final concentration of 5 mg/mL Use 30 mL for 300 mg dose Use 60 mL for 600 mg dose Use 90 mL for 900 mg dose Use 120 mL for 1200 mg dose Gently invert bag to mix- Do NOT shake	Allow admixture to warm to RT before administration IV infusion: over 35 min May slow or stop infusion for adverse reactions but total infusion time should NOT exceed 2 hr Observe patient for 1 hr following infusion Do NOT administer IV push or bolus	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF or RT 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ELOTUZUMAB (Empliciti®) 300 mg, 400 mg powder SDV	RF Do NOT freeze Do NOT shake Protect from light	Reconstitution: Use 13 mL SWFI for the 300 mg vial or 17 mL for the 400 mg vial to achieve a concentration of 25 mg/mL. Use an ≤ 18-gauge needle (e.g. 17-gauge) Gently swirl and invert- Do NOT shake. Usually takes less than 10 min. Allow vial to stand for 5-10 min after reconstitution. After reconstitution, each vial contains overfill to allow for withdrawal of maximum volume of 12 mL (from 300 mg vial) and 16 mL (from 400 mg vial), respectively. Dilution: Further dilute with NS or D5W to a final concentration of 1 to 6 mg/mL. The volume of NS or D5W should be adjusted so as not to exceed 5 mL/kg of patient weight. Use infusion bag made of PVC or PO.	IV Infusion: Initiate 10 mg/kg dose at a rate of 0.5 mL/min and increase in a stepwise fashion to a maximum rate of 5 mL/min. Initiate 20 mg/kg dose at a rate of 3 mL/min and increase in a stepwise fashion to a maximum rate of 5 mL/min. (see PI for details) 10 mg/kg dose: First infusion: Initial rate of 0.5 mL/min for 30 min. If no infusion related events occur, increase infusion rate to 1 mL/min for 30 min; then increase to 2 mL/min as tolerated to complete infusion. Second infusion: Initial rate at 3 mL/min; may increase to 4 mL/min after 30 min as tolerated to complete infusion. Third and subsequent infusions: may infuse at a rate of 5 mL/min as tolerated. 20 mg/kg dose: Patients who have escalated to 5 mL/min at 10 mg/kg dose must decrease the rate to 3 mL/min at the first infusion at 20 mg/kg. First infusion: Initial rate at 3 mL/min for 30 min; If no infusion-related events occur may increase to a maximum rate of 4 mL/min as tolerated to complete infusion. Second and subsequent infusions: may infuse at a rate of 5 mL/min as tolerated. Infuse through a 0.2 to 1.2 micron low protein-binding filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF (protected from light) 24 hr, including up to 8 hr at RT (room light)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
EMAPALUMAB-LZSG (Gamifant™) 5 mg/mL solution 10 mg, 50 mg, 100 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a final concentration of 0.25 to 2.5 mg/mL Dispense in syringe or infusion bag. Use gamma irradiated latex-free, PVC-free syringe or non-PVC PO infusion bag Do NOT use ethylene oxide-sterilized syringes	Allow to warm to RT if refrigerated. IV Infusion: over 1 hr Infuse through a 0.2 micron low protein-binding in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: RF 4 hr Do NOT freeze Do NOT shake In admixture (Including Infusion Time): RF 4 hr Do NOT freeze Do NOT shake
EMICIZUMAB-KXWH (Hemlibra®) 30 mg/mL solution 30 mg SDV 150 mg/mL solution 60 mg, 105 mg, 150 mg SDV	RF Do NOT freeze Do NOT shake Protect from light Unopened vial may be stored out of refrigeration at up to 30°C (86°F) and returned to refrigeration. Total combined time out of refrigeration should not exceed 7 days.	Do NOT further dilute Prepare dose up to 1 mL in a 1 mL syringe. Dose greater than 1 mL and up to 2 mL with a 2 mL or 3 mL syringe Do not combine vials of different concentrations in a single injection Syringes must be of transparent PP or polycarbonate with Luer-Lock tip, graduation 0.01 mL (for 1 mL syringe) or 0.1 mL (for 2 or 3 mL syringe) , sterile, for injection only, single-use, latex-free and non-pyrogenic. Transfer needle must be of stainless steel with Luer-Lock connection, sterile, 18 gauge, needle length 1 to 1 1/2 inch, single bevel or semi-blunted tip, single-use, latex-free, non-pyrogenic and containing a 5 micron filter. Injection needle must be of stainless steel with Luer-Lock connection, sterile, 25-27 gauge, preferable needle length 3/8 to 1/2 inch, single-use, latex-free, non-pyrogenic, including needle safety feature.	SQ: Administer each injection at a different anatomic location (upper outer arms, thighs, or any quadrant of abdomen). Avoid moles, scars, or areas where the skin is tender, bruised, red, hard, or not intact Administration in upper outer arm should only be performed by caregiver or healthcare provider	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ENFORTUMAB VEDOTIN-EJFV (Padcev™) 20 mg, 30 mg powder SDV	RF Do NOT freeze Do NOT shake	Reconstitution: Use 2.3 mL SWFI for the 20 mg vial or 3.3 mL SWFI for the 30 mg vial to achieve a concentration of 10 mg/mL Gently swirl to mix. Allow vials to settle for at least 1 minute until bubbles are gone Do NOT shake. Do NOT expose to direct sunlight Dilution: Further dilute with NS, D5W or LR to a final concentration of 0.3 to 4 mg/mL Gently invert to mix- Do NOT shake. Do NOT expose to direct sunlight	IV infusion: over 30 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 4 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 8 hr. Do NOT freeze
EPIRUBICIN (Ellence®) 2 mg/mL solution 50 mg, 200 mg SDV	RF RT 24 hr Do NOT freeze Protect from light	Dilution for IV infusion: Further dilute with NS or D5W (2)	**Vesicant** IV push: over 15 to 20 min, into a free flowing IV of NS or D5W (no less than 3 min) IV infusion: over 30 to 60 min (2) Do NOT administer IM or SQ	Reconstituted or open vial: RT 24 hr (2) In syringe: 0.5 mg/mL in NS: RF or RT 28 d (2) 2 mg/mL in SWFI: RF 43 d (2) In admixture (Including Infusion Time): in D5W: RT 7 d (2) in NS: RT 7 d (2) Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
EPOETIN ALFA (Procrit®, Epogen®) Procrit® and Epogen®: 2000 units/mL, 3000 units/mL, 4000 units/mL, 10,000 units/mL SDV 10,000 units/mL, 2 mL MDV 20,000 units/mL MDV Procrit® only: 40,000 units/mL SDV	RF Do NOT freeze Do NOT shake Protect from light	Do NOT further dilute	SQ, IV push	Reconstituted or open vial: MDV: RF 21 d In syringe: Undiluted 2000-10,000 units/mL: RT or RF 14 d (2) In admixture (Including Infusion Time): no data available
EPOETIN ALFA-EPBX (Retacrit®) 2000 units/mL, 3000 units/mL, 4000 units/mL, 10,000 units/mL, 40,000 units/mL SDV 10,000 units/mL 2 mL MDV 20,000 units/mL MDV	RF Do NOT freeze Do NOT shake Protect from light	Do NOT further dilute. Do NOT mix with other drug solutions	SQ, IV push	Reconstituted or open vial: MDV: RF 21 d In syringe: Undiluted 2000-10,000 units/mL: RT or RF 14 d (2) In admixture (Including Infusion Time): no data available
ERIBULIN (Halaven®) 0.5 mg/mL solution 1 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	May administer undiluted, or further dilute in 100 mL NS Do NOT use dextrose-containing diluents	Slow IV push: give undiluted over 2 to 5 min Intermittent infusion (2) Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: RT 4 hr RF 24 hr In admixture (Including Infusion Time): RT 4 hr RF 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ETANERCEPT (Enbrel®) 50 mg/mL solution 25 mg, 50 mg single-dose prefilled syringes 50 mg single-dose prefilled autoinjector 50 mg single-dose prefilled cartridge 25 mg powder MDV & diluent (1 mL)	RF RT 14 d Do NOT freeze Do NOT shake Protect from light Once etanercept reaches RT, it may not be placed back in refrigerator. If not used within 14 days at RT, etanercept should be discarded	Powder MDV Reconstitution: Use 1 mL of provided diluent to achieve a concentration of 25 mg/mL Use supplied vial adapter if MDV will be used for one dose only Use 25-gauge needle when vial will be used multiple times Gently swirl vial with diluent syringe in place to dissolve- Do NOT shake. Usually takes less than 10 min Do not mix with or transfer contents into another vial of etanercept.	Allow 15-30 min to warm to RT SQ: administer in upper arm, front of the thigh or abdomen Do not filter during preparation or administration Do NOT mix or infuse with other agents	Reconstituted or open vial: Reconstituted MDV: RF 14 d In syringe: Prefilled syringes or autoinjectors: RT 14 d In admixture (Including Infusion Time): no data available
ETOPOSIDE (Toposar®, VP-16) 20 mg/mL solution 100 mg, 500 mg, 1000 mg MDV	RT	Dilution: Further dilute with NS or D5W to a final concentration of 0.2 to 0.4 mg/mL Concentrations > 0.4 mg/mL are unstable and may precipitate	**Irritant** IV infusion: over 30 to 60 min; may infuse longer if larger fluid volumes are a concern Do NOT administer IV push or bolus Check infusion bag for precipitate formation Plastic device, such as catheter made of acrylic or polymer composed of acrylonitrile, butadiene and styrene may crack and leak when used with undiluted etoposide for injection. iKnowMed standard: IV infusion: over at least 60 min Use a 0.22 micron in-line filter for concentrations above 0.4 mg/mL	Reconstituted or open vial: RF 7 d (2) RT 24 hr (SWFI, D5W, NS) (2) RT 48 hr (BWFI) (2) In syringe: no data available In admixture (Including Infusion Time): Stability is concentration dependent: 0.2 mg/mL: RT 96 hr 0.4 mg/mL: RT 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ETOPOSIDE PHOSPHATE (Etopophos®) 100 mg powder SDV	RF Protect from light	Reconstitution: Use 5 mL SWFI, NS, or D5W (may use preserved diluents; BWFI, BNS) to achieve a concentration of 20 mg/mL or use 10 mL to achieve a concentration of 10 mg/mL May administer undiluted, or further dilute with NS or D5W to a minimum concentration of 0.1 mg/mL	**Irritant** IV infusion: over 5 to 210 min Do NOT administer IV push or bolus Plastic device, such as catheter made of acrylic or polymer composed of acrylonitrile, butadiene and styrene may crack and leak when used with undiluted etoposide for injection.	Reconstituted or open vial: Reconstituted w/o preservative: RT 24 hr RF 7 d Reconstituted w/ preservative: RT 48 hr In syringe: 10 mg/mL or 20 mg/mL, BWFI RT or RF 31 d (2) In admixture (Including Infusion Time): RF or RT 24 hr
FAM-TRASTUZUMAB DERUXTECAN-NXKI (Enhertu®) 100 mg powder SDV	RF Do NOT freeze Do NOT shake Protect from light	Reconstitution: Use 5 mL SWFI to achieve a concentration of 20 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with 100 mL D5W Gently invert to mix- Do NOT shake Do not use NS Must use infusion bag made of PVC or PO Protect infusion bag from light	Allow diluted solution to come to RT IV infusion: First infusion: over 90 min Subsequent infusions: over 30 min Infuse through a 0.2-0.22 micron in-line PES or polysulfone filter Must use infusion set made of PO or PBD Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr Do NOT freeze Protect from light In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Do NOT freeze Protect from light
FERRIC CARBOXYMALTOSE (Injectafer®) 50 mg elemental iron/mL solution 750 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	IV Push: Administer undiluted Dilution for IV infusion: Further dilute up to 750 mg in no more than 250 mL NS (minimum final concentration 2 mg/mL)	Slow IV push: give undiluted at a rate of 100 mg (2 mL) per min IV infusion: over at least 15 min Monitor for 30 min for signs and symptoms of hypersensitivity reactions	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): 2-4 mg iron/mL: RT 72 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
FERRIC DERISOMALTOSE (Monoferric®) 100 mg/mL solution 100 mg, 500 mg, 1000 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	Dilution: Further dilute with 100-500 mL NS to a final concentration greater than 1 mg iron/mL	IV infusion: over at least 20 min Do NOT mix or infuse with other agents Monitor during infusion and for 30 min after for signs and symptoms of hypersensitivity	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 8 hr
FERRIC GLUCONATE (Ferrlecit®, Nulecit™) 12.5 mg elemental iron/mL solution 62.5 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	To prepare a test dose, dilute 25 mg in 50 mL NS (2) IV push: Administer undiluted Dilution for IV infusion: Further dilute with 100 mL NS	Administration of test dose is NOT required Test dose may be infused over 1 hr (2) IV push: give undiluted at a rate NOT more than 12.5 mg/min IV infusion: over 60 min, or NOT more than 2.1 mg/min (2) Monitor for 30 min for signs of hypersensitivity Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): Use immediately once diluted
FERUMOXYTOL (Feraheme®) 30 mg elemental iron/mL solution 510 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Further dilute with 50 to 200 mL NS or D5W	IV infusion: over at least 15 min Patient should be in a reclined or semi-reclined position during the infusion Monitor for 30 min for signs of hypersensitivity or hypotension Allow at least 30 min between Feraheme administration and administration of other drugs that could potentially cause hypersensitivity reaction or hypotension	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): 2-8 mg elemental iron/mL: RT 4 hr RF 48 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
FILGRASTIM (Neupogen®) 300 mcg/mL solution 300 mcg, 480 mcg SDV 600 mcg/mL solution 300 mcg, 480 mcg single-dose prefilled syringe	RF Do NOT shake Do NOT freeze Protect from light If accidentally frozen, allow to thaw in RF Discard filgrastim if product has been frozen more than once	Dilution for IV infusion: Further dilute dose with D5W to a concentration of 5 to 15 mcg/mL To protect from adsorption, add albumin to a final concentration of 2 mg/mL Concentrations > 15 mcg/mL do NOT need albumin Use a glass bottle, PVC or PO IV bag or PP syringe Do NOT use NS-containing diluents	Allow up to 24 hr to warm to RT SQ (preferred) IV infusion: over 15 to 30 min Continuous IV infusion: over up to 24 hours (2) Administer at least 24 hr after chemotherapy or bone marrow infusion	Reconstituted or open vial: no data available In syringe: Undiluted: RT 24 hr (2) RF 7 d yet recommended to use within 24 hours (2) In admixture (Including Infusion Time): 5 to 15 mcg/mL in D5W (with 0.2% albumin): RF 24 hr (2) RT 24 hr 2 to 15 mcg/mL in D5W packaged in Infusor elastomeric pump reservoirs (2) RF 7 d RT 7 d
FILGRASTIM-AAFI (Nivestym™) 300 mcg/mL solution 300 mcg, 480 mcg SDV 600 mcg/mL solution 300 mcg, 480 mcg single-dose prefilled syringe	RF Do NOT shake Do NOT freeze Protect from light If accidentally frozen, allow to thaw in RF Discard filgrastim-aafi if product has been frozen more than once	Dilution for IV infusion: Further dilute dose with D5W to a concentration of 5 to 15 mcg/mL To protect from adsorption, add albumin to a final concentration of 2 mg/mL Use a glass bottle, PVC or PO IV bag or PP syringe Do NOT use NS-containing diluents	Allow up to 24 hr to warm to RT SQ (preferred) IV infusion: over 15 to 30 min Continuous IV infusion: over up to 24 hours Administer at least 24 hr after chemotherapy or bone marrow infusion	Reconstituted or open vial: no data available In syringe: RT 24 hr (2) In admixture (Including Infusion Time): 5 to 15 mcg/mL in D5W (with 0.2% albumin): RT 24 hr

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FILGRASTIM-SNDZ (Zarxio®) 600 mcg/mL solution 300 mcg, 480 mcg single-dose prefilled syringe	RF Do NOT freeze Do NOT shake Protect from light If accidentally frozen, allow to thaw in RF Discard filgrastim-sndz if product has been frozen more than once	Dilution for IV infusion: Further dilute dose with D5W to a concentration of 5 to 15 mcg/mL To protect from adsorption, add albumin to a final concentration of 2 mg/mL Use a glass bottle, PVC or PO IV bag or PP syringe Concentrations > 15 mcg/mL do NOT need albumin Do NOT use NS-containing diluents	Allow at least 30 min up to 24 hr to warm to RT SQ (preferred) IV infusion: over 15 to 30 min Continuous IV infusion: over up to 24 hours (2) Administer at least 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: RT 24 hr (2) In admixture (Including Infusion Time): 5 to 15 mcg/mL in D5W (with 0.2% albumin): RF 24 hr (2) RT 24 hr
FLOXURIDINE (FUDR®) 500 mg powder SDV	RT Protect from light	Reconstitution: Use 5 mL SWFI to achieve a concentration of 100 mg/mL Dilution: Further dilute with NS or D5W to obtain desired total volume	Administer via continuous intra-arterial infusion	Reconstituted or open vial: RF 14 d In syringe: 1 mg/mL and 50 mg/mL in NS: BT 21 d (2) In admixture (Including Infusion Time): 0.5 mg/mL in D5W or NS: RT 7 d (2) 5 to 10 mg/mL in SWFI, D5W or NS: RT 14 d (2) Implantable pump (Infusaid): 2.5 to 12 mg/mL, BNS, Heparin 200 units/mL added: BT 12 d (2)
FLUDARABINE (Fludara®) 25 mg/mL solution 50 mg SDV 50 mg powder SDV	RF or RT (refer to individual product labeling for storage requirement)	Reconstitution: Use 2 mL SWFI to achieve a concentration of 25 mg/mL. Dissolution should occur in < 15 sec Dilution IV infusion: Further dilute with 100 to 125 mL NS or D5W	IV infusion: over 30 min May also give as continuous infusion Do NOT mix or infuse with other agents	Reconstituted or open vial: Powder SDV: Use within 8 hr of reconstitution In syringe: no data available In admixture (Including Infusion Time): 1 mg/mL, D5W, NS: RT 16 d (2) 0.04 mg/mL, D5W, NS: RT or RF 48 hr (2)

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FLUOROURACIL (Adrucil®, 5-FU) 50 mg/mL solution 500 mg, 1000 mg SDV 2500 mg, 5000 mg Bulk vials	RT Crystals may form at lower temps [dissolve by warming to 140°F and shake] Protect from light	May administer undiluted or further dilute with D5W or NS per protocol (2)	IV push IV infusion: See protocol for infusion rate iKnowMed standard: IV push: over 2 to 4 min	Reconstituted or open vial: Bulk vials: RT 1 hr (2) In syringe: Undiluted: RT 15 d (2) 25 mg/mL: RT or RF 28 d (2) 10 mg/mL, NS: FRZ 8 wk (2) In admixture (Including Infusion Time): 1.5 mg/mL: RT 8 wk (2) Ambulatory pumps (various): Diluted (5 to 42 mg/mL) in NS: RF 14 d (2) RT 10 d (2) BT 7 d (2)
FOSAPREPITANT (Emend® IV) 150 mg powder SDV	RF	Reconstitution: Use 5 mL NS To avoid foaming, direct stream toward wall of vial Gently swirl to mix- Do NOT shake Dilution: Further dilute with 145 mL NS to a total volume of 150 mL and final concentration of 1 mg/mL Gently invert bag 2 to 3 times to mix - Do NOT shake Do NOT mix with solutions containing divalent cations, such as LR	IV infusion: over 20 to 30 min, approximately 30 min before chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): in NS: RT 24 hr
FOSNETUPITANT AND PALONOSETRON (Akynzeo®) 235 mg fosnetupitant and 0.25 mg palonosetron powder SDV	RF Protect from light	Reconstitution: Use 20 mL NS or D5W. To avoid foaming, direct stream along the wall of vial Gently swirl to mix- Do NOT shake Dilution: Further dilute with 30 mL NS or D5W to a total volume of 50 mL Gently invert container to mix- Do NOT shake Do NOT mix or reconstitute with any solution containing divalent cations, including LR	IV infusion: over 30 min, approx 30 min before chemotherapy Flush line after infusion with the same carrier solution (NS or D5W) Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 24 hr

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FUROSEMIDE (Lasix®) 10 mg/mL solution 20 mg, 40 mg, 100 mg SDV	RT Protect from light	May administer undiluted or further dilute in NS, D5W, LR; adjust pH to greater than 5.5 when necessary	IM: inject deeply into a large muscle mass Slow IV push: over 1 to 2 min IV infusion: at a rate NOT to exceed 4 mg/min	Reconstituted or open vial: no data available In syringe: 10 mg/mL: RT 3 mo in Tubex (2) 1 mg/mL, 2 mg/mL, 4 mg/mL, 8 mg/mL in NS: RT or RF 84 d (2) Protect from light In admixture (Including Infusion Time): no data available
GEMCITABINE (Gemzar®, Infugem) 38 mg/mL solution 200 mg, 1000 mg, 2000 mg SDV 100 mg/mL solution 200 mg, 1000 mg, 1500 mg, 2000 mg MDV 200 mg, 1000 mg, 2000 mg powder SDV **Infugem** 10 mg/mL solution 1200 mg, 1300 mg, 1400 mg, 1500 mg, 1600 mg, 1700 mg, 1800 mg, 1900 mg, 2000 mg 2200 mg single-dose premixed bag	38 mg/mL solution: refer to product labeling 10 mg/mL, 100 mg/mL solution and powder: RT Do NOT freeze	Reconstitution: Use 5 mL NS for the 200 mg vial, 25 mL for the 1000 mg vial, or 50 mL for 2000 mg vial to achieve a concentration of 38 mg/mL Shake to dissolve Dilution: Further dilute with NS (minimum final concentration 0.1 mg/mL) iKnowMed standard: Further dilute in 100 to 250 mL NS	**Irritant** IV infusion: over 30 min or 10 mg/m2/min (2) Prolonged infusions over more than 60 min are associated with greater toxicity	Reconstituted or open vial: RT 24 hr RT 35 d (2) SDV should not be stored for future use after entry into the vial In syringe: 38 mg/mL in NS: RT or RF 35 d (2) Protect from light In admixture (Including Infusion Time): RT 24 hr 0.1 mg/mL, 10 mg/mL, NS or D5W: RT or RF 35 d (2) Protect from light Do NOT refrigerate reconstituted solution; crystallization can occur

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
GEMTUZUMAB OZOGAMICIN (Mylotarg™) 4.5 mg powder SDV	RF Protect from light Do NOT freeze	Allow 5 min for vial to warm to RT Reconstitution: Use 5 mL SWFI to achieve a concentration of 1 mg/mL Gently swirl to mix-do NOT shake Dilution: Further dilute with NS to a final concentration of 0.075 mg/mL to 0.234 mg/mL Dose < 3.9 mg must be prepared for administration in a syringe Dose ≥ 3.9 mg may be prepared in a syringe or an IV bag Gently invert to mix-do NOT shake Protect from light	If refrigerated, allow 1 hr to warm to RT (2) IV infusion: over 2 hr Protect bag from light using a light-blocking cover; infusion line does not need protection from light Infuse through a 0.2 micron in-line PES filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 1 hr Protect from light Do NOT freeze In syringe: RT 6 hr (includes 2 hr infusion & 1 hr, if RF, to warm to RT) RF 12 hr (includes 1 hr after reconstitution) Protect from light Do NOT freeze In admixture (Including Infusion Time): RT 6 hr (includes 2 hr infusion & 1 hr, if RF, to warm to RT) RF 12 hr (includes 1 hr after reconstitution) Protect from light Do NOT freeze
GIVOSIRAN (Givlaari™) 189 mg/mL solution SDV	RT or RF (2°C to 25°C)	Do NOT further dilute	SQ: administer into the abdomen, the back or side of the upper arms, or the thighs Rotate injection sites Avoid a 5 cm diameter circle around the navel Do NOT inject into scar tissue or areas where skin is red, inflamed, or swollen Divide doses great than 1.5 mL equally into multiple syringes Injection sites should be at least 2 cm apart	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

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GOLIMUMAB (Simponi®, Simponi® Aria) Simponi®: 100 mg/mL solution 50 mg, 100 mg autoinjector and single-dose prefilled syringe Simponi Aria®: 12.5 mg/mL solution 50 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution for IV infusion (Simponi Aria®): Further dilute with NS to a total volume of 100 mL	Allow 30 min to warm to RT SQ (Simponi®): administer in upper arm, upper thigh or abdomen; rotate injection sites Do NOT inject into areas with scars or stretchmarks or areas where the skin is tender, bruised, red, hard, thick or scaly IV infusion (Simponi Aria®): over 30 min Infuse through a 0.22 micron or less low protein-binding in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr
GRANISETRON (Kytril®, Sustol®) Kytril® 1 mg/mL solution 1 mg SDV, 4 mg MDV 0.1 mg/mL solution 1 mg SDV Sustol® 10 mg/0.4 mL Extended-release, pre-filled syringe and delivery kit	Kytril® RT Do NOT freeze Protect from light Sustol® RF RT 7 d - may be re-refrigerated Do NOT freeze Protect from light	Kytril® May administer undiluted or further dilute with NS or D5W to a total volume of 20 to 50 mL (2) Sustol® Allow 60 min to warm to RT; unpack all contents of kit Activate one syringe warming pouch and wrap syringe for 5 - 6 min to reach body temp	Kytril® IV push: give undiluted over 30 sec via Y-site, approximately 30 min before chemotherapy IV infusion: over 5 min, approximately 30 min before chemotherapy May give over 15 min (1) Sustol® SQ: slow injection over 20 - 30 sec: administer in back of upper arm or abdomen at least 1 inch away from umbilicus Administer 30 min prior to chemotherapy on day 1. Do NOT administer more than once every 7 days Do NOT mix or infuse with other agents	Reconstituted or open vial: Kytril® MDV: RT 30 d In syringe: Kytril® Undiluted 1 mg/mL solution: RT or RF 15 d (2) Protect from light 0.05 mg/mL, 0.07 mg/mL, and 0.1 mg/mL in NS or D5W: RT or RF 14 d (2) In admixture (Including Infusion Time): Kytril®: RT 24 hr in NS or D5W RT or RF 14 d in NS or D5W (2)

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IBRITUMOMAB TIUXETAN (Zevalin®) 1.6 mg/mL solution 3.2 mg SDV	RF Do NOT freeze	Prepared by nuclear pharmacy	**Vesicant** Contact the facility radiation safety officer immediately If extravasation occurs Administer within 4 hr of rituximab completion IV push: over 10 min Infuse though a 0.22 micron low protein-binding in-line filter, into free flowing IV line Flush line after infusion with at least 10 mL NS	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF until use and administer within 8 hr of radiolabeling
IDARUBICIN (Idamycin PFS®) 1 mg/mL solution 5 mg, 10 mg, 20 mg SDV	RF Protect from light	Do NOT further dilute	**Vesicant** Slow IV injection: over 10 to 15 min into a running IV of NS or D5W Do NOT administer IM or SQ	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
IFOSFAMIDE (Ifex®) 50 mg/mL solution 1000 mg, 3000 mg SDV 1000 mg, 3000 mg powder SDV	Powder: RT Solution: RF	Reconstitution (for powder SDV): Use 20 mL SWFI or BWFI for the 1000 mg vial or 60 mL SWFI or BWFI for the 3000 mg vial to achieve a concentration of 50 mg/mL Dilution of reconstituted vial or solution vial: Further dilute with NS, D5W, LR, SWFI, 2.5% Dextrose, 0.45%NS or D5NS to a final concentration of 0.6 to 20 mg/mL See Mesna for preparation	**Irritant** IV infusion: over at least 30 min or continuous infusion Mesna must be co-administered according to treatment protocol. Mesna may be mixed in same bag for continuous infusion dosing. Administer at least 2 L/d of oral or IV fluids	Reconstituted or open vial: RF 24 hr ≤ 60 mg/mL in BWFI: RT 7 d (2) RF 6 wk (2) In syringe: 0.6 to 20 mg/mL NS, D5W, LR, or SWFI: RT 24 hr (2) In admixture (Including Infusion Time): RF 24 hr 0.6 to 20 mg/mL NS, D5W, LR, SWFI, 2.5% Dextrose, 0.45%NS or D5NS RT 7 d (2) RF 6 wk (2)

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IMIGLUCERASE (Cerezyme®)400 Units powder SDV	RF	Reconstitution: Use 10.2 mL SWFI to the 400 Unit vial to achieve a concentration of 40 Units/mL Dilution: Further dilute with NS to a total volume of 100 to 200 mL	IV infusion: over 1 to 2 hr A 0.2 micron low protein-binding in-line filter may be used if slight flocculation occurs	Reconstituted or open vial: RT or RF 12 hr In syringe: no data available In admixture (Including Infusion Time): RF 24 hr
IMMUNE GLOBULIN IV (various) Lyophilized and non-lyophilized products Various package sizes	Follow manufacturer recommendations	Follow manufacturer recommendations	IV infusion: follow manufacturer recommendations	Reconstituted or open vial: see manufacturer recommendations In syringe: see manufacturer recommendations In admixture (Including Infusion Time): Do NOT mix with additional diluents, administer alone
INFLIXIMAB (Remicade®) 100 mg powder SDV	RF RT up to 6 mo Excursions permitted to 15°C and 30°C (59°F and 86°F) for up to 6 mo Do NOT re-refrigerate	Reconstitution: Use 10 mL SWFI for the 100 mg vial to achieve a concentration of 10 mg/mL Direct stream toward wall of vial Gently swirl to mix- Do NOT shake Allow solution to rest for 5 min Dilution: Further dilute with NS to a total volume of 250 mL (final concentration 0.4 to 4 mg/mL)	IV infusion: over at least 2 hr Infuse through a 1.2 micron or less low protein-binding in-line filter Slow or discontinue rate for infusion reactions; mild or moderate reactions may improve if restarted at slower rate Administration should begin within 3 hr of preparation Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 3 hr In syringe: no data available In admixture (Including Infusion Time): RT infusion should begin within 3 hr of reconstitution and dilution. Any unused portion should not be stored for reuse.
INFLIXIMAB-ABDA (Renflexis™) 100 mg powder SDV	RF	Reconstitution: Use 10 mL SWFI for the 100 mg vial to achieve a concentration of 10 mg/mL Direct stream toward wall of vial Gently swirl to mix- Do NOT shake Allow solution to rest for 5 min Dilution: Further dilute with NS to a total volume of 250 mL (final concentration 0.4 to 4 mg/mL)	IV infusion: over at least 2 hr Infuse through a 1.2 micron or less low protein-binding in-line filter Slow or discontinue rate for infusion reactions; mild or moderate reactions may improve if restarted at slower rate Administration should begin within 3 hr of preparation Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 3 hr In syringe: no data available In admixture (Including Infusion Time): RT infusion should begin within 3 hr of reconstitution and dilution. Any unused portion should not be stored for reuse.

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INFLIXIMAB-AXXQ (Avsola™) 100 mg powder SDV	RF RT up to 6 mo Protect from light Excursions permitted to a maximum of 30°C (86°F) for up to 6 mo Do NOT re-refrigerate	Reconstitution: Use 10 mL SWFI for the 100 mg vial to achieve a concentration of 10 mg/mL Direct stream toward wall of vial Gently swirl to mix- Do NOT shake Allow solution to rest for 5 min Dilution: Further dilute with NS to a total volume of 250 mL (final concentration 0.4 to 4 mg/mL)	IV infusion: over at least 2 hr Infuse through a 1.2 micron or less low protein-binding in-line filter Slow or discontinue rate for infusion reactions; mild or moderate reactions may improve if restarted at slower rate Administration should begin within 3 hr of preparation Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 3 hr In syringe: no data available In admixture (Including Infusion Time): RT infusion should begin within 3 hr of reconstitution and dilution. Any unused portion should not be stored for reuse.
INFLIXIMAB-DYYB (Inflectra®) 100 mg powder SDV	RF	Reconstitution: Use 10 mL SWFI for the 100 mg vial to achieve a concentration of 10 mg/mL Direct stream toward wall of vial Gently swirl to mix- Do NOT shake Allow solution to rest for 5 min Dilution: Further dilute with NS to a total volume of 250 mL (final concentration 0.4 to 4 mg/mL)	IV infusion: over at least 2 hr Infuse through a 1.2 micron or less low protein-binding in-line filter Slow or discontinue rate for infusion reactions; mild or moderate reactions may improve if restarted at slower rate Administration should begin within 3 hr of preparation Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 3 hr. Do NOT shake In syringe: no data available In admixture (Including Infusion Time): RT infusion should begin within 3 hr of reconstitution and dilution. Any unused portion should not be stored for reuse.
INOTUZUMAB OZOGAMICIN (Besponsa™) 0.9 mg powder SDV	RF Protect from light Do NOT freeze	Reconstitution: Use 4 mL SWFI to achieve a concentration of 0.25 mg/mL Gently swirl to mix - Do NOT shake Dilution: Further dilute with NS to a total volume of 50 mL Gently invert to mix - Do NOT shake Use an infusion container made of PVC DEHP- or non-DEHP-containing), PO (PP and/or PE) or EVA	If refrigerated, allow 1 hr to warm to RT IV infusion: over 1 hr at a rate of 50 mL/hr Filter not required. If filtered, use PES-, polyvinylidene fluoride (PVDF)-, or hydrophilic polysulfone (HPS)-based filters Do NOT use filters made of nylon or mixed cellulose ester (MCE). Do not mix or infuse with other agents Administration should be completed within 8 hr of reconstitution	Reconstituted or open vial: RF 4 hr Do NOT freeze Protect from light In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 3 hr Do NOT freeze Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
INTERFERON ALFA-2b (Intron® A) 10 million IU, 18 million IU, 50 million IU powder SDV & diluent (1 mL) 6 million IU/mL solution 18 million IU MDV 10 million IU/mL solution 25 million IU MDV	RF Do NOT freeze solution Keep away from heat	Reconstitution: Use 1 mL provided diluent (SWFI) for the 10 million IU, 18 million IU or 50 million IU vials to achieve a concentration of 10 million IU/mL, 18 million IU/mL or 50 million IU/mL Swirl gently to dissolve Dilution for IV infusion: Further dilute with 100 mL NS to minimum concentration of at least 10 million IU/100 mL Solution MDV: For IM, SQ, or intralesional use; do NOT administer IV	May be given IM, SQ, intralesional or IV NOT all dosage forms and strengths are appropriate for some indications. Refer to manufacturer guidelines. Allow solution to warm to RT prior to use IV infusion: over 20 min (2)	Reconstituted or open vial: SDV (powder after reconstitution): RF 24 hr MDV: RF 28 d In syringe: 6 million IU/mL (with albumin 1 mg/mL): RF 42 d (2) 2 million IU/mL (albumin-free) RF 42 d (2) In admixture (Including Infusion Time): RT or RF 24 hr (2)
INTERFERON GAMMA-1b (Actimmune®) 100 mcg (2 million IU)/0.5 mL solution 0.5 mL SDV	RF Do NOT freeze Do NOT shake May store vials at RT up to 12 hours prior to use. Vials exceeding this time should be discarded. Do NOT return to the refrigerator	Do NOT further dilute	SQ Administer in upper arm or upper thigh Rotate injection sites Do not mix with other drugs in the same syringe	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
IPILIMUMAB (Yervoy®) 5 mg/mL solution 50 mg, 200 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Allow vial stand at RT for 5 min Dilution: Further dilute with NS or D5W to a final concentration of 1 to 2 mg/mL Gently invert to mix- Do NOT shake	IV infusion: - infuse ≥ 3mg/kg dose over 90 min - infuse 1 mg/kg dose over 30 min Infuse with low protein-binding in-line filter Do NOT mix or infuse with other agents Flush line after infusion with NS or D5W	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT or RF 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
IRINOTECAN (Camptosar®) 20 mg/mL solution 40 mg, 100 mg, 300 mg, 500 mg SDV	RT Do NOT freeze Protect from light	Dilution: Further dilute with D5W (preferred) or NS to a final concentration of 0.12 to 2.8 mg/mL iKnowMed standard: Further dilute in 250 to 500 mL D5W or NS	**Irritant** IV infusion: over 90 min Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): D5W or NS: RT 4 hr RT 12 hr with aseptic conditions RF 24 hr in D5W Do NOT RF doses if in NS RT or RF 28 d (2) Protect from light Do NOT freeze
IRINOTECAN LIPOSOMAL (Onivyde®) 4.3 mg/mL solution 43 mg SDV	RF Do NOT freeze Protect from light	Dilution: Further dilute in 500 mL D5W or NS Gently invert to mix Protect diluted solution from light	Allow to come to RT prior to administration IV infusion: over 90 min Do NOT use in-line filters	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Protect from light Do NOT freeze

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
IRON DEXTRAN (INFeD®) 50 mg elemental iron/mL solution 2 mL SDV	RT	For IV push or IM: Administer undiluted Dilution for IV infusion (2): Further dilute with 250 to 1000 mL NS Avoid D5W diluent; more likely to cause venous irritation.	Anaphylaxis may occur, have epinephrine available IV push: TEST DOSE: Administer 25 mg IV over at least 30 sec. Observe for 1 hr for signs/symptoms of hypersensitivity, then give remainder of therapeutic dose at a max rate of 50 mg (1 mL)/min IM: TEST DOSE: Administer 25 mg IM using Z-track technique, inject only into the upper outer quadrant of buttock using a 2 or 3-inch, 19 or 20-gauge needle Observe 1 hr for signs/symptoms of hypersensitivity before further administration. IV infusion (2): TEST DOSE: Administer 25 mg IV over at least 30 sec. Observe for 1 hr for signs/ symptoms of hypersensitivity, then give remainder of therapeutic dose over 4 to 6 hr NOT to exceed 2 to 6 mg/min. Flush vein with NS Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
IRON SUCROSE (Venofer®) 20 mg elemental iron/mL solution 50 mg, 100 mg, 200 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze	For IV push: Administer undiluted Dilution for IV infusion: Further dilute 100 to 200 mg dose in max of 100 mL NS Further dilute ≥300 mg doses in max of 250 mL NS Minimum concentration = 1 mg/mL	Administration of test dose is NOT required IV push: 100 to 200 mg undiluted solution, slowly over 2 to 5 min IV infusion: 100 to 200 mg doses over at least 15 min 300 mg doses over 1.5 hr 400 mg doses over 2.5 hr 500 mg doses over 3.5 to 4 hr Observe patient for hypersensitivity reactions for 30 min following completion Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: 2 to 10 mg/mL in NS, or undiluted, in plastic syringe: RT or RF 7 d In admixture (Including Infusion Time): 1 to 2 mg/mL in NS in IV infusion bags: RT 7d

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ISATUXIMAB-IRFC (Sarclisa®) 20 mg/mL solution 100 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS or D5W to a total volume of 250 mL Gently invert to mix- Do NOT shake Use an infusion bag made of PO, PE, PP, PVC with DEHP or EVA	IV infusion: First infusion: initiate at 25 mL/hr. If no reaction for 60 min, increase by 25 mL/hr every 30 min to a maximum of 150 mL/hr Second infusion: initiate at 50 mL/hr. If no reaction for 30 min, increase by 50 mL/hr for 30 min, then increase by 100 mL/hr every 30 min to a maximum of 200 mL Subsequent infusions: initiate at maximum rate of 200 mL/hr Must use infusion set made of PE, PVC with or without DEHP, PBD or PU Infuse through a 0.22 micron in-line PES, polysulfone or nylon filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 48 hr RT 8 hr (after removed from RF, including the infusion time)
IXABEPILONE (Ixempra®) 15 mg, 45 mg powder SDV & diluent	RF Protect from light	Reconstitution: Allow vials to stand at RT for 30 min, visible white precipitate will dissolve Use 8 mL provided diluent for the 15 mg vial or 23.5 mL provided diluent for the 45 mg vial to achieve a concentration of 2 mg/mL Gently swirl and invert to dissolve powder Dilution: Further dilute in LR, NS or Plasma-Lyte A pH 7.4 ONLY to a final concentration between 0.2 to 0.6 mg/mL in DEHP-free bags. If NS is used, pH must be adjusted (see manufacturer guidelines)	IV infusion: over 3 hr Infuse through a 0.2 to 1.2 micron in-line filter Must use DEHP-free infusion container and infusion set Observe patient for development of hypersensitivity reaction	Reconstituted or open vial: RT 1 hr In syringe: no data available In admixture (Including Infusion Time): RT 6 hr
LANREOTIDE (Somatuline® Depot) 60 mg/0.2 mL, 90 mg/0.3 mL, 120 mg/0.5 mL single-dose prefilled syringe	RF Protect from light Syringe left in its sealed pouch at RT (not to exceed 40°C or 104°F) for up to 24 hours may be returned to the refrigerator for continued storage and use at a later time.	No reconstitution or dilution required	Allow syringe to warm to RT for 30 min Deep SQ: administer in superior external quadrant of buttock Alternate injection sites between left and right side	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

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LETERMOVIR (Prevymis™) 20 mg/mL solution 240 mg, 480 mg SDV	RT Excursions permitted to 15°C to 30°C (59°F to 86°F) Protect from light Do NOT shake	Dilution: Further dilute with 250 mL NS or D5W Gently mix bag. Do NOT shake May use PVC, EVA or PO infusion bag. May use PVC, PE, PBD, silicone rubber (SR), styrene-butadiene copolymer (SBC), styrene-butadiene-styrene copolymer (SBS) or polystyrene (PS) infusion set Do not use PU-containing infusion set	IV infusion: over 1 hr Do NOT administer IV push or bolus	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 24 hr RF 48 hr
LEUCOVORIN CALCIUM (Wellcovorin®) 50 mg, 100 mg, 200 mg, 350 mg, 500 mg powder SDV	RT Protect from light	Reconstitution: Use SWFI or BWFI to achieve a concentration of 10 mg/mL For 50 mg vial, use 5 mL For 100 mg vial, use 10 mL For 200 mg vial, use 20 mL For 500 mg vial, use 50 mL Use SWFI or BWFI to achieve a concentration of 20 mg/mL For 350 mg vial, use 17.5 mL Avoid BWFI if dose exceeds 10 mg/m2 (use SWFI) Dilution for IV infusion: Further dilute with NS, D5W (3) iKnowMed standard: Further dilute in 250 mL NS or D5W	IV push: administer no faster than 160 mg/min (rate limited by calcium content) See protocol for infusion rate IV infusion: see protocol for infusion rate IM: inject deeply into a large muscle mass Do NOT give IT Do NOT mix or infuse with other agents	Reconstituted or open vial: Reconstituted powder in BWFI: RF or RT 7d Reconstituted powder in SWFI: Use immediately In syringe: no data available In admixture (Including Infusion Time): Reconstituted powder with BWFI further diluted to 1 mg/mL or 10 mg/mL in NS or D5W: RT 14 d (3). Protect from light

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LEVOLEUCOVORIN (Fusilev®, Khapzory™) 50 mg, 175 mg, 300 mg powder SDV 10 mg/mL solution 175 mg, 250 mg SDV	Powder SDV: RT Solution SDV: RF Protect from light	Reconstitution (for powder SDV): Use 5.3 mL NS for 50 mg vial to achieve a concentration of 10 mg/mL. Use 3.6 mL NS for 175 mg vial or 6.2 mL NS for 300 mg vial to achieve a concentration of 50 mg/mL. Dilution (for powder SDV): May further dilute with NS or D5W to a final concentration between 0.5 and 5 mg/mL Dilution (for solution SDV): May further dilute with NS or D5W to a final concentration of 0.5 mg/mL	IV push: administer no faster than 160 mg/min (rate limited by calcium content) See protocol for infusion rate Levoleucovorin should be dosed at 1/2 the dose of racemic leucovorin Do NOT give IT Do NOT mix or infuse with other agents	Reconstituted or open vial: Reconstituted powder: RT 12 hr Protect from light In syringe: no data available In admixture (Including Infusion Time): Reconstituted 50 mg powder further diluted in NS: RT 12 hr Reconstituted 50 mg powder further diluted in D5W: RT 4 hr Reconstituted 175 mg or 300 mg powder further diluted in NS or D5W: RT 12 hr Solution SDV further diluted in NS or D5W: RT 4 hr Protect from light
LONCASTUXIMAB TESIRINE-LPYL (Zynlonta™) 10 mg powder SDV	RF Do NOT freeze Do NOT shake Protect from light	Reconstitution: Use 2.2 mL SWFI to achieve a concentration of 5 mg/mL Direct stream toward wall of vial Gently swirl the vial to dissolve - Do NOT shake Do NOT expose to direct sunlight Dilution: Further dilute with 50 mL D5W Gently invert to mix - Do NOT shake Must use infusion bags made of PVC, PO, or PAB	**VESICANT** IV infusion: over 30 min Infuse through a low-protein binding 0.2 or 0.22 micron in-line or add-on filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 4 hr RF 4 hr Do NOT freeze Protect from light In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RF 24 hr Do NOT freeze
LORAZEPAM (Ativan®) 2 mg/mL solution 2 mg SDV and prefilled syringes, 20 mg MDV 4 mg/mL solution 4 mg SDV and prefilled syringes, 40 mg MDV	RF Protect from light	For IM: Administer undiluted Dilution for IV administration: Further dilute with equal volume of NS, D5W, or SWFI Gently invert to mix- Do NOT shake	IM: inject deeply into a large muscle mass IV: administer no faster than 2 mg/min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

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LUSPATERCEPT-AAMT (Reblozyl®) 25 mg, 75 mg powder SDV	RF Do NOT freeze Protect from light	Reconstitution: Use 0.68 mL SWFI for 25 mg vial or 1.6 mL SWFI for 75 mg vial to achieve a concentration of 50 mg/mL Allow vial to stand for 1 min Gently swirl the vial for 30 seconds to mix. Allow the vial to sit in an upright position for 30 seconds Repeat until powder is dissolved Gently swirl the vial in an inverted position for 30 seconds to mix. Allow the vial to sit in an upright position for 30 seconds. Repeat this step for 7 more times to ensure complete reconstitution	Allow vial to come to RT for 15-30 min SQ: administer into the upper arm, thigh, and/or abdomen Divide doses greater than 1.2 mL into separate similar volume injections and inject into separate sites Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 8 hr RF 24 hr Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): no data available
LURBINECTEDIN (Zepzelca™) 4 mg powder SDV	RF	Reconstitution: Use 8 mL SWFI to achieve a concentration of 0.5 mg/mL Shake the vial until complete dissolution Dilution: Further dilute with at least 100 mL of NS or D5W for administration via central venous line. Further dilute with at least 250 mL of NS or D5W for administration via peripheral venous line	IV infusion: over 60 min	Reconstituted or open vial: RT 24 hr (ambient light) RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RT 24 hr (ambient light) RF 24 hr
LUTETIUM LU 177 DOTATATE (Lutathera®) 370 MBq/mL (10 mCi/mL) radiolabeled solution 7.4 GBq (200 mCi) ± 10% SDV	Below 25°C (77°F) Keep vial in provided lead shielded container placed in a plastic sealed container until use Do NOT freeze	Use aseptic technique and effective radiation shielding when handling Lutetium Lu 177 dotatate Do not inject directly into any other intravenous solution Confirm the amount of radioactivity of Lutetium Lu 177 dotatate in the radiopharmaceutical vial with an appropriate dose calibrator prior to and after administration	IV infusion: at a rate of 50 mL/hr to 100 mL/hr for 5 to 10 min and then 200 mL/hr to 300 mL/hr for an additional 25 to 30 min NS entering the vial through the short needle will carry the Lutetium Lu 177 from the vial to the patient via the catheter connected to the long needle over a total duration of 30 to 40 min. Use a clamp or pump to regulate the flow of the NS solution via the short needle into the Lutetium Lu 177 dotatate vial. Disconnect the vial from the long needle line and clamp the saline line once the level of radioactivity is stable for at least 5 min Flush with 25 mL NS following completion of the infusion. Do NOT administer IV push or bolus	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available Radiolabeled product shelf life is 72 hr. Discard appropriately at 72 hr

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MAGNESIUM SULFATE 50% (500 mg/mL) solution 1 g, 5 g, 10 g, 25 g SDV 4% (40 mg/mL) in sterile water solution 2 g, 4 g, 20 g, 40 g bag 8% (80 mg/mL) in sterile water solution 4 g bag 1% (10 mg/mL) in D5W solution 1 g bag 2% (20 mg/mL) in D5W solution 2 g bag	RT	For IM: Administer undiluted Dilution for IV infusion: Further dilute with NS or D5W to a max concentration of 20%	IV infusion: for asymptomatic patients do NOT exceed 1 gram per hr (2) Rate should NOT exceed 150 mg/min but higher rates of infusion may be used in emergencies (obstetrics, seizures, etc) IM: inject deeply into a large muscle mass	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
MARGETUXIMAB-CMKB (Margenza™) 25 mg/mL solution 250 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution for IV infusion: Swirl the vial gently Further dilute with NS to a final concentration of 0.5 to 7.2 mg/mL. Do NOT use D5W Use 100 or 250 mL NS infusion bag made of PVC, PO, PA or copolymer of olefins Gently invert to mix- Do NOT shake	IV infusion: Allow diluted solution to come to RT if refrigerated Initial infusion: Administer over 2 hr. Subsequent infusion: Administer over at least 30 min Infuse through a 0.2 micron low protein-binding PES in-line or add-on filter Do not administer IV push or bolus Do not mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Do NOT freeze

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MELPHALAN (Alkeran®, Evomela®) Alkeran® 50 mg powder SDV & diluent (10 mL) Evomela® 50 mg powder SDV	RT Evomela® Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Alkeran® Reconstitution: Rapidly add 10 mL of provided diluent to achieve a concentration of 5 mg/mL Shake vigorously until clear Dilution: Immediately further dilute with NS to a final concentration not to exceed 0.45 mg/mL Evomela® Reconstitution: Use 8.6 mL NS to achieve a concentration of 5 mg/mL Negative pressure present in vial should assist in addition of NS; discard vial if no vacuum present Dilution: Further dilute with NS to a final concentration of 0.45 mg/mL Do NOT mix or combine Evomela® with other melphalan products	Alkeran® IV infusion: over at least 15 min, complete administration within 60 min of reconstitution Evomela® IV infusion: over 15 to 30 min through an injection port or central venous catheter Do NOT mix or infuse with other agents The time between dilution and administration should be kept to minimum as melphalan in solution is unstable	Reconstituted or open vial: Alkeran® Further dilute immediately Evomela® RT 1 hr RF 24 hr In syringe: no data available In admixture (Including Infusion Time): Do NOT refrigerate Alkeran® Use immediately Evomela® RT 4 hr (in addition to open vial stability time)
MELPHALAN FLUFENAMIDE (Pepaxto®) 20 mg powder SDV	RF Protect from light	Reconstitution: Allow vials to stand at RT for at least 30 min Shake vigorously or vortex to disintegrate powder cake into loose powder Use 40 mL RT D5W to achieve a concentration of 0.5 mg/mL Shake vigorously until solution is clear Dilution: Refrigerate a 250 mL bag NS for at least 4 hours Further dilute with refrigerated NS to total volume of 250 mL and a final concentration of 0.1 to 0.16 mg/mL Gently invert to mix- Do NOT shake Complete reconstitution and dilution within 30 min	IV infusion: over 30 min via central venous access Flush line after infusion Infusion must begin within 60 min of start of vial reconstitution or dilute solution should be placed in refrigeration for storage Allow diluted solution to reach RT prior to infusion if stored in refrigerator Start infusion within 30 min of removing diluted solution from refrigerator	Reconstituted or open vial: Further dilute within 30 min In syringe: no data available In admixture: RT 1 hr from start of reconstitution RF 6 hr (if refrigerated within 30 minutes of reconstitution)

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MESNA (Mesnex®) 100 mg/mL solution 1000 mg MDV	RT	Dilution for IV infusion: Further dilute with 50 to 100 mL NS, D5W, D5/0.45NS, D5/0.33NS, D5/0.2NS or LR to a final concentration of 20 mg/mL May be mixed in same bag with ifosfamide or cyclophosphamide (2)	May be given as a rapid IV infusion/bolus or as a continuous infusion (2) IV continuous infusion: see protocol for infusion rate	Reconstituted or open vial: MDV RT 8 d In syringe: Undiluted: RT, RF, BT 9 d (2). Remove air from syringe In admixture (Including Infusion Time): RT 24 hr 20 mg/mL in D5/0.45NS, LR, NS: RT 48 hr (2)
METHOTREXATE (Various) 25 mg/mL, preservative-free solution 50 mg, 100 mg, 200 mg, 250 mg, 1000 mg SDV 25 mg/mL, preserved solution 250 mg MDV 1000 mg preservative-free powder SDV Otrexup™ 10 mg, 12.5 mg, 15 mg, 17.5 mg, 20 mg, 22.5 mg, 25 mg preservative-free single-dose autoinjector Rasuvo®: 7.5 mg, 10 mg, 12.5 mg, 15 mg, 17.5 mg, 20 mg, 22.5 mg, 25 mg, 27.5 mg, 30 mg single-dose autoinjector	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	May further dilute in D5W, D5NS, or NS (2) Reconstitution (for powder SDV): Use 19.4 mL preservative-free NS or preservative-free D5W to achieve a concentration of 50 mg/mL Dilution (for powder SDV): Further dilute high doses with D5W, D5NS, or NS (2) Use preservative-free product for IT preparations & intermediate to high dose infusions IT injection: Dilute to final concentration of 1 mg/mL	IV push: via Y-site or 3-way stopcock into a free-flowing IV infusion (2) IV infusion: infuse intermediate- or high-dose as intermittent infusion. See protocol for infusion rate IV continuous infusion: see protocol for infusion rate IT injection: Inject over 15 to 30 seconds with the bevel of the needle pointed upward IM: inject into a large muscle mass SQ: administer in upper thigh or abdomen May be given intra-arterial When leucovorin rescue is required, begin 24 hr after methotrexate dose With high doses, ensure adequate hydration and urinary alkalization	Reconstituted or open vial: Preservative-free: use immediately Preserved: no data available In syringe: 50 mg/mL undiluted: RT 70 d (2) 2.5 mg/mL: RT or RF 7 d (2,3) In admixture (Including Infusion Time): Preserved, diluted in NS: RT 24 hr

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MITOMYCIN (Mutamycin®) 5 mg, 20 mg, 40 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Reconstitution: Use 10 mL SWFI for the 5 mg vial, 40 mL SWFI for the 20 mg vial or 80 mL SWFI for the 40 mg vial to achieve a concentration of 0.5 mg/mL Shake well Dilution: May further dilute with NS, or sodium lactate to a final concentration of 20 to 40 mcg/mL (2)	**Vesicant** IV push: slowly into a free-flowing IV infusion of NS or D5W over 5 to 10 min (2) iKnowMed standard: Intravesical: Patient should not drink liquids for up to 8 hr prior to treatment Have patient empty their bladder prior to mitomycin administration Insert urethral catheter in the bladder Drain bladder Instill mitomycin by gravity flow via the urethral catheter Reposition the patient (side to side, prone, supine) changing positions every 15 min to maximize bladder surface exposure to the agent Have patient retain solution for 2 hr, if possible, then void Do NOT administer IM or SQ (2)	Reconstituted or open vial: 0.5 mg/mL: RT 7 d RF 14 d Protect from light In syringe: 0.5 mg/mL (SWFI): RT 11 d (2) RF 42 d (2) Protect from light In admixture (Including Infusion Time): 20 to 40 mcg/mL: RT 12 hr in NS RT 24 hr in Sodium Lactate

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MITOMYCIN FOR PYELOCALYCEAL SOLUTION (Jelmyto™) 40 mg powder SDV & hydrogel for reconstitution (20 mL)	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Avoid excessive heat over 40°C (104°F)	Please refer to Instructions for Pharmacy for complete details Mixing Admixture: - Chill chilling block in the freezer at -20°C to -12°C (-4°F to 10.4°F) upside down overnight - Preparation of mitomycin pyelocalyceal solution must be conducted under chilled and aseptic conditions - Chill drug and hydrogel vials and syringes in chilling block for at least 10 min - Create pre-wetting solution (PWS) by connecting two chilled 10 mL syringes, one with 4 mL hydrogel and the other with 2 mL sterile water. Gently mix the sterile water with the hydrogel by pushing the plungers back and forth at least 25 times. Transfer the 6 mL PWS into one syringe. Keep PWS in syringe in chilling block - Inject 3 mL of chilled PWS into each 40 mg powder mitomycin vial. Gently swirl vials upright at least 15 times to mix- Do NOT shake or invert - Inject 7 mL of chilled hydrogel into each mitomycin vial. Gently swirl vials upright at least 15 times to mix- Do NOT shake or invert - Place mitomycin vials in chilling block for 5 min, then remove vials and vigorously swirl them upright at least 15 times, then place mitomycin vials back in chilling block and repeat the same mixing steps for a total of 30 min- Do NOT shake or invert Preparing Admixture: - Remove one mitomycin admixture vial from the chilling block. Vigorously swirl the vial upright at least 15 times- Do NOT shake or invert - Slowly withdraw 7 mL of mitomycin admixture from the vial using the chilled 20 mL syringe - Inject 7 mL of mitomycin admixture in syringe into the second mitomycin admixture vial to combine all the mixture in one vial - Vigorously swirl the vial upright at least 15 times- Do NOT shake or invert - The final mixture has a concentration of 4 mg mitomycin per mL as a viscous liquid for instillation. Protect from light	**Vesicant** Reconstituted admixture chilled at -3°C to 5°C (27°F to 41°F) converts to a viscous liquid for instillation Instill reconstituted mitomycin admixture within 1 hr after it is converted to a viscous liquid Instill using a Uroject12 Lever, a Luer lock syringe, and a ureteral catheter with molded Luer lock connector Do NOT exceed total instillation volume of 15 mL The entire syringe must be emptied within 1 min Do NOT administer IV, topical, or oral	Reconstituted or open vial: RT 8 hr. Protect from light In syringe: no data available In admixture (Including Infusion Time): no data available

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MITOXANTRONE (Novantrone®) 2 mg/mL solution 20 mg, 25 mg, 30 mg MDV	RT Do NOT freeze	Dilution for IV infusion: Further dilute with at least 50 mL NS or D5W	**Irritant** IV infusion: over no less than 3 min into a free-flowing IV of NS or D5W Do NOT administer SQ Do NOT mix or infuse with other agents	Reconstituted or open vial: Undiluted: RT 7 d RF 14 d Do NOT freeze In syringe: 2 mg/mL (undiluted): RT or RF 42 d (2) 0.2 mg/mL in NS: RT or RF 28 d (2) BT 24 hr (2) In admixture (Including Infusion Time): use immediately
MOGAMULIZUMAB-KPKC (Poteligeo®) 4 mg/mL solution 20 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a final concentration of 0.1 to 3 mg/mL Gently invert to mix- Do NOT shake Dilute solution is compatible with PVC or PO infusion bags	IV infusion: over at least 60 min Infuse through a 0.22 micron low protein-binding in-line filter Do NOT administer SQ Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 4 hr. Do NOT freeze. Do NOT shake
MOXETUMOMAB PASUDOTOX-TDFK (Lumoxiti™) 1 mg powder SDV & IV solution stabilizer (1 mL)	RF Do NOT freeze Do NOT shake Protect from light	Reconstitution: Use 1.1 mL SWFI to achieve a concentration of 1 mg/mL Direct the SWFI along the walls of the vial and not directly at the lyophilized cake or powder Do NOT reconstitute vials with IV solution stabilizer Gently swirl to mix- Do NOT shake Dilution: Add 1 mL IV solution stabilizer to 50 mL NS infusion bag. Use only 1 vial of IV solution stabilizer per administration Gently invert to mix- Do NOT shake Further dilute reconstituted solution in infusion bag containing NS and IV solution stabilizer Gently invert to mix- Do NOT shake	Allow to warm to RT for up to 4 hr if refrigerated IV infusion: over 30 min Flush line after infusion with NS at the same rate as the infusion Protect from light Do NOT mix or infuse with other agents	Reconstituted or open vial: use immediately In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Do NOT freeze Do NOT shake Protect form light

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NATALIZUMAB (Tysabri®) 20 mg/mL solution 300 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with 100 mL NS to a final concentration of 2.6 mg/mL Do NOT use other diluents Gently invert to mix- Do NOT shake	Allow solution to warm to RT IV infusion: over 1 hr Flush line after infusion with NS Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Observe for 1 hr following infusion for signs/symptoms of hypersensitivity reaction	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 8 hr. Do NOT freeze
NECITUMUMAB (Portrazza®) 16 mg/mL solution 800 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to total volume of 250 mL Do NOT use dextrose-containing solutions Gently invert- Do NOT shake	IV infusion over 60 min Flush line at the end of the infusion with NS Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 4 hr RF 24 hr Do NOT freeze
NELARABINE (Arranon®) 5 mg/mL solution 250 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Do NOT further dilute Transfer dose to an empty PVC or glass infusion container	IV infusion: over 2 hr (give over 1 hr in pediatric patients)	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 8 hr (PVC or glass container)
NIVOLUMAB (Opdivo®) 10 mg/mL solution 40 mg, 100 mg, 240 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 10 mg/mL. Total volume must not exceed 160 mL. For weight <40 kg, total volume must not exceed 4 mL/kg Gently invert to mix- Do NOT shake	IV Infusion: over 30 min Infuse through a 0.2 to 1.2 micron low protein-binding in-line filter Flush line after infusion Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RF 24 hr Do NOT freeze

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OBINUTUZUMAB (Gazyva®) 25 mg/mL solution 1000 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilute into a NS PVC or non-PVC PO infusion bag Do NOT use other diluents For 100 mg and 900 mg doses: Withdraw 40 mL of solution from vial Dilute 4 mL into a 100 mL NS infusion bag for immediate administration Dilute the remaining 36 mL into a 250 mL NS infusion bag at the same time for use on Day 2 and store RF for up to 24 hr Clearly label each infusion bag For 1000 mg doses: Dilute 40 mL (1000 mg) into a 250 mL NS infusion bag Final concentration: 0.4 mg/mL to 4 mg/mL Gently invert to mix- Do NOT shake	Allow solution to warm to RT immediately before use IV infusion for CLL: Cycle 1 Day 1 dose: administer at 25 mg/hr over 4 hr. Do NOT increase the infusion rate Cycle 1 Day 2 dose: if no prior infusion reaction, administer at 50 mg/hr, escalate in increments of 50 mg/hr every 30 min to a maximum rate of 400 mg/hr. If prior infusion reaction, administer at 25 mg/hr for 30 min, escalate in increments of 50 mg/hr every 30 min to a maximum rate of 400 mg/hr. Subsequent doses: if no prior infusion reaction, administer at a rate of 100 mg/hr, escalate by 100 mg/hr every 30 min to a maximum rate of 400 mg/hr. If prior infusion reaction, administer at a rate of 50 mg/hr for 30 min, escalate by 50 mg/hr every 30 min to a maximum rate of 400 mg/hr IV infusion for FL: Cycle 1 Day 1: administer at 50 mg/hr; escalate in increments of 50 mg/hr every 30 min to a maximum rate of 400 mg/hr Subsequent doses: if no prior infusion reaction or grade 1 reaction, administer at a rate of 100 mg/hr, escalate by 100 mg/hr every 30 min to a maximum rate of 400 mg/hr. If prior grade 2 or higher infusion reaction, administer at a rate of 50 mg/hr, escalate by 50 mg/hr every 30 min to a maximum rate of 400 mg/hr Monitor for infusion reactions. See manufacturer recommendations for management of reactions Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr, followed by RT 48 hr Do NOT freeze

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
OCRELIZUMAB (Ocrevus™) 30 mg/mL solution 300 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with 250 mL NS for 300 mg dose and 500 mL NS for 600 mg dose to achieve a final concentration of approximately 1.2 mg/mL	If RF, allow bag to warm to RT IV infusion: First and second infusion: Initial rate 30 mL/hr; may increase by 30 mL/hr every 30 min as tolerated to maximum of 180 mL/hr Subsequent infusions: Option 1: Initial rate 40 mL/ hr; may increase by 40 mL/hr every 30 min to maximum of 200 mL/hr Option 2: if no prior serious infusion, initiate rate at 100 mL/hr for the first 15 min; may increase to 200 mL/hr for the next 15 min; may increase to 250 mL/hr for the next 30 min; may increase to 300 mL/hr for the remaining 60 min Infuse through a 0.2 or 0.22 micron low protein-binding in-line filter Observe patient for infusion reaction for at least one hr after completion	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RF 24 hr
OCTREOTIDE (Sandostatin®, Sandostatin LAR®) Sandostatin®: 50 mcg/mL, 100 mcg/mL, 500 mcg/mL solution single-dose ampules or vials 200 mcg/mL solution 1000 mcg MDV 1000 mcg/mL Solution 5000 mcg MDV Sandostatin® LAR: 10 mg, 20 mg, 30 mg powder SDV & diluent (2 mL)	RF Sandostatin® stable for 14 days at RT if protected from light Protect from light	Sandostatin® for SQ, IV Push or IV infusion administration: May administer undiluted for SQ or IV push or further dilute with 50 to 200 mL NS or D5W for IV infusion Sandostatin® LAR depot for IM administration: Allow kit to warm to RT for 30 to 60 min Use 2 mL provided diluent and direct stream toward wall of vial Do not disturb for 2-5 min while diluent fully saturates powder Gently swirl to mix- Do NOT shake Non-depot and depot products are NOT inter-changeable.	Sandostatin® solution: SQ: administer undiluted solution IV push: administer undiluted solution over 3 min IV infusion: over 15 to 30 min Sandostatin® LAR depot suspension: IM: administer in gluteal region immediately after preparation Use provided 1.5", 19 gauge needle [or 2", 19 gauge needle (not supplied) may be used in patients with greater skin to muscle depth] Rotate injection sites to avoid irritation Do NOT administer IV or SQ	Reconstituted or open vial: MDV 14 d In syringe: Sandostatin® 0.1 and 0.5 mg/mL: BT 30 d (2) 0.2 mg/mL: RF or FRZ 60 d (2) In admixture (Including Infusion Time): Sandostatin®: RT 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
OFATUMUMAB **Arzerra®** 20 mg/mL solution 100 mg, 1000 mg SDV **Kesimpta®:** 50 mg/mL solution 20 mg single-dose prefilled pen and syringe	RF Do NOT freeze Protect from light	Arzerra Dilution: Further dilute with NS to total volume of 1000 mL Gently invert to mix- Do NOT shake Store diluted solution in RF and start infusion within 12 hr of preparation Kesimpta Do NOT further dilute Do NOT shake	Arzerra IV infusion: First dose: initiate at 12 mL/hr Second dose (refractory CLL): initiate at 12 mL/hr Second dose (untreated, relapsed, and extended treatment in CLL): initiate at 25 mL/hr Subsequent doses: initiate at 25 mL/hr In the absence of infusion-related reactions, may increase rate every 30 min as tolerated to max rate of 400 mL/hr Monitor for signs/symptoms of hypersensitivity, see product information for management of reactions Flush line before and after infusion with NS Do NOT administer IV push, bolus, or subcutaneously Do NOT mix or infuse with other agents Kesimpta SQ**:** Allow syringe to warm to RT for 15-30 min. Administer in the abdomen, thigh, or outer upper arm. Do not give injection into moles, scars, stretch marks or areas where the skin is tender, bruised, red, scaly, or hard. Hold the syringe in place while continuing to press on the plunger for an additional 5 seconds to ensure dose delivery. Do NOT administer IV	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr
OMACETAXINE MEPESUCCINATE (Synribo®) 3.5 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Reconstitution: Use 1 mL NS to achieve a concentration of 3.5 mg/mL Gently swirl to mix- powder should dissolve in less than 1 min	SQ	Reconstituted or open vial: RT 12 hr RF 6 d In syringe: RT 12 hr RF 6 d In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
ONDANSETRON (Zofran®) 2 mg/mL solution 4 mg SDV 40 mg MDV	RT Protect from light	For IV push or IM: Doses up to 4 mg may be administered undiluted Dilution for IV infusion: Further dilute with 50 mL of D5W or NS.	IV push: over at least 30 sec (preferably 2 to 5 min), approximately 30 min before chemotherapy IV infusion: over 15 min, begin 30 min prior to chemotherapy IM: inject deeply into a large muscle mass	Reconstituted or open vial: no data available In syringe: Undiluted, 0.25 to 1 mg/mL, NS, D5W: RT 48 hr (2) RF 14 d (2) FRZ 90 d (2) In admixture (Including Infusion Time): NS, D5W, D5NS, D5/0.45NS: RT 48 hr RT 14 d (2) RF 30 d (2) CADD: Undiluted BT 7 d (2) 0.24 mg/mL, NS RF 30 d (2) BT 24 hr (2)
OXALIPLATIN (Eloxatin®) 5 mg/mL solution 50 mg, 100 mg SDV 50 mg, 100 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze Protect from light	Reconstitution (for powder SDV): Use 10 mL SWFI or D5W for the 50 mg vial or 20 mL SWFI or D5W for the 100 mg vial to achieve a concentration of 5 mg/mL Dilution for powder and solution: Further dilute with 250 to 500 mL D5W After final dilution, protection from light is not required Do NOT use alkaline or NS- containing diluents Do NOT use any needles or IV sets that contain aluminum	**Irritant** IV infusion: over 2 hr Flush line at the end of the infusion with D5W Do NOT mix or infuse with alkaline agents	Reconstituted or open vial: Reconstituted powder: RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RT 6 hr RF 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PACLITAXEL (Taxol®) 6 mg/mL solution 30 mg, 100 mg, 150 mg, 300 mg MDV	RT Protect from light	Dilution: Further dilute with 250 to 500 mL of NS, D5W, D5NS, D5LR to a final concentration of 0.3 to 1.2 mg/mL Must use DEHP-free infusion container and infusion set Chemo Dispensing Pin™ NOT recommended	**Irritant** IV infusion: 1 to 3 hr for IV piggyback Continuous IV infusion: Rate per cited reference, via ambulatory pump Infuse through a 0.22 micron in-line filter (DEHP-free) Must use DEHP-free infusion container and infusion set Do NOT administer IV push or bolus iKnowMed standard: IV infusion: If given weekly: over 1 hr If given every 14 to 21 days: over 3 hr Intraperitoneal infusion: Administer via gravity per cited reference with appropriate dwell time.	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 27 hr
PACLITAXEL, NANOPARTICLE ALBUMIN-BOUND (Abraxane®) 100 mg powder SDV	RT Protect from light Do NOT freeze (2)	Reconstitution: Use 20 mL NS slowly over 1 min to achieve a concentration of 5 mg/mL To avoid foaming, direct stream toward wall of vial Allow vial to sit for 5 min Gently swirl or invert for at least 2 min to mix- Do NOT shake If foaming or clumping occurs, stand solution for at least 15 min until foam subsides Gently invert prior to use to re-suspend drug Add dose to empty PVC (or non-PVC) bag Do NOT further dilute	IV infusion: over 30 min Do NOT filter It is NOT necessary to use specialized DEHP-free infusion containers or sets Do NOT substitute paclitaxel, nanoparticle albumin-bound for or with other paclitaxel formulations	Reconstituted or open vial: RF 24 hr Protect from light In syringe: no data available In admixture (Including Infusion Time): Reconstituted suspension in infusion bag: RF 24 hr followed by RT 4 hr. Protect from light The total combined RF storage is 24 hr (reconstituted in vial and reconstituted suspension in infusion bag)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PALIFERMIN (Kepivance®) 6.25 mg powder SDV	RF Protect from light	Reconstitution: Use 1.2 mL SWFI to achieve a concentration of 5 mg/mL Gently swirl to mix- Do NOT shake Dissolution can take up to 3 min Do NOT freeze the reconstituted solution Do NOT filter	IV bolus Flush line before and after infusion with NS, if heparin is used to maintain line	Reconstituted or open vial: RF 24 hr RT 1 hr Do NOT freeze Protect from light In syringe: RF 24 hr RT 1 hr Do NOT freeze Protect from light In admixture (Including Infusion Time): no data available
PALONOSETRON (Aloxi®) 0.05 mg/mL solution 0.25 mg SDV 0.25 mg prefilled syringe 0.125 mg/mL solution 0.25 mg SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze Protect from light	Do NOT further dilute	IV push: over 30 seconds, approximately 30 min before chemotherapy Flush line before and after infusion with NS Do NOT mix of infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): NS, D5W, D50.45NS, D5LR: RT 48 hr (2) RF 14 d (2)
PAMIDRONATE (Aredia®) 3 mg/mL, 6 mg/mL or 9 mg/mL solution 30 mg, 60 mg, 90 mg SDV 30 mg, 90 mg powder SDV	RT	Reconstitution (for powder SDV): Use 10 mL SWFI to achieve a concentration of 3 mg/mL or 9 mg/mL Dilution for powder or solution: Further dilute with 250 to 1000 mL NS, D5W, or 0.45NS Do NOT use calcium-containing diluents, including Ringer's solution iKnowMed standard: Dilution: Further dilute with 250 to 500 mL NS	**Irritant** IV infusion: over 2 to 4 hr May be given over a minimum of 2 hr or up to 24 hr Do NOT mix or infuse with other drugs	Reconstituted or open vial: Reconstituted powder in SWFI: RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RT 24 hr 60 mcg/mL and 360 mcg/mL in D5W RT 7 d (2) RF 30 d (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PANITUMUMAB (Vectibix®) 20 mg/mL solution 100 mg, 400 mg SDV	RF Do NOT freeze Protect from light	Further dilute to a total volume of 100 mL NS for doses 1000 mg or less and to a total volume of 150 mL NS for doses greater than 1000 mg. Final concentration NOT to exceed 10 mg/mL Gently invert to mix- Do NOT shake The solution may contain a small amount of visible translucent-to-white particulates which will be removed by filtration during administration	IV infusion: over 60 min. If first infusion is tolerated, subsequent infusions can be over 30 to 60 min; Administer over 90 min for doses greater than 1000 mg Infuse through a 0.2 or 0.22 micron low protein-binding in-line filter Flush line before and after infusion with NS Do NOT administer IV bolus or push Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 6 hr RF 24 hr Do NOT freeze
PATISIRAN (Onpattro™) 2 mg/mL solution 10 mg SDV	RF RT 14 d Do NOT freeze	Allow vials to warm to RT- Do NOT shake or vortex. Filter through 0.45 micron PES syringe filter into a sterile container prior to dilution Dilution: Further dilute to a final volume of 200 mL NS Gently invert to mix- Do NOT shake Must use DEHP-free infusion container and infusion set	**Irritant** IV infusion: over 80 min, at an initial rate of 1 mL/min for the first 15 min, then increase to 3 mL/min for the remainder of the infusion Infuse through a 1.2 micron PES in-line filter Flush line after infusion with NS Must use DEHP-free infusion sets and infusion set Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 16 hr Do NOT freeze
PEGASPARGASE (Oncaspar®) 750 IU/mL solution 3,750 IU SDV	RF RT 48 hr Do NOT freeze Do NOT shake Protect from light	For IM: Administer undiluted Dilution for IV infusion: Further dilute with 100 mL NS or D5W	IM: inject deeply into a large muscle mass Max volume = 2 mL per syringe, use multiple syringes and sites for volumes greater than 2 mL IV infusion: over 1 to 2 hr via freely running IV Do NOT mix or infuse with other agents Observe patients for hypersensitivity reactions for at least 1 hr following administration	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF or RT 48 hr Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PEGCETACOPLAN (Empaveli™) 54 mg/mL solution 1,080 mg SDV	RF Protect from light	Do NOT further dilute Allow the vial to reach RT for approximately 30 min Refer to the pegcetacoplan instructions for use and the infusion pump manufacturer's instruction for full preparation information Must use a needleless transfer device (such as a vial adaptor) or a transfer needle to fill the syringe	SQ infusion: Infuse via an infusion pump with a reservoir of at least 20 mL Infuse into the abdomen, thighs, hips, or upper arms Refer to the pegcetacoplan instructions for use and the infusion pump manufacturer's instruction for full administration information Using 1 infusion site: over 60 min Using 2 infusion sites: over 30 min Separate infusion sites by at least 3 inches if multiple infusion sites are used Rotate infusion sites from one infusion to the next Do NOT infuse where the skin is tender, bruised, red, hard, or areas where there are tattoos, scars, or stretch marks	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
PEGFILGRASTIM (Neulasta®) 6 mg/0.6 mL single-dose prefilled syringe and Delivery Kit with On-body injector	RF Avoid freezing; if frozen, allow to thaw in RF (do NOT freeze more than once) Do NOT shake Protect from light RT 48 hr	Do NOT further dilute	SQ: Allow syringe to warm to RT for at least 30 min. Do NOT store at RT for more than 48 hr prior to use Delivery Kit: apply to abdomen or back of arm within 3 min of filling the reservoir Do NOT store at RT for more than 12 hr prior to use Do NOT shake before administering Administer once per cycle at least at least 14 days before and 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
PEGFILGRASTIM-APGF (Nyvepria™) 6 mg/0.6 mL single-dose prefilled syringe	RF Avoid freezing; if frozen, allow to thaw in RF (do NOT freeze more than once) Do NOT shake Protect from light RT 15 d	Do NOT further dilute	SQ: Allow syringe to warm to RT for at least 30 min. Do NOT store at RT for more than 15 d prior to use Do NOT shake before administering Administer once per cycle at least 14 days before and 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PEGFILGRASTIM-BMEZ (Ziextenzo™) 6 mg/0.6 mL single-dose prefilled syringe	RF Avoid freezing; if frozen, allow to thaw in RF (do NOT freeze more than once) Do NOT shake Protect from light RT 120 hr	Do NOT further dilute	SQ: Allow syringe to warm to RT for at least 15-30 min. Do NOT store at RT for more than 120 hr prior to use Administer once per cycle at least 14 days before and 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
PEGFILGRASTIM-CBQV (Udenyca™) 6 mg/0.6 mL single-dose prefilled syringe	RF Avoid freezing; if frozen, allow to thaw in RF (do NOT freeze more than once) Do NOT shake Protect from light RT 48 hr	Do NOT further dilute	SQ: Allow syringe to warm to RT for at least 30 min. Do NOT store at RT for more than 48 hr prior to use Administer once per cycle at least 14 days before and 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
PEGFILGRASTIM-JMDB (Fulphila™) 6 mg/0.6 mL single-dose prefilled syringe	RF Avoid freezing; if frozen, allow to thaw in RF (do NOT freeze more than once) Do NOT shake Protect from light RT 72 hr	Do NOT further dilute	SQ: Allow syringe to warm to RT for at least 30 min. Do NOT store at RT for more than 72 hr prior to use Administer once per cycle at least 14 days before and 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
PEGLOTICASE (Krystexxa®) 8 mg/mL solution 8 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with 250 mL NS or 0.45NS Gently invert numerous times to mix- Do NOT shake	Allow diluted solution to come to RT IV infusion: over at least 2 hr Observe patients for infusion reactions for at least 1 hr following administration Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF (preferred) or RT 4 hr Do NOT freeze Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PEMBROLIZUMAB (Keytruda®) 25 mg/mL solution 100 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 10 mg/mL Gently invert to mix- Do NOT shake	Allow diluted solution to come to RT immediately before use IV infusion: over 30 min Infuse through a 0.2 to 5 micron low protein-binding in-line or add-on filter Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 6 hr RF 96 hr Do NOT freeze
PEMETREXED (Alimta®) 100 mg, 500 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 4.2 mL preservative-free NS for the 100 mg vial or 20 mL preservative-free NS for 500 mg vial to achieve a concentration of 25 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with preservative-free NS to a total volume of 100 mL Do NOT use calcium-containing diluents, including Ringer's solution	IV infusion: over 10 min Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 24 hr In syringe: 25 mg/mL, in PP syringes: RT 48 hr (2) RF 31 d (2) In admixture (Including Infusion Time): RF 24 hr RT 48 hr (2)
PENTOSTATIN (Nipent™) 10 mg powder SDV	RF	Reconstitution: Use 5 mL SWFI to achieve a concentration of 2 mg/mL Dilution for IV infusion: Further dilute with 25 to 50 mL NS or D5W to a final concentration 0.18 to 0.33 mg/mL iKnowMed standard: Dilution for IV infusion: Further dilute with 50 mL D5W	IV push: over 5 min IV infusion: over 20 to 30 min Hydrate with 500 to 1000 mL before and 500 mL after chemotherapy iKnowMed standard: IV infusion: over 30 min	Reconstituted or open vial: RT 8 hr RT 72 hr (2) In syringe: no data available In admixture (Including Infusion Time): RT 8 hr RT 48 hr (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
PERTUZUMAB (Perjeta®) 30 mg/mL solution 420 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with 250 mL NS only Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents	IV infusion: over 60 min for initial 840 mg dose, then over 30 to 60 min for subsequent 420 mg doses Observe patient for 60 min after the first infusion and for 30 min after subsequent infusion and before administering any additional agents Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr
PERTUZUMAB, TRASTUZUMAB AND HYALURONIDASE-ZZXF (Phesgo®) 1,200 mg pertuzumab, 600 mg trastuzumab, 30,000 units hyaluronidase/15 mL SDV 600 mg pertuzumab, 600 mg trastuzumab, 20,000 units hyaluronidase/10 mL SDV	RF Do NOT freeze Do NOT shake Protect from light	Do NOT further dilute Compatible with stainless steel, PP, polycarbonate, PE, PU, PVC, fluorinated ethylene polypropylene	SQ: Administer over 5 to 8 min. Inject 15 mL over approximately 8 min and 10 mL over approximately 5 min. Use 25G-27G hypodermic needles for administration Alternate SQ injection between the left and right thigh only. New injection site should be at least 1 inch (2.5 cm) from previous site on healthy skin and never into areas where the skin is red, bruised, tender, or hard Do NOT split the dose between two syringes or between two sites of administration Observe patient for a minimum of 30 min after initial dose and 15 min after each maintenance dose administration Do NOT administer other agents at the same site Do NOT substitute pertuzumab, trastuzumab and hyaluronidase-zzxf for or with pertuzumab, trastuzumab, ado-trastuzumab emtansine or fam-trastuzumab deruxtecan Do NOT administer IV	Reconstituted or open vial: no data available In syringe: RF 24 hr RT 4 hr In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
POLATUZUMAB VEDOTIN-PIIQ (Polivy™) 30 mg, 140 mg powder SDV	RF Do NOT freeze Do NOT shake Protect from light	Reconstitution: Use 1.8 mL SWFI for the 30 mg vial or 7.2 mL SWFI for the 140 mg vial to achieve a concentration of 20 mg/mL Gently swirl to mix- Do NOT shake Dilution: Further dilute with NS, 0.45NS or D5W in an infusion bag with a minimum volume of 50 mL to a final concentration of 0.72 to 2.7 mg/mL Gently invert to mix. Do NOT shake Limit transportation to 30 min at RT or 24 hr at RF If the prepared solution will be transported to a separate facility, remove air from the infusion bag to prevent aggregation. If air is removed, an infusion set with a vented spike is required to ensure accurate dosing during the infusion.	IV infusion: over 90 min (initial dose) or over 30 min (subsequent doses, if prior infusions were well tolerated) Infuse through a 0.2 or 0.22 micron low-protein binding in-line or add-on filter Observe patient for at least 90 min after initial dose and for at least 30 min after subsequent doses for infusion reactions Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 48 hr RT 8 hr Do NOT freeze Protect from light Discard vial when cumulative storage time prior to dilution exceeds 48 hr In syringe: no data available In admixture (Including Infusion Time): In NS: RF 36 hr RT 4 hr In 0.45NS: RF 18 hr RT 4 hr In D5W: RF 36 hr RT 6 hr Do NOT freeze Protect from light
PORFIMER SODIUM (Photofrin®) 75 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Protect from light	Reconstitution: Use 31.8 mL NS or D5W to achieve a concentration of 2.5 mg/mL Protect solution from bright light Shake well- solution will be opaque Administer immediately to avoid photoactivation	Slow IV push: over 3 to 5 min Do NOT mix or infuse with other agents	Reconstituted or open vial: use immediately In syringe: no data available In admixture (Including Infusion Time): no data available
PRALATREXATE (Folotyn®) 20 mg/mL solution 20 mg, 40 mg SDV	RF Protect from light	Do NOT further dilute Withdraw dose into a syringe for immediate use	IV push: over 3 to 5 min into a free flowing IV of NS	Reconstituted or open vial: no data available In syringe: use immediately In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
RAMUCIRUMAB (Cyramza®) 10 mg/mL solution 100 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a total volume of 250 mL Do NOT use dextrose-containing diluents Gently invert to mix- Do NOT shake	IV infusion: First dose: over 60 min Subsequent doses: over 30 min if first dose is tolerated Administer via infusion pump through a separate infusion line. Use of a protein-sparing 0.22 micron filter is recommended. Flush line at end of infusion with NS Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 4 hr Do NOT freeze Do NOT shake
RASBURICASE (Elitek®) 1.5 mg, 7.5 mg powder SDV & diluent (1 mL, 5 mL)	RF Do NOT freeze Protect from light	Reconstitution: Use 1 mL provided diluent for the 1.5 mg vial or 5 mL provided diluent for the 7.5 mg vial Gently swirl to mix- Do NOT shake Dilution: Further dilute with NS to a total volume of 50 mL	IV infusion: over 30 min through a separate line or flush before and after infusion with 15 mL NS Do NOT administer IV push or bolus Do NOT filter	Reconstituted or open vial: RF 24 hr In syringe: no data available In admixture (Including Infusion Time): RF 24 hr
RAVULIZUMAB-CWVZ (Ultomiris®) 100 mg/mL solution 300 mg, 1100 mg SDV	RF Do NOT freeze Do NOT shake Protect from light	Dilution: Further dilute with NS to a final concentration of 50 mg/mL Gently mix- Do NOT shake. Do NOT freeze. Protect from light	Allow to warm to RT if refrigerated. Do not heat dilution with any heat source. Infuse within 4 hr after removal from refrigeration IV infusion: refer to PI for infusion rate detail Infuse through a 0.2 or 0.22 micron filter Do NOT administer IV push or bolus Monitor patient for at least 1 hour following completion of the infusion for allergic reaction	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 4 hours (after removed from RF)
RHO(D) IMMUNE GLOBULIN (WinRho® SDF) 600 IU (120 mcg), 1,500 IU (300 mcg), 2,500 IU (500 mcg), 5,000 IU (1000 mcg), 15,000 IU (3000 mcg) solution SDV	RF Do NOT freeze Protect from light	Allow vial to warm to RT prior to use May further dilute with NS Do NOT use dextrose-containing diluents Conversion: 1 mcg = 5 IU	For treatment of ITP, administer by IV route only. IV push: over 3 to 5 min Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
RITUXIMAB (Rituxan®) 10 mg/mL solution 100 mg, 500 mg solution SDV	RF Do NOT freeze Do NOT shake Protect from direct sunlight	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 4 mg/mL Gently invert to mix- Do NOT shake	IV infusion: First dose: initiate at 50 mg/hr. If no reaction, increase by 50 mg/hr every 30 min to a maximum of 400 mg/hr. Subsequent doses: initiate at 100 mg/hr. If no reaction, increase by 100 mg/hr every 30 min to a maximum of 400 mg/hr. Stop or slow infusion if reaction occurs; depending on severity, infusion may be restarted at a minimum of 50% reduction in rate after resolution of symptoms. If no Grade 3 or 4 infusion related events occurred with Cycle 1, may administer over 90 min if criteria met per prescribing information: give 20% dose over 30 min, then 80% dose over 60 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr, then RT 24 hr
RITUXIMAB-ABBS (Truxima®) 10 mg/mL solution 100 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from direct sunlight	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 4 mg/mL Gently invert to mix- Do NOT shake	IV infusion: First dose: initiate at 50 mg/hr. If no reaction, increase by 50 mg/hr every 30 min to a maximum of 400 mg/hr. Subsequent doses: initiate at 100 mg/hr. If no reaction, increase by 100 mg/hr every 30 min to a maximum of 400 mg/hr. Stop or slow infusion if reaction occurs; depending on severity, infusion may be restarted at a minimum of 50% reduction in rate after resolution of symptoms. If no Grade 3 or 4 infusion related events occurred with Cycle 1, may administer over 90 min if criteria met per prescribing information: give 20% dose over 30 min, then 80% dose over 60 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr, then RT 24 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
RITUXIMAB-ARRX (Riabni™) 10 mg/mL solution 100 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from direct sunlight	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 4 mg/mL Gently invert to mix- Do NOT shake	IV infusion: First dose: initiate at 50 mg/hr. If no reaction, increase by 50 mg/hr every 30 min to a maximum of 400 mg/hr. Subsequent doses: initiate at 100 mg/hr. If no reaction, increase by 100 mg/hr every 30 min to a maximum of 400 mg/hr. Stop or slow infusion if reaction occurs; depending on severity, infusion may be restarted at a minimum of 50% reduction in rate after resolution of symptoms. If no Grade 3 or 4 infusion related events occurred with Cycle 1, may administer over 90 min if criteria met per prescribing information: give 20% dose over 30 min, then 80% dose over 60 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): In NS: RF 7 d. Protect from light In D5W: RF 24 hr
RITUXIMAB-PVVR (Ruxience™) 10 mg/mL solution 100 mg, 500 mg SDV	RF Do NOT freeze Do NOT shake Protect from direct sunlight	Dilution: Further dilute with NS or D5W to a final concentration of 1 to 4 mg/mL Gently invert to mix- Do NOT shake	IV infusion: First dose: initiate at 50 mg/hr. If no reaction, increase by 50 mg/hr every 30 min to a maximum of 400 mg/hr. Subsequent doses: initiate at 100 mg/hr. If no reaction, increase by 100 mg/hr every 30 min to a maximum of 400 mg/hr. Stop or slow infusion if reaction occurs; depending on severity, infusion may be restarted at a minimum of 50% reduction in rate after resolution of symptoms. If no Grade 3 or 4 infusion related events occurred with Cycle 1, may administer over 90 min if criteria met per prescribing information: give 20% dose over 30 min, then 80% dose over 60 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 8 hr (after removed from RF)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
RITUXIMAB AND HYALURONIDASE (Rituxan Hycela®) 1,400 mg-23,400 units/ 11.7 mL SDV 1,600 mg-26,800 units/ 13.4 mL SDV	RF Do NOT freeze Protect from light	Do NOT further dilute	SQ: Administer in abdomen only, over 5 to 7 min. Inject 11.7 mL over 5 min and 13.4 mL over 7 min. Do NOT inject into areas where the skin is red, bruised, tender or hard, or areas where there are moles or scars Observe patients for at least 15 min following administration for hypersensitivity reactions Do NOT administer other agents at the same site Do NOT administer intravenously	Reconstituted or open vial: no data available In syringe: RF 48 hr, then RT up to 30°C (86°F) 8 hr In admixture (Including Infusion Time): no data available
ROMIDEPSIN (Istodax®) 10 mg powder SDV & diluent (2.2 mL)	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 2.2 mL provided diluent to achieve a concentration of 5 mg/mL Slowly inject diluent into vial and swirl contents Dilution: Further dilute with 500 mL NS	IV infusion: over 4 hr	Reconstituted or open vial: RT 8 hr In syringe: no data available In admixture (Including Infusion Time): RT 24 hr
ROMIPLOSTIM (Nplate®) 125 mg, 250 mcg, 500 mcg powder SDV	RF Stable in RT up to 25°C (77°F) for up to 30 d. Do not place back in refrigerator once stored in RT. Do NOT freeze Protect from light	Reconstitution: [Use syringe with 0.01 mL graduations] Dose greater than or equal to 23 mcg: Use 0.44 mL preservative-free SWFI for the 125 mcg vial, 0.72 mL preservative-free SWFI for the 250 mcg vial or 1.2 mL preservative-free SWFI for the 500 mcg vial to achieve a concentration of 500 mcg/mL Gently swirl and invert to mix- Do NOT shake Dissolution usually take less than 2 min Refer to prescribing information for reconstitution of dose less than 23 mcg	SQ: administer in upper arm, upper thigh or abdomen (2) Use syringe with 0.01 mL graduations Avoid area around navel, scars, stretch marks or tender, red, bruised or hard skin (2) Rotate sites	Reconstituted or open vial: RT or RF 24 hr Protect from light In syringe: RT 4 hr Protect from light In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
SACITUZUMAB GOVITECAN-HZIY (Trodelvy™) 180 mg powder SDV	RF Do NOT freeze Protect from light	Reconstitution: Allow vials to warm to RT Use 20 mL NS to achieve a concentration of 10 mg/mL Gently swirl and allow to dissolve for up to 15 min- Do NOT shake Dilution: Further dilute with NS to a final concentration of 1.1 to 3.4 mg/mL up to total volume of 500 mL Infusion bag must be made of PP, PVC, or ethylene/propylene copolymer To minimize foaming- Do NOT shake For patient weight over 170 kg, divide the total dose equally between two 500 mL infusion bags Protect infusion bag from light	IV infusion: First infusion: over 3 hr Subsequent infusions: over 1-2 hr if tolerated prior infusions Infuse divided bags sequentially Flush infusion line after infusion with 20 mL NS Observe patients for hypersensitivity reactions for at least 30 min following infusion Protect infusion bag from light Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 4 hr then up to RT 4 hr Do NOT freeze Do NOT shake Protect from light
SARGRAMOSTIM (Leukine®) 500 mcg/mL solution 500 mcg MDV 250 mcg powder SDV	RF Do NOT freeze Do NOT shake Protect from light	SQ: administer undiluted Reconstitution (for powder SDV): Use 1 mL SWFI or BWFI to achieve a concentration of 250 mcg/mL Gently swirl to mix- Do NOT shake The contents of vials reconstituted with different diluents should NOT be mixed together Dilution for IV infusion: Further dilute with NS If concentration is less than 10 mcg/mL, add albumin to NS to a final concentration of 0.1% prior to adding sargramostim	SQ IV infusion: over 2 to 4 hr or continuously Do NOT filter Administer at least 24 hr after chemotherapy Do NOT mix or infuse with other agents	Reconstituted or open vial: MDV: RF 20 d Powder SDV: RF 6 hr (SWFI) RF 20 d (BWFI) Do NOT freeze In syringe: RF 14 d (BWFI) (2) In admixture (Including Infusion Time): RF 6 hr RT or RF 48 hr (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
SILTUXIMAB (Sylvant®) 100 mg, 400 mg powder SDV	RF Do NOT freeze Protect from light	Allow vial to warm to RT for 30 min Reconstitution Use 5.2 mL SWFI for 100 mg vial and 20 mL SWFI for 400 mg vial to achieve a concentration of 20 mg/mL Gently swirl to mix - Do NOT shake Do not remove contents until fully dissolved (may take up to 60 min) Dilution: Further dilute with D5W to a total volume of 250 mL Infusion bags must be PVC, PP, PE, or PO. May also use PE bottle. Gently invert to mix	IV infusion: over 60 min Infuse through a 0.2 micron in-line PES filter. PU, PVC or PE admin sets must be used. Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 2 hr In syringe: no data available In admixture (Including Infusion Time): RT 4 hr
SIPULEUCEL-T (Provenge®) Patient specific dose in 250 mL LR, shipped directly to the infusing provider	RT 3 hr once infusion bag is removed from insulated container	Observe universal precautions when handling sipuleucel-T and leukapheresis material; sipuleucel-T is NOT routinely tested for transmissible infectious diseases The product must remain in the insulated PU container and inside the outer cardboard shipping box until the time of administration Do NOT open insulated container until time of infusion Store at RT for no more than 3 hr once the infusion bag is removed from the insulated container Gently mix and resuspend prior to infusion	Identity of patient must match patient identifiers on the infusion bag and the cell product disposition form prior to infusion Do NOT use until confirmation of product release is received from Dendreon IV infusion: over 60 min Do NOT use a cell filter Observe patient for at least 30 min following each infusion	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
STREPTOZOCIN (Zanosar®) 1 g powder SDV	RF Protect from light	Reconstitution: Use 9.5 mL NS or D5W to achieve a concentration of 100 mg/mL Dilution: Further dilute dose with D5W, NS or D5NS (2) iKnowMed standards: Dilution: Further dilute with 50 mL NS	**Vesicant** IV infusion: over at least 15 min to 6 hr (2) May be given by rapid IV injection iKnowMed standards: IV infusion: over 30 min	Reconstituted or open vial: RF 12 hr RT 48 hr (2) RF 96 hr (2) In syringe: no data available In admixture (Including Infusion Time): RF 12 hr 2 mg/mL in D5W or NS: RT 48 hr (2) RF 96 hr (2)

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TAFASITMAB-CXIX (Monjuvi®) 200 mg powder SDV	RF Do NOT shake Do NOT freeze Protect from light	Reconstitution: Use 5 mL SWFI to achieve a concentration of 40 mg/mL Gently swirl to mix- Do NOT shake Complete dissolution may take up to 5 min Dilution: Further dilute with NS to a total volume of 250 mL and a final concentration of 2 to 8 mg/mL Gently invert to mix- Do NOT shake	IV infusion: First infusion: initiate infusion at 70 mL/hr for the first 30 min, then increase the rate to complete infusion within 1.5 to 2.5 hr Subsequent infusions: over 1.5 to 2 hr Do NOT mix or infuse with other agents	Reconstituted or open vial: RF, RT 12 hr Protect from light In syringe: no data available In admixture (Including Infusion Time): RF 18 hr RT 12 hr Protect from light Do NOT shake Do NOT freeze

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TAGRAXOFUSP-ERZS (Elzonris™) 1000 mcg/mL solution SDV	Frozen -25°C to -15°C (-13°F to 5°F) Protect from light Thawed vials may be held at RT for 1 hr prior to dose preparation Do NOT refreeze once thawed.	Thaw at RT for 15 to 30 min in original carton. Do not force thaw Dilution (two-step process): Step 1: Transfer 9 mL of NS and 1 mL of drug to an empty sterile 10 mL vial to the final concentration of 100 mcg/mL. Gently swirl undiluted tagraxofusp-erzs vial to mix drug contents prior to withdrawal of 1 mL volume. Gently invert the vial containing diluted drug at least 3 times to mix- Do NOT shake Step 2: Draw up drug in a new syringe. Prepare a separate syringe with at least 3 mL of NS to be used to flush the administration set after administration. Connect the NS flush syringe to one arm of the Y-connector and close clamp. Connect the drug syringe to the other arm of the Y-connector and close clamp. Connect the terminal end of the Y-connector to the microbore tubing. Remove the cap from the supply side of the 0.2 micron filter and attach it to the terminal end of the microbore tubing. Unclamp the arm of the Y-connector connected to the saline flush syringe. Prime the Y-connector up to the intersection. Do not prime the full infusion set with saline. Re-clamp the Y-connector line on the saline flush arm. Remove the cap on the terminal end of the 0.2 micron filter and set it aside. Unclamp the arm of the Y-connector connected to the product syringe, and prime the entire infusion set, including the filter. Recap the filter, and re-clamp the Y-connector line on the product side. Dispense with clear labeling to drug syringe and NS flush syringe.	IV infusion: infuse the prepared drug and NS flush over 15 min into running infusion of NS via infusion syringe pump	Reconstituted or open vial: no data available In syringe: RT 4 hr In admixture (Including Infusion Time): RT 4 hr
TBO-FILGRASTIM (Granix®) 600 mcg/mL solution 300 mcg, 480 mcg single-dose prefilled syringe 300 mcg/mL solution 300 mcg, 480 mcg SDV	RF RT 5 d Do NOT shake Protect from light If product stored at RT <5 days, may be returned to RF until expiration date	Allow vial to warm to RT for 30 min Do NOT further dilute	SQ: administer in the upper arm, front of middle thigh, upper buttocks or abdomen Avoid area around navel, scars, stretch marks or tender, red, bruised or hard skin Rotate injection sites Administer at least 24 hr after chemotherapy	Reconstituted or open vial: no data available In syringe: RT 5 d In admixture (Including Infusion Time): no data available

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TEMOZOLOMIDE (Temodar®) 100 mg powder SDV	RF	Allow vial to warm to RT prior to use Reconstitution: Use 41 mL SWFI to achieve a concentration of 2.5 mg/mL Gently swirl to mix- Do NOT shake Transfer total dose to empty 250 mL infusion bag Do NOT further dilute	IV infusion: over 90 min Flush line before and after infusion May be administered in the same IV line with NS Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 14 hr In syringe: no data available In admixture (Including Infusion Time): RT 14 hr
TEMSIROLIMUS (Torisel®) 25 mg/mL solution 25 mg SDV & diluent (1.8 mL)	RF Protect from light	Protect from excessive room light throughout preparation Two-Step Dilution Process: 1. Use 1.8 mL of supplied diluent to achieve a concentration of 10 mg/mL Gently invert to mix- Do NOT shake Allow sufficient time for air bubbles to subside 2. Further dilute dose with 250 mL NS Gently invert to mix- Do NOT shake Must use DEHP-free infusion container (bag or bottle) and infusion set	IV infusion: over 30 to 60 min Infuse through a 0.2 to 5 micron in-line PES filter Must use DEHP-free infusion container and infusion set Do NOT mix or infuse with other agents iKnowMed standards: IV infusion: over 30 min	Reconstituted or open vial: RT 24 hr In syringe: no data available In admixture (Including Infusion Time): RT 6 hr Protect from light
TENIPOSIDE (Vumon®) 10 mg/mL solution 50 mg single-dose ampules	RF Protect from light	Dilution: Further dilute with D5W or NS to a final concentration of 0.1 mg/mL, 0.2 mg/mL, 0.4 mg/mL, or 1 mg/mL Must use DEHP-free infusion container and infusion set Avoid excessive agitation, as it may result in precipitation	**Irritant** IV infusion: over at least 30 to 60 min Must use DEHP-free infusion container and infusion set Check infusion bag for precipitation Flush before and after infusion with D5W or NS to avoid precipitation in catheters (avoid heparin, as it may cause precipitation) Monitor patients continuously for at least the first 60 min. Stop infusion if hypotension occurs; may restart at a slower rate once stabilized Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): 1 mg/mL: RT 4 hr 0.1 mg/mL, 0.2 mg/mL, or 0.4 mg/mL: RT 24 hr Do NOT RF diluted solutions

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
THIOTEPA (Thioplex®, Tepadina®) 15 mg, 100 mg powder SDV	RF Protect from light Do NOT freeze	Reconstitution: Use 1.5 mL SWFI for 15 mg vial or 10 mL SWFI for 100 mg vial to achieve a concentration of 10 mg/mL Dilution: Reconstituted solution is hypotonic. To make isotonic, further dilute with NS to a final concentration of 0.5 to 1 mg/mL Filter through 0.2 to 0.22 micron filter prior to administration Do NOT use if hazy after filtration	Rapid IV administration of diluted IV solution into the tubing of a free flowing IV solution in doses of 0.3-0.4 mg/kg IV infusion: over 3 hr in doses of 5 mg/kg Infuse through a 0.2 micron in-line filter Flush before and after infusion with 5 mL of NS Intracavitary: use isotonic solution (1 mg/mL) into same tubing that was used to remove fluid from cavity Intravesical: instill into the bladder per protocol, re-position patient every 15 min, retain for 2 hr	Reconstituted or open vial: RF 8 hr RT 7 d (2) RF or FRZ 28 d (2) Protect from light In syringe: 10 mg/mL, SWFI: RT or RF 24 hr (2) Protect from light In admixture (Including Infusion Time): 0.5 to 1 mg/mL, NS (Tepadina): RF 24 hr RT 4 hr 0.5 mg/mL, NS: Use immediately (2) 5 mg/mL, NS: RT or RF 24 hr (2) 1 to 3 mg/mL, NS: RT 24 hr (2) RF 48 hr (2) Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TISOTUMAB VEDOTIN-TFTV (Tivdak™) 40 mg powder SDV	RF Protect from light Do NOT freeze Do NOT shake	Reconstitution: Use 4 mL SWFI to achieve a concentration of 10 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand. Do NOT expose to direct sunlight Dilution: Further dilute with D5W, NS, or LR to a final concentration of 0.7 to 2.4 mg/mL Gently invert to mix- Do NOT shake Do NOT expose to direct sunlight	If refrigerated, complete infusion within 4 hr after removal from refrigeration IV infusion: over 30 min Infuse through a 0.2 micron in-line filter Refer to PI for supportive care before, during, and after infusion to prevent ocular adverse reactions Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RT (up to 25°C) 8 hr RF 24 hr Do NOT freeze Do NOT expose to direct sunlight In syringe: no data available In admixture (Including Infusion Time): Diluted in NS: RF 18 hr RT 4 hr Diluted in D5W: RF 24 hr RT 4 hr Diluted in LR: RF 12 hr RT 4 hr Do NOT freeze
TOCILIZUMAB (Actemra®) 20 mg/mL solution 80 mg, 200 mg, 400 mg SDV 162 mg/0.9 mL single-dose prefilled syringe	RF Do NOT freeze Protect from light	Dilution: Further dilute with NS or 0.45NS to a total volume of 50 mL for patients weighing less than 30 kg, or 100 mL for patients weighing 30 kg or more Gently invert to avoid foaming- Do NOT shake	Allow diluted solution to warm to RT. Allow up to 30 min for prefilled syringes to warm to RT. IV infusion: over 60 min SQ: administer in the upper arm, upper thigh or abdomen (2). Avoid moles, scars, tender, red, bruised, hard or not intact skin Rotate injection sites, inject at least 1 inch from last area injected (2) Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): Diluted in NS: RT or RF 24 hr Diluted in 0.45NS: RF 24 hr RT 4 hr Protect from light

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TOPOTECAN (Hycamtin®) 4 mg powder SDV 1 mg/mL solution 4 mg SDV	RT (powder) RF (solution) Protect from light	Reconstitution (for powder SDV): Use 4 mL SWFI to achieve a concentration of 1 mg/mL Dilution for powder or solution: Further dilute in NS or D5W iKnowMed standard: Dilution: Further dilute with 50 mL NS or D5W	**Irritant** IV infusion: over 30 min	Reconstituted or open vial: Use immediately (powder) RT or RF 28 d (2) Protect from light In syringe: no data available In admixture (Including Infusion Time): 0.01 mg/mL and 0.05 mg/mL, NS, D5W: RT or RF 28 d if protected from light; RT or RF 17 d if exposed to light (2) Admixture stability varies among products. Check prescribing information for details. RT 4 hr (solution SDV) RF 12 hr (solution SDV) RT 24 hr (powder)
TRABECTEDIN (Yondelis®) 1 mg powder SDV	RF	Reconstitution: Use 20 mL SWFI to achieve a concentration of 0.05 mg/mL Shake vial until complete dissolution Dilution: Further dilute in 500 mL NS or D5W Infusion compatible with Type 1 colorless glass vials, PVC and PE bags and tubing, PE and PP mixture bags	**Vesicant** Continuous IV Infusion: over 24 hours through a central venous line Infusion must be complete within 30 hours of initial reconstitution Infuse through 0.2 micron PES in-line filter Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 30 hr In syringe: no data available In admixture (Including Infusion Time): Discard any unused portion of infusion solution within 30 hours

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TRASTUZUMAB (Herceptin®) 150 mg powder SDV 420 mg powder MDV & diluent (20 mL)	RF	Reconstitution: For 420 mg MDV: Use 20 mL provided diluent to achieve a concentration of 21 mg/mL If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single use only For 150 mg SDV: Use 7.4 mL SWFI to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze. Dilution: Further dilute with 250 mL NS only Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: MDV: BWFI: RF 28 d. Do NOT freeze If SWFI without preservative: use immediately and discard any unused portion SDV: SWFI: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr (in addition to time allow for the reconstituted vials). Do NOT freeze 0.4 and 4 mg/mL: RF 28 d (2)
TRASTUZUMAB-ANNS (Kanjinti™) 150 mg powder SDV 420 mg powder MDV	RF Protect from light	Reconstitution: For 420 mg MDV: Use 20 mL BWFI containing 0.9%-1.1% benzyl alcohol to achieve a concentration of 21 mg/mL If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single-use only For 150 mg SDV: Use 7.4 mL SWFI to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze Dilution: Further dilute with 250 mL NS ONLY Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: MDV: BWFI: RF 28 d. Do NOT freeze SWFI without preservative, use immediately and discard any unused portion SDV: SWFI: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr (in addition to time allow for the reconstituted vials). Do NOT freeze

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
TRASTUZUMAB-DKST (Ogivri™) 150 mg powder SDV 420 mg powder MDV 420 mg powder MDV & diluent (20 mL)	RF	Reconstitution: For 420 mg MDV: Use 20 mL provided diluent or BWFI containing 0.9%-1.1% benzyl alcohol to achieve a concentration of 21 mg/mL If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single-use only For 150 mg SDV: Use 7.4 mL SWFI to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze Dilution: Further dilute with 250 mL NS ONLY Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: MDV: BWFI: RF 28 d. Do NOT freeze SWFI without preservative, use immediately and discard any unused portion SDV: SWFI: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr (in addition to time allow for the reconstituted vials). Do NOT freeze
TRASTUZUMAB-DTTB (Ontruzant®) 150 mg powder SDV 420 mg powder MDV & diluent (20 mL)	RF	Reconstitution: For 420 mg MDV: Use 20 mL provided diluent or BWFI containing 1.1% benzyl alcohol to achieve a concentration of 21 mg/mL If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single-use only For 150 mg SDV: Use 7.4 mL SWFI to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze Dilution: Further dilute with 250 mL NS ONLY Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: MDV: BWFI: RF 28 d. Do NOT freeze SWFI without preservative, use immediately and discard any unused portion SDV: SWFI: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr (in addition to time allow for the reconstituted vials). Do NOT freeze

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TRASTUZUMAB-PKRB (Herzuma®) 150 mg powder SDV 420 mg powder MDV & diluent (20 mL)	RF	Reconstitution: For 420 mg MDV: Use 20 mL provided diluent or BWFI containing 1.1% benzyl alcohol to achieve a concentration of 21 mg/mL If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single-use only For 150 mg SDV: Use 7.4 mL SWFI to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze Dilution: Further dilute with 250 mL NS ONLY Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: MDV: BWFI: RF 28 d. Do NOT freeze SWFI without preservative, use immediately and discard any unused portion SDV: SWFI: RF 24 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): RF 24 hr (in addition to time allow for the reconstituted vials). Do NOT freeze
TRASTUZUMAB-QYYP (Trazimera™) 420 mg powder MDV & diluent (20 mL)	RF Protect from light RT up to 30ºC (86ºF) for up to 3 mo Protect from light Do not return to the refrigerator after storing in RT	Reconstitution: Use 20 mL provided diluent or BWFI containing 1.1% benzyl alcohol to achieve a concentration of 21 mg/mL Gently swirl to mix- Do NOT shake Allow vial to stand for 5 min. Do NOT freeze If there is a known hypersensitivity to benzyl alcohol, reconstitute drug with 20 mL of SWFI without preservative for single-use only Dilution: Further dilute with 250 mL NS ONLY Gently invert to mix- Do NOT shake Do NOT use dextrose-containing diluents Use infusion bags made of PVC, PE, PP or ethylene vinyl acetate, or glass IV bottles	IV infusion: Loading dose: over 90 min Maintenance doses: over 30 to 90 min Do NOT administer IV push or bolus Do NOT mix or infuse with other agents Do NOT substitute trastuzumab for or with ado-trastuzumab emtansine	Reconstituted or open vial: BWFI: RF 28 d. Do NOT freeze If using SWFI without preservative, use immediately and discard any unused portion In syringe: no data available In admixture (Including Infusion Time): RF 24 hr. Do NOT freeze

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TRASTUZUMAB AND HYALURONIDASE-OYSK (Herceptin Hylecta™) 600 mg-10,000 units/ 5 mL SDV	RF Do NOT freeze Do NOT shake Protect from light RT up to 30ºC (86ºF) for up to 4 hr	Do NOT further dilute Use syringes made of PP or polycarbonate Use stainless steel needles	SQ: Administer into left or right thigh over 2 to 5 min. Alternate injection sites between the left and right thigh. New injections should be given at least 2.5 cm from the previous site. Do NOT inject areas where the skin is red, bruised, tender or hard, or any areas where there are moles or scars Do NOT administer other agents at the same site Do NOT administer intravenously Do NOT substitute trastuzumab and hyaluronidase for or with ado-trastuzumab emtansine	Reconstituted or open vial: no data available In syringe: RF 24 hr, then RT 4 hr. Do NOT freeze. Do NOT shake. Protect from light In admixture (Including Infusion Time): no data available
TRILACICLIB (Cosela™) 300 mg powder SDV	RT Excursions permitted to 15°C and 30°C (59°F and 86°F)	Reconstitution: Use 19.5 mL NS or D5W to achieve a concentration of 15 mg/mL Gently swirl to mix for up to 3 min until complete dissolution Do NOT shake Dilution: Further dilute with NS or D5W to a final concentration of 0.5 to 3 mg/mL Gently invert to mix- Do NOT shake	IV infusion: over 30 min Complete infusion within 4 hr prior to the start of chemotherapy Infuse through polyethylene sulfone, polyvinylidene fluoride, or cellulose acetate 0.2 or 0.22 micron in-line filter Do NOT use polytetrafluorethylene in-line filter Flush line after infusion with at least 20 mL NS or D5W Do NOT mix or infuse with other agents	Reconstituted or open vial: RT 4 hr Do NOT refrigerate Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): In PVC, EVA, PO or PO/PA bag with D5W: RT 12 hr In PVC, EVA or PO bag with NS: RT 8 hr In PO/PA bag with NS: RT 4 hr Do NOT refrigerate Do NOT freeze
VALRUBICIN (Valstar®) 40 mg/mL solution 200 mg SDV	RF Do NOT freeze	Allow vials to warm to RT Dilution: Further dilute with NS to a total volume of 75 mL Prepare and store in glass, PP or PO containers and infusion set Must use DEHP-free infusion container and infusion set	For intravesical bladder instillation in NS only Retain in bladder for 2 hr then void Do NOT administer IV or IM Do NOT mix or infuse with other agents Must use DEHP-free infusion container and infusion set	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RT 12 hr

DRUG NAME & AVAILABILITY	STORAGE AND HANDLING OF UNOPENED VIALS	ADMIXTURE INSTRUCTIONS [Reconstitution, solution concentration, & dilution instructions]	ADMINISTRATION GUIDELINES [Route, infusion rate, other nursing/pharmacy considerations]	CHEMICAL & PHYSICAL STABILITY
VANCOMYCIN (Vancocin®) 500 mg, 750 mg, 1000 mg, 1250 mg, 1500 mg powder SDV 5 g, 10 g bulk powder MDV	RT	Reconstitution: Use SWFI to achieve a concentration of 50 mg/mL For the 500 mg vial, use 10 mL For the 750 mg vial, use 15 mL For the 1000 mg vial, use 20 mL For the 1250 mg vial, use 25 mL For the 1500 mg vial, use 30 mL For the 5g vial, use 100 mL Use SWFI to achieve a concentration of 100 mg/mL For the 10 g vial, use 95 mL Dilution: Further dilute with D5W, NS, D5NS, LR, D5LR, Normosol M-D5W, or Isolyte E to a final concentration of 5 mg/mL: For 500 mg dose, use at least 100 mL For 750 mg dose, use at least 150 mL For 1000 mg dose, use at least 200 mL For 1250 mg dose, use at least 250 mL (2) For 1500 mg dose, use at least 300 mL (2)	IV infusion: over at least 1 hr Do NOT administer IM, IV push or bolus	Reconstituted or open vial: SDV: SWFI: RF 14 d Bulk vials: 4 hr after initial entry In syringe: PP syringes: 5 mg/mL, D5W: RF 24 hr followed by RT 2 hr (2) 5 mg/mL, D5W, NS: RT 14 d RF 6 mo RF then RT 48 hr (2) 10 mg/mL, D5W, NS: RF 84 d (2) In admixture (Including Infusion Time): RF 14 d in NS or D5W RF 96 hr in D5NS, LR, D5LR, Normosol-M or Isolyte-E
VEDOLIZUMAB (Entyvio®) 300 mg powder SDV	RF Protect from light	Allow vials to warm to RT Reconstitution: Use 4.8 mL SWFI with a 21 to 25-gauge needle Direct stream to glass wall to avoid foaming. Gently swirl for 15 sec to mix - Do NOT shake or invert Allow solution to sit for up to 20 min at RT to reconstitute or for foam to settle. Do NOT use if product does NOT dissolve within 30 min. Gently invert 3 times before withdrawing solution from vial. Dilution: Further dilute with 250 mL NS or LR Gently mix infusion bag	IV infusion: over 30 min Flush line after infusion with 30 mL NS or LR Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: RF 8 hr. Do NOT freeze In syringe: no data available In admixture (Including Infusion Time): in NS: RF 24 hr (may include up to 12 hr at RT) RT 12 hr in LR: RF 6 hr Do NOT freeze Any time that the reconstituted solution was held in vial should be subtracted from the time the solution may be held in the infusion bag.

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VINBLASTINE (Velban®) 1 mg/mL solution: 10 mg MDV	RF Protect from light	Dilution for IV infusion: Further dilute with 25 to 50 mL NS or D5W in an infusion bag (2) Do NOT prepare drug in syringe in order to reduce the potential for unintended intrathecal administration Final admixture must be labeled:: “WARNING - FOR INTRAVENOUS USE ONLY – FATAL IF GIVEN INTRATHECALLY.”	**Vesicant** IV push: over 1 min, into a free flowing IV of NS or D5W IV infusion: over less than 30 min, into a free flowing IV of NS or D5W For IV use only iKnowMed standard: IV infusion: over 5 to 15 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): no data available
VINCRISTINE (Oncovin®) 1 mg/mL solution: 1 mg, 2 mg SDV	RF Protect from light Store upright	Dilution for IV infusion: Further dilute with 25 to 50 mL NS or D5W in an infusion bag (2) Do NOT prepare drug in syringe in order to reduce the potential for unintended intrathecal administration Final admixture must be labeled: “WARNING - FOR INTRAVENOUS USE ONLY. FATAL IF GIVEN INTRATHECALLY.”	**Vesicant** IV push: over 1 min, into a free flowing IV of NS or D5W IV infusion For IV use only iKnowMed standard: IV infusion: over 5 to 15 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): 0.0015 to 0.08 mg/mL, NS: RT 24 hr when protected from light, or 8 hr under normal light 0.0015 to 0.08 mg/mL, D5W: RT 4 hr under normal light 0.010 to 0.12 mg/mL, NS: RF 7 d, followed by RT 2 d (2)

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VINCRISTINE, LIPOSOMAL (Marqibo®) 1 mg/mL solution 5 mg SDV & diluent kit	RF Do NOT freeze	Reconstitution: will take 60-90 min Water bath process: Preheat water bath to 63-67ºC Vent Sodium Phosphate vial using a venting needle with sterile 0.2 micron filter Inject 1 mL Sphingomyelin/Cholesterol Liposome into Sodium Phosphate vial Inject 5 mL Vincristine Sulfate into Sodium Phosphate vial Remove venting needle Gently invert 5 times to mix-Do NOT shake Fit flotation ring around neck of Sodium Phosphate vial Confirm water temperature and place Sodium Phosphate vial in water bath for 10 min Monitor temperature and record start time After 10 min, remove vial and flotation ring Affix overlabel Gently invert 5 times to mix-Do NOT shake Allow to equilibrate for 30 min at RT Dilution: Further dilute with NS or D5W to a total volume of 100 mL	**Vesicant** IV infusion: over 1 hr Do NOT use with in-line filters Do NOT mix or infuse with other agents For IV use only	Reconstituted or open vial: RT 12 hr In syringe: no data available In admixture (Including Infusion Time): RT 12 hr
VINORELBINE (Navelbine®) 10 mg/mL solution 10 mg, 50 mg SDV	RF RT 72 hr Do NOT freeze Protect from light	Dilution: Further dilute with NS, D5W, 0.45NS, D5/0.45NS, Ringer's or LR in an infusion bag to a final concentration of 0.5 to 2 mg/mL Do NOT prepare drug in syringe in order to reduce the potential for unintended intrathecal administration Final admixture must be labeled: "WARNING - FOR INTRAVENOUS USE ONLY. FATAL IF GIVEN INTRATHECALLY." iKnowMed standard: Dilution: Further dilute with 50 to 100 mL NS or D5W	**Vesicant** IV push or IV infusion: over 6 to 10 min via side port into a free flowing IV of NS or D5W Flush line after infusion with at least 75 to 125 mL NS or D5W For IV use only iKnowMed standard: Flush line after infusion with 100 mL NS or D5W	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): 0.5 to 2 mg/mL NS or D5W: RT or RF 24 hr 0.5 mg/mL, 2 mg/mL NS or D5W: RT 5 d (2) 0.5 mg/mL, protected from light: D5W: RF 7 d (2) NS: RF 3 d (2)

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ZIV-AFLIBERCEPT (Zaltrap®) 25 mg/mL solution 100 mg, 200 mg SDV	RF Protect from light	Dilution: Further dilute with NS or D5W to a final concentration of 0.6 to 8 mg/mL Do NOT reenter vial after initial puncture	IV infusion: over 1 hr Infuse through a 0.2 micron PES filter Do NOT use polyvinylidene fluoride (PVDF) or nylon Do NOT administer IV push or bolus Do NOT mix or infuse with other agents	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr RT 8 hr
ZOLEDRONIC ACID (Reclast®, Zometa®) Reclast®: 5 mg single-dose, ready-to-infuse solution Zometa® 0.8 mg/mL solution 4 mg concentrated SDV 4 mg single-dose, ready-to-infuse solution	RT Excursions permitted to 15°C and 30°C (59°F and 86°F) Do NOT freeze ready-to-infuse solutions	For ready-to-infuse solution: Do NOT further dilute Zometa® Dilution for concentrated solution: Further dilute with 100 mL NS or D5W 4 mg single-dose, ready-to-infuse solution: To administer lower doses, withdraw specified volume noted in PI Do NOT use calcium-containing diluents	Allow to warm to RT IV infusion: over at least 15 min Use a vented spike infusion set Flush line after infusion with 10 mL NS (Reclast®) Do NOT mix or infuse with other agents iKnowMed standard: IV infusion: over 15 to 30 min	Reconstituted or open vial: no data available In syringe: no data available In admixture (Including Infusion Time): RF 24 hr

Acronym Key:

BNS	Bacteriostatic Normal Saline for Injection	IV	Intravenous	PO	Polyolefin
BT	Body Temperature 35°C to 37°C	LR	Lactated Ringer's	PP	Polypropylene
BWFI	Bacteriostatic Water for Injection	MDV	Multi-Dose Vial	PU	Polyurethane
d	Day(s)	min	Minute(s)	PVC	Polyvinylchloride
D5W	Dextrose 5% in Water	mo	Month(s)	RF	Refrigeration 2°C to 8°C
DEHP	Di(2-ethyhexl)phthalate	NS	Normal Saline (0.9% Sodium Chloride)	RT	Room Temperature 20°C to 25°C
EVA	Ethyl Vinyl Acetate	PA	Polyamide	SDV	Single-Dose Vial
FRZ	Frozen -20°C to -10°C	PAB	Copolymer of ethylene and propylene	SQ	Subcutaneous
hr	Hour(s)	PBD	Polybutadiene	SWFI	Sterile Water for Injection
IM	Intramuscular	PES	Polyethersulfone	U	Unit(s)
IT	Intrathecal	PE	Polyethylene	Wk	Week(s)
IU	International Unit(s)	PF	Preservative-Free		