ALIROCUMAB

TRADE NAME	PRALUENT
DRUG CLASS	Monoclonal antibody (human) for hypercholesterolaemia
AVAILABILITY	Prefilled pen contains 75 mg/mL and 150 mg/mL of alirocumab. Also contains histidine, sucrose and polysorbate-20.[1] The solution is clear and colourless to pale yellow.[1]
pH	6[1]
PREPARATION	Allow 30 to 40 minutes for the pen to reach room temperature before use.[1]
STABILITY	Store at 2 to 8 °C. Do not freeze. Protect from light. Stable for a maximum of 30 days at temperatures below 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Inject into the thigh, abdomen or upper arm. To give a 300 mg dose give two 150 mg injections at two different sites. Rotate the injection site.[1] **Do not shake**.[2] Suitable for self-administration in selected patients.[1]
IV injection	Not recommended[1]
IV infusion	Not recommended[1]
COMPATIBILITY	Not applicable
INCOMPATIBILITY	No information
SPECIAL NOTES	Local injection site reactions commonly include redness, swelling and pain.[1] Allergic reactions, including hypersensitivity, eczema, pruritus, urticaria, and hypersensitivity vasculitis have been reported.[1]

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 10/10/2017.
2. Consumer medicine information. Available from www.tga.gov.au. Accessed 10/10/2017.

ATEZOLIZUMAB

TRADE NAME	TECENTRIQ
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (humanised)
AVAILABILITY	Vial contains 1200 mg/20 mL of atezolizumab. Also contains histidine, glacial acetic acid, sucrose and polysorbate-20.[1] The solution is clear and colourless to slightly yellow.[1]
WARNING	The occupational hazard of intermittent low dose exposure to atezolizumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Atezolizumab is not cytotoxic.
pH	No information
PREPARATION	Not required
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. **Do not shake.** Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C or for 8 hours below 30 °C [1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute 1200 mg with 250 mL of sodium chloride 0.9% to make an approximate concentration of 4.4 mg/mL (1200 mg/270 mL) of atezolizumab. Invert the bag and mix gently. **Do not shake**.[1] Infuse the first dose over 60 minutes. If well-tolerated give subsequent infusions over 30 minutes.[1]
COMPATIBILITY	
Fluids	Sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	Infusion reactions are common and include chills and pyrexia. For mild or moderate infusion reactions slow the rate of the infusion and monitor carefully. For severe infusion reactions stop the infusion and treat accordingly.[1] Check your local guidelines for premedication requirements.[1]

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 12/10/2017.

BLINATUMOMAB

TRADE NAME	BLINCYTO
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (murine)
AVAILABILITY	Vial contains 38.5 microgram of blinatumomab. Also contains citric acid monohydrate, trehalose dihydrate, lysine hydrochloride, polysorbate-80 and sodium hydroxide.[1] Supplied with a 10 mL vial of IV solution stabiliser containing citric acid monohydrate, lysine hydrochloride, polysorbate-80 and sodium hydroxide. The solution is clear and colourless to pale yellow.[1]
WARNING	The occupational hazard of intermittent low dose exposure to blinatumomab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Blinatumomab is not cytotoxic. Serious neurological toxicities, infusion reactions and cytokine release syndrome may occur. Resuscitation facilities must be readily available.[1] Medication errors have occurred. Follow the instructions for preparation and administration carefully.[1]
pH	No information
PREPARATION	See the Product Information to calculate the number of vials required. Reconstitute the vial with 3 mL of water for injection. Swirl gently to avoid excess foaming.[1] **Do not shake.** **Do not use the IV solution stabiliser to reconstitute the vial.** The concentration of the reconstituted solution is 12.5 microgram/mL and the extractable volume is 35 microgram/2.8 mL.[1] The solution is clear to slightly opalescent and colourless to slightly yellow.[1] Dilute further before use: Add 5.5 mL of the IV solution stabiliser to a 250 mL bag of sodium chloride 0.9% and mix gently to avoid foaming. Add the required amount of the reconstituted solution to the bag and mix gently. Remove the air from the bag for use in an ambulatory infusion pump.[1] Use this solution to prime the IV line. **Do not prime the line with sodium chloride 0.9%**.[1] When preparing the infusion solution in an IV bag there is no need to remove fluid from the bag, the calculations are based on an overfill to a total volume of 265-275 mL. When preparing the infusion solution in a cassette, the total final volume should be 250 mL. Calculate the amount of sodium chloride 0.9% required by subtracting the volume of reconstituted solution and 5.5 mL of IV Solution Stabiliser from 250 mL.
STABILITY	Vial and IV solution stabiliser: store at 2 to 8 °C. Stable for up to 8 hours below 25 °C. Protect from light. Do not freeze.[1] Reconstituted solution: stable for 4 hours below 25 °C and for 24 hours at 2 to 8 °C. Protect from light. Do not freeze.[1] Infusion solution: stable for 96 hours below 25 °C and for 10 days at 2 to 8 °C. Store and transport at 2 to 8 °C. Do not keep at room temperature for more than 6 hours before starting the infusion.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]

IV infusion Give as a continuous IV infusion for 4 weeks. The infusion bag may be changed every 24, 48, 72 or 96 hours.

Use a low protein-binding, 0.2 micron inline filter. Do not flush the catheter when changing the infusion bag or at the end of the infusion.[1]

COMPATIBILITY

Fluids Sodium chloride 0.9%[1]

Y-site Do not mix with other drugs. Use a dedicated line.[1]

INCOMPATIBILITY

Fluids No information

Drugs No information

SPECIAL NOTES It is recommended that at least the first 9 days of the first cycle and the first 2 days of the second cycle are given in hospital.[1]

Give dexamethasone 1 hour before the first infusion of each cycle.[1] Check your local guidelines.

Cytokine Release Syndrome may be life-threatening and difficult to distinguish from an infusion reaction. Monitor for pyrexia, asthenia, headache and nausea. Slow or stop the infusion if required.[1]

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 10/10/2017.

CARFILZOMIB

TRADE NAME	KYPROLIS
DRUG CLASS	Non-cytotoxic antineoplastic, proteasome inhibitor
AVAILABILITY	Vial contains 30 mg and 60 mg of carfilzomib. Also contains sulfobutyl betadex sodium, citric acid and sodium hydroxide.[1]
WARNING	The occupational hazard of intermittent low dose exposure to carfilzomib is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Carfilzomib is not cytotoxic.
pH	No information
PREPARATION	Reconstitute the 30 mg vial with 15 mL of water for injections and the 60 mg vial with 29 mL of water for injection. Swirl the vial gently for a minute or until completely dissolved. **Do not shake**.[1] The concentration is 2 mg/mL. The solution is clear and colourless to slightly yellow.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Reconstituted solution: Stable for 4 hours below 25 °C and at for 24 hours 2 to 8 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute the dose in 50–100 mL of glucose 5% or infuse the dose undiluted.[1] Infuse over 10 minutes or 30 minutes.[1]
COMPATIBILITY	
Fluids	Glucose 5%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	Sodium chloride 0.9% (may be used to flush the line only)[1]
Drugs	No information
SPECIAL NOTES	Infusions reactions including fever, chills, arthralgia, myalgia, facial flushing, facial oedema, vomiting, weakness, shortness of breath, hypotension, syncope, chest tightness and angina can occur during the infusion or up to 24 hours after administration.[1] Give oral or IV dexamethasone 30 minutes to 4 hours before the infusion.[1] Check your local guidelines.

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.

DACLIZUMAB

TRADE NAME	ZINBRYTA
DRUG CLASS	Monoclonal antibody (humanised) for multiple sclerosis
AVAILABILITY	Prefilled pen or syringe contains 150 mg/mL of daclizumab. Also contains sodium succinate, succinic acid, sodium chloride and polysorbate-80. Contains 0.14 mmol of sodium per dose.[1] The solution is clear to opalescent and colourless to slightly yellow.[1]
pH	No information
PREPARATION	Allow 30 minutes for the pen or syringe to reach room temperature before use.[1]
STABILITY	Store at 2 to 8 °C. Do not freeze. Stable for 30 days below 30 °C. Protect from light.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Inject into the thigh, abdomen or upper arm.[1] Suitable for self-administration in selected patients.[1]
IV injection	Not recommended
IV infusion	Not recommended
COMPATIBILITY	Not applicable
INCOMPATIBILITY	No information
SPECIAL NOTES	If a dose is missed by less than 2 weeks, it can be given as soon as possible and the patient can remain on their original monthly schedule. If it is more than 2 weeks, they should skip the missed dose.[1]

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.

DARATUMUMAB

TRADE NAME	DARZALEX
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (human)
AVAILABILITY	Vial contains 100 mg/5 mL and 400 mg/20 mL of daratumumab. Also contains glacial acetic acid, mannitol, polysorbate-20, sodium acetate trihydrate and sodium chloride.[1] The solution is clear and colourless to yellow.[1]
WARNING	The occupational hazard of intermittent low dose exposure to daratumumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Daratumumab is not cytotoxic. Severe infusion reactions may occur. Resuscitation facilities must be readily available.
pH	No information
PREPARATION	Not required
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C. Stable for 15 hours at 15 to 25 °C, including infusion time.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute the required dose to a final volume of 1000 mL with sodium chloride 0.9%. Invert the bag and mix gently. **Do not shake**.[1] Infuse the diluted solution at a rate of 50 mL/hour and if no infusion reactions increase the rate by 50 mL/hour every hour to a maximum rate of 200 mL/hour.[1] Use a low protein-binding, 0.22 or 0.2 micron inline PES filter.[1] If the first infusion is well-tolerated, a volume of 500 mL can be used for the second infusion.[1] If the first and second infusions are well-tolerated a volume of 500 mL can be used and the third infusion can be started at 100 mL/hour.[1]
COMPATIBILITY	
Fluids	Sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	Infusion reactions are common with the first infusion and may be severe including bronchospasm, hypoxia, dyspnoea, hypertension and pulmonary oedema. Delayed reactions can occur. Monitor during and after the infusion.[1] For mild or moderate infusion reactions slow the rate of the infusion and monitor carefully. For severe infusion reactions stop the infusion and treat accordingly.[1] Give a corticosteroid, antihistamine and paracetamol before the infusion and a corticosteroid after the infusion[1]. Check your local protocols.[1]

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 12/10/2017.

ELOTUZUMAB

TRADE NAME	EMPLICITI
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (humanised)
AVAILABILITY	Vial contains 300 mg and 400 mg of elotuzumab. Also contains sodium citrate, citric acid monohydrate, sucrose and polysorbate-80.[1]
WARNING	The occupational hazard of intermittent low dose exposure to elotuzumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Elotuzumab is not cytotoxic.
pH	5.7–6.3[1]
PREPARATION	Reconstitute the 300 mg vial with 13 mL of water for injection and the 400 mg vial with 17 mL of water for injection. Swirl gently to avoid excess foaming.[1] **Do not shake.** May take about 10 minutes to dissolve. Allow the solution to stand for 5 to 10 minutes.[1] The concentration is 25 mg/mL and the extractable volume is 300 mg/12 mL and 400 mg/16 mL. The solution is clear to opalescent and colourless to slightly yellow. Dilute further before use: Add the required dose to 230 mL of a compatible fluid in a PVC or polyolefin bag. If necessary reduce the volume of the fluid used so that the total amount of fluid is not more than 5 mL/kg of patient weight.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Reconstituted solution: stable for 24 hours at 2 to 8 °C. Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C. Protect from light.[1] Stable for up to 8 hours below 25 °C and in room light. Compete the infusion within 24 hours of preparation.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Start the infusion at a rate of 0.5 mL/minute. Increase the rate every 30 minutes if tolerated to a maximum rate of 5 mL/minute. Use a low protein-binding, 0.2–1.2 micron inline filter.[1]
COMPATIBILITY	
Fluids	Glucose 5%[1], sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	Infusion reactions may be severe and include fever, chills and hypertension. For mild to moderate infusion reactions, slow the rate of the infusion and monitor carefully. Stop the infusion if the reaction is severe.[1] Give dexamethasone, an antihistamine, ranitidine and paracetamol before the infusion.[1] Check your local guidelines.

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.

EVOLOCUMAB

TRADE NAME	REPATHA
DRUG CLASS	Monoclonal antibody (human) for hypercholesterolaemia
AVAILABILITY	Prefilled pen contains 140 mg/mL of evolocumab. Also contains proline, glacial acetic acid, polysorbate-80 and sodium hydroxide.[1] The solution is clear to opalescent and colourless to slightly yellow
pH	6[1]
PREPARATION	Allow 30 minutes for the pen to reach room temperature before use.[1]
STABILITY	Store at 2 to 8 °C. Do not freeze. Protect from light. Stable for 30 days below 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Inject into the thigh, abdomen or upper arm. Rotate the injection site.[1] **Do not shake**.[1] Suitable for self-administration in selected patients.[2]
IV injection	Not recommended[1]
IV infusion	Not recommended[1]
COMPATIBILITY	Not applicable
INCOMPATIBILITY	No information
SPECIAL NOTES	Allergic reactions, including hypersensitivity, rash and urticaria, have been reported.[1] Injection site reactions include erythema, redness, swelling and pain.[1]

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.
2. Consumer medicine information. Available from www.tga.gov.au. Accessed 11/10/2017.

IXEKIZUMAB

TRADE NAME	TALTZ
DRUG CLASS	Monoclonal antibody (humanised) for psoriasis
AVAILABILITY	Pre-filled pen contains 80 mg/mL of ixekizumab. Also contains sodium chloride, sodium citrate dihydrate, citric acid and polysorbate-80.[1] Contains less the 1 mmol of sodium.[1] The solution is clear and colourless to slightly yellow.[1]
pH	5.3–6.1[1]
PREPARATION	Allow 30 to 40 minutes for the pen to reach room temperature before use.[1]
STABILITY	Store at 2 to 8 °C. Do not freeze. Protect from light. Stable for 5 days below 30 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Inject into the thigh, abdomen or upper arm. Rotate the injection site.[1] **Do not shake**.[1] Suitable for self-administration in selected patients.[2]
IV injection	Not recommended[1]
IV infusion	Not recommended[1]
COMPATIBILITY	Not applicable
INCOMPATIBILITY	No information
SPECIAL NOTES	Serious hypersensitivity reactions including anaphylaxis, angioedema and urticaria have been reported.[1] May cause mild to moderate redness and pain at the injection site.[1]

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 10/10/2017.
2. Consumer medicine information. Available from www.tga.gov.au. Accessed 10/10/2017.

MEPOLIZUMAB

TRADE NAME	NUCALA
DRUG CLASS	Monoclonal antibody (humanised) for eosinophilic asthma
AVAILABILITY	Vial contains 144 mg of mepolizumab. Also contains sucrose, dibasic sodium phosphate heptahydrate and polysorbate-80.[1]
pH	6[1]
PREPARATION	Reconstitute the vial with 1.2 mL of water for injection to make a concentration of 100 mg/mL of mepolizumab. Swirl gently to avoid excess foaming. **Do not shake.** May take at least 5 minutes to dissolve. Allow the solution to stand for 5 to 10 minutes.[1] The solution is clear to opalescent and colourless to pale yellow or pale brown.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light. Stable for 30 days below 25 °C.[1] Reconstituted solution: stable for 6 hours below 30 °C. Protect from light.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Inject into the thigh, abdomen or upper arm. Rotate the injection site.[1] **Do not shake**.[1]
IV injection	Not recommended[1]
IV infusion	Not recommended[1]
COMPATIBILITY	Not applicable
INCOMPATIBILITY	Not applicable
SPECIAL NOTES	Serious hypersensitivity reactions including anaphylaxis, angioedema, urticaria, rash, bronchospasm and hypotension have been reported. Most reactions occur within a few hours of administration, delayed reactions have been reported.[1]

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.

NIVOLUMAB

TRADE NAME	OPDIVO
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (human)
AVAILABILITY	Vial contains 40 mg/4 mL and 100 mg/10 mL of nivolumab. Also contains sodium citrate, sodium chloride, mannitol, pentetic acid, polysorbate-80, sodium hydroxide and hydrochloric acid.[1] The solution is clear to opalescent and colourless to slightly yellow.[1]
WARNING	The occupational hazard of intermittent low dose exposure to nivolumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Nivolumab is not cytotoxic. Anaphylactic reactions may occur. Resuscitation facilities must be readily available.[1]
pH	6[1]
PREPARATION	Not required
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light. Stable for 48 hours at 25 °C.[1] Reconstituted solution: stable for 24 hours at 2 to 8 °C.[1] Infusion solution: stable for 24 hours at 2 to 8 °C. Protect from light. Stable for 8 hours at 25 °C in room light. Complete the infusion within 24 hours of preparation.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Infuse undiluted or dilute to a concentration of not less than 1 mg/mL with sodium chloride 0.9% or glucose 5%. Mix gently. **Do not shake**.[1] Infuse over 60 minutes.[1] Use a low protein-binding, 0.2–1.2 micron inline filter.[1]
COMPATIBILITY	
Fluids	Glucose 5%[1], sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	Infusion reactions may be severe and include fever, chills and hypertension.[1] For mild to moderate infusion reactions, slow the rate of the infusion and monitor carefully. Stop the infusion if the reaction is severe.[2] Check your local guidelines for premedication requirements. Anaphylactic reactions are rare but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/17.
2. Cancer Institute NSW. Melanoma metastatic nivolumab. Sydney: eviQ Cancer Treatments Online. Version 2. Updated 11/08/17. Available from www.eviq.org.au. Accessed 10/11/17.

OCRELIZUMAB

TRADE NAME	OCREVUS
DRUG CLASS	Monoclonal antibody (humanised) for multiple sclerosis
AVAILABILITY	Vial contains 300 mg/10 mL of ocrelizumab. Also contains sodium acetate trihydrate, trehalose dihydrate, glacial acetic acid, and polysorbate-20.[1] The solution is clear to slightly opalescent and colourless to pale brown.[1]
WARNING	The occupational hazard of intermittent low dose exposure to ocrelizumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Severe infusion reactions may occur. Resuscitation facilities must be readily available.[1]
pH	5.3[1]
PREPARATION	Not required. **Do not shake.**
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C. Stable for 8 hours below 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute the required dose to either 250 mL or 500 mL of sodium chloride 0.9% to make an approximate concentration of 1.2 mg/mL. Invert the bag and mix gently. **Do not shake**.[1] **The first dose is given as two infusions** of 300 mg/250 mL over approximately 2.5 hours and two weeks apart. Start the infusion at 30 mL/hour. If well-tolerated increase the rate by 30 mL/hour every 30 minutes to a maximum rate of 180 mL/hour.[1] Subsequent doses are given as one infusion of 600 mg/500 mL over approximately 3.5 hours. Start the infusion at 40 mL/hour and if well-tolerated increase by 40 mL/hour every 30 minutes to a maximum rate of 200 mL/hour.[1] Use a low protein-binding, 0.2–0.22 micron inline filter.[1]
COMPATIBILITY	
Fluids	Sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	Infusion reactions are common with the first infusion and may be severe including dyspnoea, pharyngeal or laryngeal oedema, hypotension, pyrexia, fatigue, nausea and tachycardia. Reactions may occur up to 24 hours after the infusion. Monitor the patient during the infusion and for at least an hour after the infusion[1] For mild or moderate infusion reactions slow the rate of the infusion and monitor carefully. For severe infusion reactions stop the infusion and treat accordingly.[1] Give a corticosteroid, antihistamine and paracetamol 30 minutes before the infusion.[1] Check your local guidelines. Anaphylactic reactions are rare but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 12/10/2017.

RAMUCIRUMAB

TRADE NAME	CYRAMZA
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (human)
AVAILABILITY	Vial contains 100 mg/10 mL and 500 mg/50 mL of ramucirumab. Also contains histidine, histidine hydrochloride, glycine, sodium chloride, and polysorbate-80.[1] The solution is clear to opalescent and colourless to slightly yellow.[1]
WARNING	The occupational hazard of intermittent low dose exposure to ramucirumab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Ramucirumab is not cytotoxic. Severe hypersensitivity reactions may occur. Resuscitation facilities must be readily available.[1]
pH	No information
PREPARATION	**Do not shake**.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Infusion solution: stable for 24 hours at 2 to 8 °C and for 4 hours at 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute the required dose to 250 mL with sodium chloride 0.9%. Mix gently. **Do not shake**.[1] Infuse over 60 minutes.[1] Use a low protein-binding, 0.22 micron inline filter.[1]
COMPATIBILITY	
Fluids	Sodium chloride 0.9%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	Glucose 5%[1]
Drugs	No information
SPECIAL NOTES	Monitor for hypersensitivity reactions including tremors, back pain, chest pain, chills, flushing, dyspnoea, wheezing, hypoxia, paraesthesia, bronchospasm, supraventricular tachycardia and hypotension.[1] For mild to moderate infusion reactions slow the infusion and give subsequent infusions at the slower rate. Stop the infusion if the reaction is severe.[1] Give an antihistamine before the infusion.[1] Check your local guidelines. Anaphylactic reactions are rare but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 11/10/2017.

SILTUXIMAB

TRADE NAME	SYLVANT
DRUG CLASS	Non-cytotoxic antineoplastic, monoclonal antibody (chimeric)
AVAILABILITY	Vial contains 100 mg and 400 mg of siltuximab. Also contains histidine, polysorbate-80 and sucrose.[1]
WARNING	The occupational hazard of intermittent low dose exposure to siltuximab is not known. Wear a mask and gloves when preparing the infusion solution to minimise exposure. Siltuximab is not cytotoxic. Anaphylactic reactions may occur. Resuscitation facilities must be readily available.[1]
pH	No information
PREPARATION	Allow 30 minutes for the vial to reach room temperature before reconstitution. Reconstitute the 100 mg vial with 5.2 mL of water for injection and the 400 mg vial with 20 mL of water for injection to make a concentration of 20 mg/mL[1] Swirl the vial gently. **Do not shake**.[1] It may take up to 60 minutes to dissolve.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Reconstituted solution: stable for 2 hours below 25 °C.[1] Infusion solution: stable for 8 hours below 25 °C.[1]
ADMINISTRATION	
IM injection	Not recommended[1]
SUBCUT injection	Not recommended[1]
IV injection	Not recommended[1]
IV infusion	Dilute the required dose to 250 mL with glucose 5%. Gently mix. **Do not shake**.[1] Infuse over 60 minutes.[1] Use a low protein-binding, 0.22 micron inline PES filter.[1]
COMPATIBILITY	
Fluids	Glucose 5%[1]
Y-site	No information
INCOMPATIBILITY	
Fluids	No information
Drugs	No information
SPECIAL NOTES	For mild or moderate infusion reactions slow the rate of the infusion and monitor carefully. For severe infusion reactions stop the infusion and treat accordingly.[1] Check your local guidelines for premedication requirements. Anaphylactic reactions are rare but are a medical emergency. Stop the infusion and commence treatment immediately.

REFERENCES
1. Product information. Available from www.tga.gov.au. Accessed 12/10/2017.