

Potential Cost Savings with Implementation of Systemwide Rasburicase Protocol

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INTRODUCTION:

- Rasburicase is a costly medication, which is used to treat high uric acid in tumor lysis syndrome
- Protocols for rasburicase dosing and dispensing are vital for patient care
- This will help optimize treatment while not overusing rasburicase

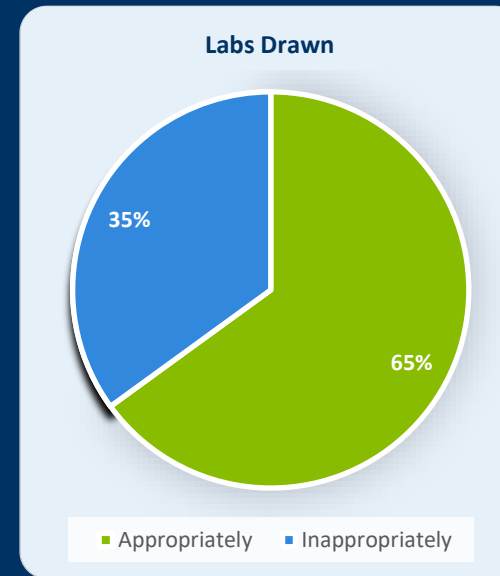
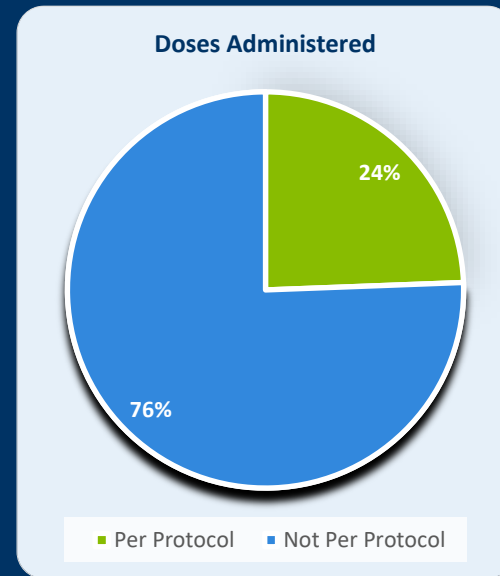
OBJECTIVE:

- Evaluate one rasburicase protocol at one Intermountain Health Care hospital and retrospectively apply this protocol to other hospitals within the same health system to evaluate rasburicase utilization

METHODS:

- Retrospective review of rasburicase doses administered across Intermountain Healthcare over one year
- Data included:
 - Doses of rasburicase administered
 - Dose recommended per protocol based on uric acid level
 - Time of uric acid levels were drawn
- Protocol that was utilized to evaluate the data set recommended 3mg of rasburicase for patients experiencing hyperuricemia, which was defined as uric acid above 8mg/dL, or 6mg of rasburicase as an initial dose if baseline uric acid was > 14mg/dL
- Recommended lab draw was 6 hours after rasburicase administration followed by repeat doses if uric acid levels were higher than 8mg/dL

Standardized rasburicase protocols can help cut down on waste and can help avoid excessive rasburicase doses



210 MG ADDITIONAL RASBURICASE DISPENSED
=
\$160,947 EXTRA HOSPITAL DRUG-RELATED COSTS

RESULTS:

- A total of ninety-nine rasburicase doses were evaluated
- Seventy-five doses (75.6%) were administered off protocol, resulting in 210mg of additional rasburicase dispensed
- A total of ninety-nine uric acid lab results were reviewed after initial dose
 - Thirty-five (35%) were drawn inappropriately
- The average wholesale price (AWP) of rasburicase was \$1,149.64 per 1.5mg
- 210mg of additional rasburicase dose dispense calculated to be \$160,947 in extra hospital drug-related costs

CONCLUSION:

- Standardized rasburicase dosing can help cut down on waste and help avoid excessive rasburicase doses
- Standardized uric acid lab draws can help cut down on unnecessary lab draws and avoid the cost associated
- Standardization starts with physician education and the implementation of dosing and lab draw protocols

DISCUSSION:

- Future directions include evaluating cost of inappropriate lab draws and evaluating the use of prophylactic rasburicase doses (given at uric acid <8mg/dL)

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