



New Drugs January 2014 (Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
October 2013			
Ferric Carboxymaltose Formulary Pg. 5	Injectafer	<i>Nutrients & Nutritional Agents: Trace Elements.</i> Indicated for the treatment of iron deficiency anemia in adults with intolerance to oral iron	1/6/2014 Tabled until may 2014 CPG meeting.
Factor IX Formulary Pg. 7	Rixubis	<i>Hematological Agents: Antihemophilic Agents.</i> Indicated for the prevention and control of bleeding in patients with factor IX deficiency.	1/6/2014 Tabled until May 2014 CPG meeting.
Afatinib Formulary Pg. 28	Gilotrif	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated as first-line treatment of metastatic non-small cell lung cancer.	1/6/2014 CTP holder may NOT prescribe.
November 2013			
Clozapine Formulary Pg. 17	Versacloz	<i>Central Nervous System Agents: Antipsychotic Agents: Dibenzapine Derivatives.</i> Indicated for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder and for the treatment of severely ill schizophrenic patients who fail to respond adequately to standard anti-psychotic treatment.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Neostigmine Bromide Formulary Pg. 19	Bloxiverz	<i>Central Nervous System Agents: Cholinergic Muscle Stimulants.</i> Indicated for the symptomatic treatment of myasthenia gravis.	1/6/2014 CTP holder may prescribe.

Fluocinolone Acetonide Formulary Pg. 26	DermOtic	<i>Ophthalmic Agents: Otic Preparations.</i> Indicated for the treatment of chronic eczematous external otitis in adults and children 2 years of age and older.	1/6/2014 CTP holder may prescribe.
Vincristine Sulfate Liposome Formulary Pg. 26	Marqibo	<i>Antineoplastic Agents: Antimitotic Agents.</i> Indicated for the treatment of adult patients with Philadelphia chromosome-negative acute lymphoblastic leukemia.	1/6/2014 CTP holder may NOT prescribe.
December 2013			
Levomilnacipran Formulary Pg. 16	Fetzima	<i>Central Nervous System Agents: Antidepressants: Serotonin and Norepinephrine Reuptake Inhibitors.</i> Indicated for the treatment of major depressive disorder (MDD).	1/6/2014 CTP holder may prescribe.
Topiramate Formulary Pg. 19	Trokendi XR	<i>Central Nervous System Agents: Anticonvulsants.</i> Indicated as initial monotherapy in patients 10 years and older with partial-onset or primary generalized tonic-clonic seizures, and as adjunctive therapy in patients 6 years and older with partial-onset seizures associated with Lenox- Gastaut Syndrome.	1/6/2014 CTP holder may prescribe.
Dolutegravir Sodium Oral Formulary Pg. 23	Tivicay	<i>Anti-Infectives: Antiretroviral Agents: Integrase Inhibitors.</i> Indicated in combination with other antiretroviral agents for treatment of HIV-1 infection in adults and children and	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and

January 2014 CPG Updates

		adolescents 12 years and older and weighing at least 40kg.	specified in the Standard Care Arrangement.
Brimonidine Tartate Formulary Pg. 24	Mirvaso	<i>Dermatologic Agents: Dermatologic Alpha Adrenergic Agonists.</i> Indicated for the topical treatment of persistent (nontransient) erythema of rosacea in adults 18 years and older.	1/6/2014 CTP holder may prescribe.
Tazarotene Formulary Pg. 24	Fabior	<i>Dermatologic Agents: Retinoids.</i> Indicated for the topical treatment of patients with acne vulgaris in patients 12 years and older.	1/6/2014 Tabled until May 2014 CPG meeting.
Mechlorethamine Formulary Pg. 26	Valchlor	<i>Antineoplastic Agents: Alkylating Agents: Nitrogen Mustard.</i> Indicated for the palliative treatment of Hodgkin disease, lymphosarcoma, chronic myelocytic or chronic leukemia, polucythemia vera, mycosis fundoides, and bronchogenic carcinoma.	1/6/2014 CTP holder may NOT prescribe.

New Drugs Indications/ Warnings January 2014

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
October 2013			
none			
November 2013			
Lurasidone Hydrochloride Formulary Pg. 17	Latuda	<i>Central Nervous System Agents: Antipsychotic Agents.</i> New indication for the treatment of patients with bipolar depression.	1/6/2014 No change
December 2013			
Canakinumab Formulary Pg. 23	Ilaris	<i>Biologic/ Immunologic Agents: Immunologic Agents: Immunomodulators.</i> New indication for the treatment of systemic juvenile idiopathic arthritis.	1/6/2014 No change

Formulary Revision Request January 2014

(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
Formulary Review Revision Request from Cheryl Kollman, CNP			
Cabergoline Formulary Pg. 10	Dostinex	<i>Endocrine & Metabolic Agents: Cabergoline.</i> Indicated for the treatment of hyperprolactinemic disorders, either idiopathic or caused by pituitary adenomas. Current: CTP holder may NOT prescribe. Requesting: Physician Initiated/ Physician Consult.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

<p>Methotrexate</p> <p>Formulary Pg. 24</p>		<p>response to, or are intolerant of, an adequate trial of first-line therapy including full dose NSAIDS</p> <p>Dermatologic Agents: Anti-Psoriatic Agents. Indicated for the symptomatic control of severe, recalcitrant, disabling psoriasis, which is not adequately responsive to other therapy.</p> <p>Requesting CTP holder may prescribe.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
---	--	--	--

Review of Drugs & Drug Categories with Prescribing Designations of PI/PC

Nutrients & Nutritional Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
<p>Peritoneal Dialysis Solutions</p> <p>Formulary Pg. 6</p>	<p><i>Electrolytes: Peritoneal Dialysis Solutions.</i> Indicated for acute or chronic renal failure, acute poisoning by dialyzable toxins, intractable edema, hyperkalemia, hypercalcemia, azotemia and uremia.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Chelating Agents</p> <p>Formulary Pg. 6</p>	<p><i>Chelating Agents.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be</p>

			determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
<p>Trientine HCL (Syprine)</p> <p>Formulary Pg. 6</p>	<p><i>Chelating Agents.</i> Indicated for the treatment of Wilson's disease in patients who are intolerant of penicillamine.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
<p>Succimer (Chemet)</p> <p>Formulary Pg. 6</p>	<p><i>Chelating Agents.</i> Indicated for treatment of lead poisoning in children with blood levels > 45 mcg/dl.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Dialysis Solutions (Hemodialysis)</p> <p>Formulary Pg. 6</p>	<p><i>Dialysis Solutions:</i> <i>Hemodialysis.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Hematological Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Hematopoietic Agents			
Thrombopoietin Mimetic Agents: Romiplostim Injection (Nplate) Formulary Pg. 6	<i>Hematopoietic Agents: Thrombopoietin Mimetic Agents.</i> Indicated for the treatment of thrombocytopenia in patients with chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.	Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Hematology/ Oncology ONLY.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Colony-Stimulating Factors Formulary Pg. 6	<i>Hematopoietic Agents: Colony Stimulating Factors.</i>	Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Hematology/ Oncology ONLY.	1/6/2014 CTP holder may prescribe.
Filgrastim Injection (Neupogen) Formulary Pg. 6	<i>Hematopoietic Agents: Colony Stimulating Factors.</i> Indicated for reducing the incidence of febrile neutropenia in patients receiving chemotherapy, reducing duration of neutropenia in patients with non myeloid malignancies undergoing bone marrow transplantation, for mobilization of hematopoietic progenitor cells into the peripheral blood for collection, and for chronic administration to reduce the incidence and duration of sequelae of neutropenia in patients with neutropenia.	Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology ONLY.	1/6/2014 CTP holder may prescribe.
Pegfilgrastim Injection (Neulasta)	<i>Hematopoietic Agents: Colony Stimulating</i>	Physician Initiated/ Physician Consult for	1/6/2014 CTP holder may

Formulary Pg. 6	<i>Factors.</i> Indicated to reduce the incidence of infection in patients receiving myelosuppressive anticancer drugs.	CTP holder with SCA with a physician specializing in Hematology/Oncology ONLY.	prescribe.
Sargramostim (Leukine)	<i>Hematopoietic Agents: Colony Stimulating Factors.</i> Indicated for patients with non-Hodgkins lymphoma, acute lymphoblastic leukemia, and Hodgkin's disease undergoing autologous BMT, and for patients who have undergone allogeneic or autologous BMT in whom engraftment is delayed or has failed.	Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology ONLY.	1/6/2014 CTP holder may prescribe.
Stem Cell Mobilizers Plerixafor Injection (Mozobil) Formulary Pg. 6	<i>Hematopoietic Agents: Stem Cell Mobilizers.</i> Indicated for use in combination to mobilize hematopoietic stem cells to the peripheral blood for collection and transplantation in patients with non-Hodgkin lymphoma and multiple myeloma.	Physician Initiated/ Physician Consult.	1/6/2014 CTP holder may prescribe.
Interleukins Oprelvekin (Neumega) Formulary Pg. 6	<i>Hematopoietic Agents: Interleukins.</i> Indicated for the prevention of severe thrombocytopenia and reduction of the need for platelet transfusion following myelosuppressive chemotherapy.	Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology ONLY.	1/6/2014 CTP holder may prescribe.

<p>Thrombopoietin Receptor Agonist Eltrombopag (Promacta)</p> <p>Formulary Pg. 6</p>	<p><i>Hematopoietic Agents: Thrombopoietin Receptor Agonist.</i> Indicated for the treatment of thrombocytopenia in patients with chronic ITP who have an insufficient response to corticosteroids, immunoglobulins, or splenectomy.</p>	<p>Physician Initiated/ Physician Consult for CTP holder with SCA w/physician specializing in Hematology/Oncology only.</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Antiplatelet Agents			
<p>Glycoprotein Inhibitors</p> <p>Formulary Pg. 6</p>	<p><i>Antiplatelet Agents. Glycoprotein Inhibitors.</i> Indicated for the treatment of acute coronary syndrome.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Anticoagulants			
<p>Antithrombin Agents</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Antithrombin Agents.</i> Indicated for the treatment of patients with hereditary AT-III deficiency in connection with surgical or obstetrical procedures of when they suffer from thromboembolism.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Thrombin Inhibitors</p> <p>Dabigatran Etexilate (Pradaxa)</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Thrombin Inhibitors.</i> Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

<p>Direct Factor Xa Inhibitor</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Selective Factor Xa Inhibitor.</i></p> <p>Indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) and for the treatment of acute DVT and acute PE when administered in conjunction with warfarin.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Coumarin Anticoagulants</p> <p>Warfarin Sodium (Coumadin)</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Coumarin Anticoagulants.</i></p> <p>Indicated to reduce the risk of death, recurrent MI, and thromboembolic events. For prophylaxis and/or treatment of thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement. For the prophylaxis and/or treatment of venous thrombosis and pulmonary embolism.</p>	<p>CTP holder may prescribe in institutional setting per institutional standards or Physician Initiated/ Physician Consult.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Coagulants</p>			
<p>Heparin Antagonist</p> <p>Protamine Sulfate</p> <p>Formulary Pg. 7</p>	<p><i>Coagulants: Heparin Antagonist.</i></p> <p>Indicated for the treatment of heparin overdose.</p>	<p>CTP holder may prescribe in institutional setting per institutional standards or Physician Initiated/ Physician Consult.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Antisickling Agents</p>			
<p>Hydroxyurea (Droxia)</p>	<p><i>Antisickling Agents.</i></p> <p>Indicated to reduce the frequency of painful crises and to reduce the need for blood</p>	<p>Physician Initiated/ Physician Consult for CTP holder within sickle cell clinic only.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly</p>

Formulary Pg. 7	transfusions in adult patients with sickle cell anemia.		by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Protein C1 Inhibitor			
Formulary Pg. 7	<i>C1 Inhibitor, Human (Cinryze)</i> Indicated for the treatment of acute abdominal, facial, or laryngeal attacks of hereditary angioedema in adult and adolescent patient and for routine prophylaxis against angioedema attacks in adolescent and adult patients with hereditary angioedema.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Kallikrein Inhibitor			
Formulary Pg. 7	<i>Ecallantide (Kalbitor)</i> Indicated for treatment of acute attacks of hereditary angioedema in patients 16 years of age and older.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Bradykinin Inhibitors			
Formulary Pg. 7	<i>Icatibant (Firazyr)</i> Indicated for treatment of acute attacks of hereditary angioedema in adults 18 years and older.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antihemophilic Agents			
Formulary Pg. 7	Antihemophilic Agents <i>Antihemophilic Agents.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly

			by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antihemophilic Factor Combinations			
Antihemophilic Factor/ von Willebrand Factor Complex (Factor VIII/VWF: AHF/VWF) (Humate, Wilate) Formulary Pg. 7	<i>Antihemophilic Factor Combination.</i> Indicated for the treatment and prevention of bleeding in adult patients with hemophilia A and in adults and children with von Willebrand disease.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Hemostatics			
Tranexamic Acid Formulary Pg. 7	<i>Hemostatics: Systemic.</i> Indicated for the treatment of cyclic heavy menstrual bleeding.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Plasma Expanders			
Plasma Expanders Formulary Pg. 7	<i>Plasma Expanders.</i>	Physician Initiated/ Physician Consult – except Albumin, CTP holder may prescribe.	1/6/2014 CTP holder may prescribe.

Endocrine and Metabolic Agents

Drug Category/Drug Name	Indications(s)	Current Prescribing Designation	CPG Action/Date
Sex Hormones			
Ovulation Stimulants Format Pg. 8	<i>Sex Hormones: Ovulation Stimulants.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Gonadatropin-Releasing Hormones Formulary Pg. 8	<i>Sex Hormones: Gonadotropin-Releasing Hormones.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Gonadatropin-Releasing Hormone Antagonists	<i>Sex Hormones: Gonadatropin-Releasing Hormone Antagonists.</i> Indicated for the inhibition of premature	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

<p>Formulary Pg. 8</p>	<p>luteinizing hormone surges in women undergoing controlled ovarian stimulation</p>		
<p>Androgens</p>	<p><i>Sex Hormones: Androgens.</i> Indicated for replacement therapy in hypogonadism associated with a deficiency or absence of endogenous testosterone, testicular failure because of cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome or orchidectomy, Klinefelter syndrome, chemotherapy, or toxic damage from alcohol or heavy metals, to treat idiopathic gonadotropin-, or luteinizing hormone-releasing hormone deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. Also indicated to stimulate puberty in carefully selected males with clearly delayed puberty, and in women with advancing inoperable metastatic (skeletal) mammary cancer who are 1-5 years postmenopausal.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Formulary Pg. 8</p>			
<p>Danazol</p>	<p><i>Sex Hormones: Danazol.</i> Indicated for the treatment of endometriosis, fibrocystic breast disease, and for the prevention of attacks of angioedema.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Formulary Pg. 8</p>			

Uterine Active Agents			
<p>Agents For Cervical Ripening</p> <p style="text-align: center;">Dinoprostone (Prepidil, Cervidil, Prostin E2)</p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Agents for cervical Ripening.</i></p> <p>Indicated for termination of pregnancy from the 12th through the 20th gestational week as calculated from the first day of the last normal menstrual period, for evacuation of uterine contents in the management of missed abortion or intrauterine fetal death, management of nonmetastatic gestational trophoblastic disease, and for the initiation or continuation of cervical ripening in patients at or near term in whom there is a medical or obstetrical indication for the induction of labor.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Bisphosphonates			
<p style="text-align: center;">Pamidronate Disodium (Aredia)</p> <p>Formulary Pg. 8</p>	<p><i>Bisphosphonates.</i> Indicated for the treatment of hypercalcemia of malignancy, Paget disease, osteolytic bone metastases of breast cancer and osteolytic lesion of multiple myeloma.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Adrenocortical Steroids			
<p>Mineralocorticoids</p>	<p><i>Adrenocortical Steroids: Mineralocorticoids.</i> Indicated for partial replacement therapy for primary and secondary adrenocortical</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>

Formulary Pg. 9	insufficiency in Addison disease and for treatment of salt-losing adrenogenital syndrome.		
Insulin-Like Growth Factor			
Mecasermin Rinfabate (Iplex) Formulary Pg. 9	<i>Insulin-like Growth Factor.</i> Indicated for the treatment of growth failure in children with severe primary insulin-like growth factor-1 deficiency or with growth hormone gene deletion who have developed neutralizing antibodies to growth hormone.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Growth Hormone			
Somatropin (Genotropin, Omnitrope, Serostim, Humatrope, Nutropin, Saizen, HumatroPen, Zorbtive, Norditropin, Accretropin, Formulary Pg. 9	<i>Growth Hormone.</i> Indicated for treatment of growth failure associated with chronic renal insufficiency, Noonan syndrome, Prader-Willi syndrome, and Turner syndrome. For the treatment of growth failure in children, growth hormone deficiency in adults, idiopathic short stature, short bowel syndrome, short stature homeobox-containing gene deficiency, and wasting or cachexia associated with HIV.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Growth Hormone Releasing Factor			
Tesamorelin Acetate (Egrifta) Formulary Pg. 9	<i>Growth Hormone Releasing Factor.</i> Indicated for the reduction of excess abdominal fat in HIV-infected patients with	Physician Initiated/ Physician Consult.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating

Formulary pg. 9	lipodystrophy.		Physician and specified in the Standard Care Arrangement.
Posterior Pituitary Hormone			
Posterior Pituitary Hormone Desmopressin Acetate Oral (DDAVP) Formulary Pg. 9	<i>Posterior Pituitary Hormones.</i> Indicated as antidiuretic replacement therapy in the management of central diabetes insipidus and for the management of the temporary polyuria and polydipsia following head trauma or surgery in the pituitary region. Also indicated for the management of primary nocturnal enuresis.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Vasopressin Receptor Antagonist			
Conivaptan Hydrochloride (Vaprisol) Formulary Pg. 9	<i>Vasopressin Receptor Antagonist.</i> Indicated to raise the serum sodium in hospitalized patients with euvolemic and hypervolemic hyponatremia.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Tolvaptan (Samsca) Formulary Pg. 9	<i>Vasopressin Receptor Antagonist.</i> Indicated for the treatment of clinically significant hypervolemic and euvolemic hyponatremia.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Velaglucerase Alfa			
Velaglucerase Alfa (VPRIV) Formulary Pg. 9	<i>Velaglucerase Alfa.</i> Indicated for the long-term enzyme replacement therapy in children and adults with type 1 Gaucher disease	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Somatostatin Analogs			
Lanreotide (Somatuline Depot) Formulary Pg. 9	<i>Somatostatin Analogs.</i> Indicated for the long-term treatment of acromegalic patients who have had an inadequate response to surgery and/or radiotherapy, or for whom surgery and/or radiotherapy is not an option.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Galsulfase			
Galsulfase (Naglazyme) Formulary Pg. 10	<i>Galsulfase.</i> Indicated for patients with mucopolysaccharidosis VI.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Idursulfase			
Idursulfase (Elaprase) Formulary Pg. 10	<i>Idursulfase.</i> Indicated for patients with Hunter syndrome to improve walking capacity.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Taliglucerase Alfa			
Taliglucerase Alfa (Elelyso) Formulary Pg. 9	<i>Taliglucerase Alfa.</i> Indicated for long-term enzyme replacement therapy for adults with a confirmed diagnosis of type I Gaucher disease.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Calcitonin-Salmon			
<p>Calcitonin – Salmon Injectable (Miacalcin)</p> <p>Formulary Pg. 10</p>	<p><i>Calcitonin-Salmon.</i> Indicated for prevention of progressive loss of bone mass, for patients with moderate to severe Paget’s disease, and for early treatment of hypercalcemic emergencies.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Ivacaftor			
<p>Ivacaftor (Kalydeco)</p> <p>Formulary Pg. 10</p>	<p><i>Ivacaftor.</i> Indicated for the treatment of cystic fibrosis in patients 6 years and older who have a G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.</p>	<p>Physician Initiated/ Physician Consult.</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Agents for Gout			
<p>Pegloticase Injection (Krystexxa)</p> <p>Formulary Pg. 10</p>	<p><i>Agents for Gout.</i> Indicated for the treatment of long-term gout in adult patients refractory to conventional therapy.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Detoxification Agents			
<p>Chelating Agents</p> <p>Deferasirox (Exjade)</p> <p>Formulary Pg. 10</p>	<p><i>Detoxification Agents: Chelating Agents.</i> Indicated for the treatment of chronic iron overload caused by blood transfusions in patients 2 years of age and older.</p>	<p>Physician Initiated/ Physician Consult for CTP holder within sickle cell clinic only.</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Cardiovascular Agents

Drug Category/Drug Name	Indications(s)	Current Prescribing Designation	CPG Action/Date
Vasodilators			
Endothelin Receptor Antagonist Formulary Pg. 11	<i>Vasodilators: Endothelin Receptor Antagonist.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Peripheral Vasodilators Epoprostenol Sodium Injection (Flolan) Formulary Pg. 11	<i>Vasodilators: Peripheral Vasodilators.</i> Indicated for the long-term intravenous treatment of primary pulmonary hypertension and pulmonary hypertension associated with the scleroderma spectrum of disease in NYHA Class III and Class IV patients who do not respond adequately to conventional therapy.	Physician Initiated/ Physician Consult for CTP holder within specialty clinic.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Treprostinil Sodium (Remodulin)	<i>Vasodilators: Peripheral Vasodilators.</i> Indicated for the treatment of pulmonary arterial hypertension in patients with New York Heart Association (NYAH) class II to IV symptoms to diminish symptoms associated with exercise, and to diminish the rate of clinical deterioration in patients requiring transition from	Physician Initiated/ Physician Consult for CTP holder within specialty clinic.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

<p>Treprostinil Inhalation</p> <p>Formulary Pg. 11</p>	<p>epoprostenol.</p> <p>Indicated to increase walk distance in patients with World Health Organization group I pulmonary arterial hypertension and New York Heart Association class II symptoms.</p>	<p>Physician Initiated/ Physician Consult.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Agents for Patent Ductus Arteriosus</p>			
<p>Alprostadil (Prostin VR Pediatric)</p> <p>Formulary Pg. 12</p>	<p><i>Agents for Patent Ductus Arteriosus.</i> Indicated for palliative, not definitive, therapy to temporarily maintain the patency of the ductus arteriosus until corrective or palliative surgery can be performed in neonates who have congenital heart defects and who depend upon the patent ductus for survival.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Ibuprofen Lysine (NeoProfen)</p> <p>Formulary Pg. 12</p>	<p><i>Agents for Patent Ductus Arteriosus.</i> Indicated to close a clinically significant PDA in premature infants who are no more than 32 weeks gestational age when usual medical management is ineffective.</p>	<p>Neonatal NP CTP holder only may prescribe. Physician Initiated/ Physician Consult all other CTP holders.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Indomethacin (Indocin I.V.)</p>	<p><i>Agents for Patent Ductus Arteriosus.</i> Indicated for closure of hemodynamically significant PDA in premature infants if, after 48 hours, usual medical management</p>	<p>Neonatal NP CTP holder only may prescribe. Physician Initiated/ Physician Consult all other CTP holders.</p>	<p>1/6/2014</p> <p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and</p>

Formulary Pg. 12	is ineffective.		specified in the Standard Care Arrangement.
------------------	-----------------	--	---

Respiratory Agents

Drug Category/Drug Name	Indications(s)	Current Prescribing Designation	CPG Action/Date
Monoclonal Antibodies			
Omalizumab (Xolair) Formulary Pg. 14	<i>Monoclonal Antibodies.</i> Indicated to decrease the incidence of asthma exacerbations for adults and adolescents 12 years of age and older with moderate to severe persistent asthma.	Physician Initiated/ Physician Consult.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Respiratory Enzymes			
Respiratory Enzymes Formulary Pg. 14	<i>Respiratory Enzymes.</i> Indicated for chronic augmentation therapy in patients having congenital deficiency of alpha1-PI with clinically evident emphysema.	CTP holder may prescribe for Neonatal Nurse Practitioner only. Physician Initiated/ Physician Consult all other CTP holders.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Central Nervous System Agents

Drug Category/Drug	Indications(s)	Current Prescribing	CPG Action/Date
--------------------	----------------	---------------------	-----------------

Name		Designation	
CNS Stimulants			
Analeptics Caffeine IV Formulary Pg. 15	<i>Central Nervous System Agents: CNS Stimulants: Analeptics.</i> Indicated as an aid in staying awake and restoring mental alertness, as an adjunct in analgesic formulations, for the short-term treatment of apnea in premature infants, and in conjunction with supportive measures to treat respiratory depression associated with overdosage with CNS depressants.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Amphetamines Formulary Pg. 15	<i>Central Nervous System Agents: Amphetamines.</i> Indicated to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy, as part of a treatment plan for attention deficit disorder, and as a short-term adjunct in a regimen of weight reduction.	Physician Initiated/ Physician Consult for CTP holders without a formal established diagnosis.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Opioid Analgesics			
Schedule II Opioid Analgesics Formulary Pg. 15	<i>Central Nervous System Agents: Opioid Analgesics</i>	Physician Initiated/ Physician Consult for CTP holders initiating therapy with a schedule II medication for more than a 14 day supply	1/6/2014 The standard care arrangement must state that initial prescriptions for more than a 14 day supply require physician initiation or consultation.
Non-Narcotic Analgesic Combinations			
Non-Narcotic Analgesic	<i>Central Nervous System Agents: Non-Narcotic</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may

Combinations Formulary Pg. 16	<i>Analgesic Combinations.</i>		prescribe.
Antidepressants			
Nefazodone (Nefazodone HCL) Formulary Pg. 17	<i>Antidepressants.</i> Indicated for the treatment of depression.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
MAO Inhibitors Formulary Pg. 17	<i>Antidepressants: Monoamine Oxidase Inhibitors.</i> Indicated for use in patients with atypical depression and in some patients unresponsive to other antidepressive therapy.	Physician Initiated/ Physician consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antipsychotic Agents			
Thioridazine Hydrochloride (Thioridazine HCL) Formulary Pg. 17	<i>Antipsychotic Agents.</i> Indicated for the management of schizophrenic patients who fail to respond adequately to treatment with other antipsychotic drugs.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Clozapine (Clozapine, FazaClo) Formulary Pg. 17	<i>Antipsychotic Agents.</i> Indicated for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Pimozide (Orap)	<i>Antipsychotic Agents.</i> Indicated for suppression of motor	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Formulary Pg. 17	and phonic tics in patients with Tourette disorder who have failed to respond to standard treatment.		
Lithium (Lithium Carbonate, Eskalith) Formulary Pg. 17	<i>Antipsychotic Agents.</i> Indicated for the treatment of manic episodes of manic-depressive illness.	Physician Initiated/ Physician Consult for CTP holder other than psych.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Aripiprazole (Abilify Maintena) Formulary Pg. 17	<i>Antipsychotic Agents: Quinolinone Derivatives.</i>	Physician Initiated/ Physician Consult for CTP holder other than psych.	1/6/2014 CTP holder may prescribe.
NMDA Receptor Antagonists			
Memantine Hydrochloride (Namenda) Formulary Pg. 17	<i>NMDA Receptor Antagonists.</i> Indicated for the treatment of moderate to severe dementia of the Alzheimer type.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Miscellaneous Psychotherapeutic Agents			
Chlordiazepoxide and Amitriptyline (Limbitrol) Formulary Pg. 17	<i>Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of moderate to severe depression associated with moderate to severe anxiety.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Perphenazine and Amitriptyline (Etrafon, Triavil, Formulary Pg. 17	<i>Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of moderate to severe anxiety or agitation and depressed mood.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Ergoloid Mesylates (Gerimal, Hydergine)	<i>Miscellaneous Psychotherapeutic Agents.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Formulary Pg. 17	Indicated for individuals over age 60 who manifest signs and symptoms of an idiopathic decline in mental capacity.		
Sodium Oxybate (Xyrem) Formulary Pg. 17	<i>Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of excessive daytime sleepiness and cataplexy in patients with narcolepsy.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Olanzapine/ Fluoxetine (Symbyax) Formulary Pg. 17	<i>Miscellaneous Psychotherapeutic Agents.</i> Indicated for the acute treatment of depressive episodes associated with bipolar I disorder in adults and for acute treatment of treatment-resistant depression in adults who do not respond to 2 separate trials of different antidepressants during the current episode.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Atomoxetine (Strattera) Formulary Pg. 18	<i>Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of ADHD.	Physician Initiated/ Physician Consult for CTP holder other than psych.	1/6/2014 CTP holder may prescribe.
Sedatives and Hypnotics, Nonbarbiturate			
Chloral Hydrate (Somnote, Aquachloral Supprettes)	<i>Sedatives and Hypnotics, nonbarbiturate.</i> Indicated for preoperative sedation to lessen anxiety and induce sleep, postoperative care and control of pain as an adjunct to opiates and	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Formulary Pg. 18	analgesics, and for preventing or suppressing alcohol withdrawal symptoms (rectal).		
Anticonvulsants			
Formulary Pg. 18	Ezogabine (Potiga) <i>Anticonvulsants.</i> Indicated as an adjunctive treatment for partial-onset seizures in patients 18 years and older.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Antiparkinson Agents			
Formulary Pg. 19	Selegiline Hydrochloride Transdermal (EMSAM) <i>Antiparkinson Agents.</i> Indicated for the treatment of major depressive disorder.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Adenosine Phosphate			
Formulary Pg. 19	Adenosine Phosphate <i>Adenosine Phosphate.</i> Indicated for symptomatic relief of complications with stasis dermatitis (varicose veins).	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Cholinergic Muscle Stimulants			
Formulary Pg. 19	Cholinergic Muscle Stimulants <i>Cholinergic Muscle Stimulants.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Riluzole			
Formulary Pg. 19	Riluzole (Rilutek) <i>Riluzole.</i> Indicated for the treatment of patients with amyotrophic lateral sclerosis. Riluzole extends survival and/or time to tracheostomy.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Physical Adjuncts			
<p>Hyaluronic Acid Derivatives (Euflexxa, Hyalgan, Supartz, Orthovisc, Synvisc)</p> <p>Formulary Pg. 19</p>	<p><i>Physical Adjuncts.</i> Indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
<p>Hyaluronic Acid Derivatives Injection (Hylaform, Perlane, Restylane, Juvederm, Bionect, Hylira)</p> <p>Formulary Pg. 19</p>	<p><i>Physical Adjuncts.</i> Indicated for mid to deep dermal implantation for the correction of moderate to severe facial wrinkles and folds.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Potassium Channel Blocker			
<p>Dalfampridine (Ampyra)</p> <p>Formulary Pg. 19</p>	<p><i>Potassium Channel Blocker.</i> Indicated to improve walking in patients with multiple sclerosis.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 CTP holder may prescribe.</p>
Botulinum Toxins			
<p>Botulinum Toxins Type A (Botox, Dysport, Xeomin)</p>	<p><i>Botulinum Toxins: Botulinum Toxins Type A.</i> Indicated for the treatment of severe primary axillary hyperhidrosis, treatment of cervical dystonia, prophylaxis of headaches in adults with chronic migraine, for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adults 65 years of age and younger, treatment of strabismus</p>	<p>CTP holder May NOT prescribe.</p> <p>Physician Initiated/ Physician Consult only for spasticity, cervical dystonia, and chronic migraine in related specialty clinic; and these uses must be addressed specifically in the standard care arrangement (SCA).</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Formulary Pg. 20	and blepharospasm associated with dystonia, and treatment of upper limb spasticity in adults.		
Rimabotulinumtoxin B (Myobloc) Formulary Pg. 20	<i>Botulinum Toxins: Botulinum Toxin Type B.</i> Indicated for the treatment of adults with cervical dystonia.	CTP holder May NOT prescribe. Physician Initiated/ Physician Consult only for spasticity, cervical dystonia, and chronic migraine in related specialty clinic; and these uses must be addressed specifically in the standard care arrangement (SCA).	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Gastrointestinal Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Dextranomer/ Sodium Hyaluronate			
Dextranolmer/ Sodium Hyaluronate Formulary Pg. 20	<i>Dextranolmer/ Sodium Hyaluronate.</i> Indicated for the treatment of fecal incontinence in patients 18 years and older for whom conservative therapy has failed.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Gallstone Solubilizing Agents			
Gallstone Solubilizing Agents Formulary Pg. 20	<i>Gallstone Solubilizing Agents.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Anti-Infectives, Systemic

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Glycylcyclines			
Tigecycline (Tygacil) Formulary Pg. 21	<i>Glycylcyclines.</i> Indicated for the treatment of community- acquired bacterial pneumonia, complicated intra- abdominal infections, and complicated skin and skin structure infections.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Streptogramins			
Quinupristin/ Dalfopristin (Synercid) Formulary Pg. 21	<i>Streptogramins.</i> Indicated for the treatment of patients with serious or life- threatening infections associated with vancomycin-resistant <i>Enterococcus faecium</i> bacteremia, and for treatment of complicated skin and skin structure infections.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Lipopeptides			
Daptomycin (Cubicin) Formulary Pg. 21	<i>Lipopeptides.</i> Indicated for the treatment of complicated skin and skin structure infections and for the treatment of <i>S. aureus</i> bloodstream infections.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Lipoglycopeptides			
Telavancin Hydrochloride (Vibativ)	<i>Lipoglycopeptides.</i> Indicated for the treatment of adults with	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this

Formulary Pg. 22	complicated skin and skin structure infections caused by susceptible isolates of certain gram-positive microorganisms.		drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Oxazolidones			
Formulary Pg. 21	Linezolid (Zyvox) <i>Oxazolidinones.</i> Indicated for the treatment of community-acquired pneumonia, complicated skin and skin structure infections, nosocomial pneumonia, uncomplicated skin and skin structure infections, and vancomycin-resistant enterococcal infections.	Physician Initialed/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Aminoglycosides, Parenteral			
Formulary Pg. 22	Aminoglycosides, Parenteral; Nebulized <i>Aminoglycosides.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Antifungal Agents			
Formulary Pg. 22	Antifungal Agents IV <i>Antifungal Agents.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
	Micafungin Sodium Injection (Mycamine) <i>Antifungal Agents.</i> Indicated for the treatment of patients with candidemia, acute disseminated candidiases, Candida peritonitis, and abscesses, for the treatment of patients with esophageal	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care

Formulary Pg. 22	candidiases, and for prophylaxis of <i>Candida</i> infections.		Arrangement.
Triazole Antifungals IV Formulary Pg. 22	<i>Antifungal Agents: Triazole Antifungals.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Posaconazole (Noxafil) Formulary Pg. 22	<i>Antifungal Agents: Triazole Antifungals</i> Indicated for the treatment of oropharyngeal candidiasis, including oropharyngeal candidiasis refractory to itraconazole and/or fluconazole, and for prophylaxis of invasive <i>Aspergillus</i> and <i>Candida</i> infections in patients 13 years of age and older who are at high risk of developing these infections because of being severely immunocompromised.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antituberculosis Agents			
Antituberculosis Agents Formulary Pg. 22	<i>Antituberculosis Agents.</i> Indicated for treatment of tuberculosis.	Physician Initiated/ Physician Consult INH – CTP holder may prescribe.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antiviral Agents			
Foscarnet Sodium	<i>Antiviral Agents.</i>	IV - Physician Initiated/	1/6/2014

<p>(Foscavir)</p> <p>Formulary Pg. 22</p>	<p>Indicated for the treatment of CMV retinitis in patients with AIDS, in combination therapy with ganciclovir for patients who have relapsed after monotherapy with either drug, and for treatment of acyclovir-resistant mucocutaneous HSV infections in immunocompromised patients.</p>	<p>Physician Consult</p>	<p>The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Ganciclovir (Cytovene)</p> <p>Formulary Pg. 22</p>	<p><i>Antiviral Agents.</i> Indicated for treatment of CMV retinitis in immunocompromised patients, including patients with AIDS, and for prevention of CMV disease in transplant recipients at risk for CMV disease.</p>	<p>IV- Physician Initiated/ Physician Consult</p>	<p>1/6/2014 1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Valganciclovir (Valcyte)</p> <p>Formulary Pg. 22</p>	<p><i>Antiviral Agents.</i> Indicated for the prevention of CMV disease in kidney, heart, and kidney-pancreas transplant adult patients at high risk, for the prevention of CMV disease in kidney and heart transplant pediatric patients at high risk, and for the treatment of cytomegalovirus retinitis in adults with AIDS.</p>	<p>IV – Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Ribavirin (Copegus, Ribasphere, Rebetol, Virazole)</p>	<p><i>Antiviral Agents.</i> Tablets – Indicated in combination with peginterferon alfa-2a for the treatment of adults with chronic HCV infection who have compensated liver disease and have not</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the</p>

<p>Formulary Pg. 23</p>	<p>previously been treated with interferon alpha.</p> <p>Capsules/Solution - Indicated in combination with interferon alfa-2b for the treatment of chronic HCV in patients 18 years of age and older with compensated liver disease previously untreated with alpha interferon and in patients 18 years of age and older who have relapsed following alpha interferon therapy.</p> <p>Inhalation – Indicated for the treatment of hospitalized infants and young children with severe lower respiratory tract infection due to severe respiratory syncytial virus.</p>		<p>Standard Care Arrangement.</p>
<p>Formulary Pg. 23</p>	<p>Adefovir Dipivoxil (Hepsera)</p> <p><i>Antiviral Agents.</i> Indicated for the treatment of chronic hepatitis B virus in patients 12 years of age and older with evidence of active viral replication and either evidence of persistent elevations in serum aminotransferases (ALT or AST) or histologically active disease.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Formulary Pg. 23</p>	<p>Entecavir (Baraclude)</p> <p><i>Antiviral Agents.</i> Indicated for the treatment of chronic HBV infection in adults with evidence of active viral replication and either evidence of persistent elevations in serum aminotransferases (ALT or AST) or histologically active disease.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Antiretroviral Agents			
Protease Inhibitors Formulary Pg. 23	<i>Antiretroviral Agents: Protease Inhibitors.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Nucleotide Analog Reverse Transcriptase Inhibitor Formulary Pg. 22	<i>Antiretroviral Agents. Nucleotide Analog Reverse Transcriptase Inhibitor.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Nucleoside Reverse Transcriptase Inhibitors Formulary Pg. 23	<i>Antiretroviral Agents: Nucleoside Reverse Transcriptase Inhibitors.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Non-Nucleoside Reverse Transcriptase Inhibitors. Formulary Pg. 23	<i>Antiretroviral Agents. Non-Nucleoside Reverse Transcriptase Inhibitors.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

<p>Cellular Chemokine Receptor Antagonist</p> <p>Maraviroc (Selzentry)</p> <p>Formulary pg. 23</p>	<p><i>Antiretroviral Agents: Cellular Chemokine Receptor Antagonist.</i></p> <p>Indicated in combination with other antiretroviral agents, for treatment of adult patients infected only with chemokine receptor 5 (CCR5) – tropic HIV-1.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Integrase Inhibitors</p> <p>Raltegravir (Isentress)</p> <p>Formulary Pg. 23</p>	<p><i>Antiretroviral Agents: Integrase Inhibitors.</i></p> <p>Indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adult patients.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
<p>Fusion Inhibitors</p> <p>Enfuvirtide (Fuzeon)</p> <p>Formulary Pg. 23</p>	<p><i>Antiretroviral Agents: Fusion Inhibitors.</i></p> <p>Indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment- experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.</p>		<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Leprostatics			
<p>Leprostatics</p> <p>Formulary Pg. 23</p>	<p><i>Leprostatics.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Antiprotozoals			
Antiprotozoals	<i>Antiprotozoals.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Formulary Pg. 23		Tinidazole, Nitazoxanide – CTP holder may prescribe.	

Biologic/Immunologic Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Immune Globulins			
Immune Globulins	<i>Immune Globulins.</i> Indicated to provide passive immunization to greater than or equal to 1 infectious diseases, for treatment of immune thrombocytopenic purpura, and suppression of Rh immunization.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Formulary Pg. 23			
Immune Globulin (Human) Subcutaneous (Vivaglobulin)	<i>Immune Globulins.</i> Indicated for the treatment of patients with primary immune deficiency.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Formulary Pg. 23			
Monoclonal Antibody			
Denosumab (Prolia, Xgeva)	<i>Monoclonal Antibody.</i> Indicated for the prevention of skeletal-related events in patients with bone metastases from solid tumors, and for the treatment of	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Formulary Pg. 23	postmenopausal women with osteoporosis at high risk of fracture.		
Formulary Pg. 23	Eculizumab (Soliris)	<i>Monoclonal Antibody.</i> Indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.	Physician Initiated/ Physician Consult
Formulary Pg. 23	Belimumab (Benlysta)	<i>Monoclonal Antibody.</i> Indicated for the treatment of adult patients with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy.	Physician Initiated/ Physician Consult
Formulary Pg. 23			1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Formulary Pg. 23			1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Allergic Extracts			
Formulary Pg. 23	Allergic Extracts	<i>Allergic Extracts.</i> Indicated for the diagnosis of specific allergies, when properly diluted, and for the relief of allergic symptoms due to specifically identified materials by means of a graduated schedule of doses.	Physician Initiated/ Physician Consult
			1/6/2014 CTP holder may prescribe.
Immunologic Agents			
	Immunostimulants	<i>Immunologic Agents: Immunostimulants.</i> Indicated for enzyme replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease who are not	Physician Initiated/ Physician Consult
	Pegademase Bovine (Adagen)		1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care

Formulary Pg. 23	suitable candidates for or who have failed bone marrow therapy transplantation.		Arrangement.
Immunosuppressives Formulary Pg. 23	<i>Immunologic Agents: Immunosuppressives.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Immunomodulators Formulary Pg. 23	<i>Immunologic Agents: Immunomodulators.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Certolizumab Pegol (Cimzia) Formulary Pg. 24	<i>Immunologic Agents: Immunomodulators.</i> Indicated for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Thalidomide (Thalomid)	<i>Immunologic Agents: Immunomodulators.</i> Indicated in combination with dexamethasone, for the treatment of patients with newly diagnosed multiple myeloma, acute	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the

Formulary Pg. 24	treatment of the cutaneous manifestations of moderate to severe erythema nodosum leprosum, and for prevention and suppression of the cutaneous manifestations of erythema nodosum leprosum recurrence.		Standard Care Arrangement.
Fingolimod (Gilenya) Formulary Pg. 24	<i>Immunologic Agents: Immunomodulators.</i> Indicated for the treatment of patients with relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antirheumatic Agents			
Antirheumatic Agents Formulary Pg. 23	<i>Antirheumatic Agents.</i>	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Keratinocyte Growth Factors			
Palifermin (Kepivance) Formulary Pg. 23	<i>Keratinocyte Growth Factors.</i> Indicated to decrease the incidence and duration of severe oral mucositis in patients with hematologic malignancies who are receiving myelotoxic therapy requiring hematopoietic stem cell support.		1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Dermatologic Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Anti-Psoriatic Agents			
Methotrexate (Rheumatrex, Trexall) Formulary pg. 24	<i>Anti-Psoriatic Agents.</i> Indicated for the symptomatic control of severe recalcitrant, disabling psoriasis, which is not adequately responsive to other therapy.	Physician Initiated/ Physician Consult	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Photochemotherapy			
Methoxsalen Oral (Oxsoal Ultra) Methoxsalen Topical (Oxsoal) Formulary Pg. 24	<i>Photochemotherapy Agents.</i> Indicated for the symptomatic control of severe, recalcitrant, disabling psoriasis not adequately responsive to other forms of therapy and when the diagnosis has been supported by biopsy. Indicated as a topical repigmenting agent in vitiligo, used in conjunction with controlled doses of ultraviolet A or sunlight.	Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Dermatology. Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Dermatology.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Aminolevulinic Acid (Levulan Kerastick) Formulary Pg. 24	<i>Photochemotherapy Agents.</i> Indicated for the treatment of non-hyperkeratotic keratosis of the face or scalp	Physician Initiated/ Physician Consult for CTP holder with SCA with Dermatology practice only	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Pyrimidine Antagonist, Topical			
Pyrimidine Antagonist, Topical Formulary Pg. 24	<i>Pyrimidine Antagonist, Topical.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Retinoids			
First Generation Retinoids Formulary Pg. 24	<i>First Generation Retinoids.</i>		1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Isotretinoin (Accutane, Amnesteem, Claravis, Sotret) Formulary Pg. 24	<i>First Generation Retinoids.</i> Indicated for the treatment of severe recalcitrant nodular acne.	Physician Initiated/ Physician Consult for CTP holder with SCA with dermatology practice only.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Rexinoids			
Bexarotene Oral (Targretin) Formulary Pg. 25	<i>Rexinoids.</i> Indicated for the treatment of cutaneous manifestations of CTCL in patients who are refractory to at least 1 prior systemic therapy.		1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.

Ophthalmic Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Agents for Glaucoma			
Agents for Glaucoma Formulary Pg. 25	<i>Agents for Glaucoma.</i>	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.
Corticosteroids			
Corticosteroids Formulary Pg. 25	<i>Corticosteroids.</i> Indicated for treatment of corneal injury (dexamethasone, prednisolone acetate), for the treatment of macular edema (dexamethasone implant), For the treatment of steroid- responsive inflammatory conditions, for the temporary relief of the signs and symptoms of seasonal allergic conjunctivitis (loteprednol suspension), and for visualization during vitrectomy (triamcinolone).	Physician Initiated/ Physician Consult Dexamethasone: CTP holder may prescribe with hematology/ oncology specialty.	1/6/2014 CTP holder may prescribe.
Cycloplegic Mydriatics			
Cycloplegic Mydriatics Formulary Pg. 25	<i>Cycloplegic Mydriatics.</i> Indicated for cycloplegic refraction, for pre and postoperative states when mydriasis is required, for dilating the pupil, and for the treatment of inflammatory conditions of the iris and uveal tract.	Physician Initiated/ Physician Consult	1/6/2014 CTP holder may prescribe.

Cystine-Depleting Agents			
<p>Cysteamine (Cystaran)</p> <p>Formulary Pg. 25</p>	<p><i>Cystine-Depleting Agents.</i> Indicated for the treatment of corneal cysteine crystal accumulation in patients with cystinosis.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Ophthalmic Antifungals			
<p>Ophthalmic Antifungals</p> <p>Natamycin (Natacyn)</p> <p>Formulary Pg. 25</p>	<p><i>Ophthalmic Antifungals.</i> Indicated for the treatment of fungal blepharitis, conjunctivitis, and keratitis caused by susceptible organisms.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>
Antiviral Agents			
<p>Antiviral Agents</p> <p>Formulary Pg. 25</p>	<p><i>Antiviral Agents.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.</p>

Antineoplastic Agents

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Hormones			
Antiandrogens Formulary Pg. 27	<i>Antiandrogens</i>	Physician Initiated/ Physician Consult only for prescribers who have and maintain a standard care arrangement with a collaborating hematologist/ oncologist.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Antiestrogens Formulary Pg. 27	<i>Antiestrogens</i>	Physician Initiated/ Physician Consult only for prescribers who have and maintain a standard care arrangement with a collaborating hematologist/ oncologist.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Gonadotropin- Releasing Hormone Analog Formulary Pg. 27	<i>Gonadotropin-Releasing Hormone Analog.</i>	Physician Initiated/ Physician Consult only for CTP holder with a standard care arrangement with a physician specializing in Hematology/ Oncology/ or Urology ONLY for prostate CA	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the Standard Care Arrangement.
Kinase Inhibitors			
Everolimus (Zortress) Formulary Pg. 26	<i>mTOR Inhibitors.</i> Indicated for the prophylaxis of organ rejection in adult patients at low to moderate immunologic risk receiving a kidney transplant.	Physician Initiated/ Physician Consult for prophylaxis of organ rejection in kidney transplants.	1/6/2014 The prescribing designation of this drug must be determined jointly by the CTP Holder and Collaborating Physician and specified in the

Ruxolitinib (Jakafi) Formulary Pg. 26	Indicated for the treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis.	Physician Initiated/ Physician Consult	Standard Care Arrangement.
---	--	---	----------------------------