



New Drugs January 2013 (Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
October 2012			
Bupivacaine Liposome Injection Formulary Pg. 19	Exparel	<i>Central Nervous System Agents: Injectable Local Anesthetics.</i> Indicated for administration into the surgical site to produce postsurgical analgesia.	1/14/13 CTP holder may prescribe.
Articaine Hydrochloride/ Epinephrine Bitartrate Injection Formulary Pg. 19	Orabloc	<i>Central Nervous System Agents: Injectable Local Anesthetics.</i> Indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures.	1/14/13 CTP holder may prescribe.
Sodium Picosulfate/ Magnesium Oxide/ Citric Acid Formulary Pg. 21	Prepopik	<i>Gastrointestinal Agents: Laxatives: Bowel Evacuants.</i> Indicated for cleansing the colon as a preparation for colonoscopy in adults.	1/14/13 CTP holder may prescribe.
Carfilzomib Formulary Pg. 29	Kyprolis	<i>Antineoplastic Agents: Proteasome Inhibitors.</i> Indicated for the treatment of patients with multiple myeloma who have received at least 2 prior therapies.	1/14/13 CTP holder May NOT prescribe.
Florbetapir F 18 Injection Formulary Pg. 29	Amyvid	<i>Diagnostic Aids: In Vivo Diagnostic Aids.</i> Indicated for positron emission tomography imaging of the brain in adults patients with cognitive impairment who are being evaluated for Alzheimer disease and other causes of cognitive decline.	1/14/13 An APN with or without prescriptive authority may order a diagnostic test within their scope of practice.

November 2013			
4 Phasic Contraceptives Formulary Pg. 8	Natazia	<i>Endocrine & Metabolic Agents: Sex Hormones: Contraceptive Hormones.</i> Indicated for contraception and heavy menstrual bleeding.	1/14/13 CTP holder may prescribe.
Mifepristone Formulary Pg. 8	Korlym	<i>Endocrine & Metabolic Agents: Uterine-Active Agents: Abortifacients.</i> Indicated for controlling hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery.	1/14/13 CTP holder May NOT prescribe.
Aclidinium Bromide Formulary Pg. 14	Tudorza Pressair	<i>Respiratory Agents: Bronchodilators.</i> Indicated for the long term maintenance treatment of bronchospasm with chronic obstructive pulmonary disease.	1/14/13 CTP holder may prescribe.
Omeprazole/ Amoxicillin/ Clarithromycin Formulary Pg. 21	Omeclamox -Pak	<i>Gastrointestinal Agents: Helicobacter pylori Agents.</i> Indicated for the treatment of adults with <i>H. pylori</i> infection and duodenal ulcer disease (active or 1 year history) to eradicate <i>H. pylori</i> to reduce the risk of duodenal ulcer recurrence.	1/14/13 CTP holder may prescribe.
Ziv-Aflibercept Injection Formulary Pg. 29	Zaltrap	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of patients with metastatic colorectal cancer that is resistant to or has	1/14/13 CTP holder May NOT prescribe.

		progressed following oxaliplatin-containing regimen, in combination with irinotecan, leucovorin, and 5-fluorouracil.	
December 2012			
Mirabegron Formulary Pg. 14	Myrbetriq	<i>Renal & Genitourinary Agents: Urinary Acidifiers.</i> Indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency.	1/14/13 CTP holder may prescribe.
Azelastine Hydrochloride/ Fluticasone Propionate Formulary Pg. 14	Dymista	<i>Respiratory Agents: Respiratory Inhalant Products.</i> Indicated for the relief of seasonal allergic rhinitis in patients 12 years and older.	1/14/13 CTP holder may prescribe.
Phentermine/ Topiramate Formulary Pg. 16	Qsymia	<i>Central Nervous System Agents: Anorexiant.</i> Indicated as an adjunct to a reduce calorie diet and increased physical activity for chronic weight management in adult patients.	1/14/13 CTP holder may NOT prescribe.
Glutamine (L-Glutamine) Formulary Pg. 21	NutreStore	<i>Gastrointestinal Agents: Glutamine.</i> Indicated for the treatment of short bowel syndrome in patients receiving specialized nutritional support when used in conjunction with a recombinant human growth hormone that is approved for this indication.	1/14/13 CTP holder may prescribe.
Elvitegravir/ Cobicistat/ Emtricitabine/ Tenofovir Disoproxil Fumarate Oral	Stribild	<i>Anti-Infectives, Systemic: Antiretroviral Agents: Fusion Inhibitors.</i> Indicated as a complete regimen for the treatment of HIV-1	1/14/13 Physician Initiated/ Physician Consult

January 2013 CPG Updates

Formulary Pg. 24		infection in adults who are antiretroviral treatment-naive	
Benzyl Alcohol	Ulesfia	<i>Dermatological Agents: Scabicides/ Pediculicides.</i> Indicated for the topical treatment of head lice infestation in patients 6 months and older.	1/14/13 CTP holder may prescribe.
Formulary Pg. 25			
Mitomycin	Mitosol	<i>Ophthalmic Agents: Ophthalmic Surgical Adjuncts.</i> Indicated for use as an adjunct to ab externo glaucoma surgery.	1/14/13 CTP holder May NOT prescribe.
Formulary Pg. 27			
Enzalutamide	Xtandi	<i>Antineoplastic Agents: Hormones: Antiandrogens.</i> Indicated for the treatment of patients with metastatic castration-resistant prostate cancer who have previously received docetaxel.	1/14/13 Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Hematology/ Oncology
Formulary Pg. 27			
Bosutinib	Bosulif	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive chronic myelogenous leukemia with resistance or intolerance to prior therapy.	1/14/13 CTP holder May NOT prescribe.
Formulary Pg. 29			

New Drugs Indications/ Warnings January 2013

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
October 2013			
None			
November 2013			
None			
December 2013			
Rivaroxaban Formulary Pg. 7	Xarelto	<i>Hematological Agents: Anticoagulants: Selective Factor Xa Inhibitor.</i> New indication for reducing the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.	Current: Physician Initiated/ Physician Consult 1/14/13 No Change
Difluprednate Ophthalmic Formulary Pg. 26	Durezol	<i>Ophthalmic Agents: Corticosteroids.</i> New indications for the treatments of endogenous anterior uveitis.	Current: Physician Initiated/ Physician Consult 1/14/13 No Change

Formulary Revision Requests January 2013

(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
Melissa A. Telenko, MSN, FNP-BC			
Bexarotene Oral Bexarotene Topical	Targretin	<i>Dermatological Agents: Retinoids.</i> Indicated for the topical treatment of cutaneous lesions in patients with cutaneous T-cell lymphoma who have refractory or persistent disease after other therapies or who have not tolerated other therapies. Indicated for the topical treatment of cutaneous lesions in patients with cutaneous T-cell	Current: Not currently listed in Formulary. 1/14/13 Physician Initiated/ Physician consult for CTP holder with SCA w/ physician specializing in Dermatology or Hematology/ Oncology

<p>Formulary Pg. 22</p>			<p>1/14/13 CTP holder may prescribe in institutional setting according to institutional protocol or Physician Initiated/ Physician Consult.</p>
<p>Enoxaparin</p> <p>Formulary Pg. 7</p>	<p>Lovenox</p>	<p><i>Hematological Agents: Anticoagulants: Low Molecular Weight Heparins.</i> Indicated for the treatment of acute ST-segment elevation myocardial infarction, for the prophylaxis of deep vein thrombosis, for the prophylaxis of ischemic complications of unstable angina, for the inpatient treatment of acute DVT with or without pulmonary embolism, and the outpatient treatment of acute DVT without pulmonary embolism.</p> <p>Requesting: CTP holder may prescribe.</p>	<p>Current: Physician Initiated/ Physician Consult</p> <p>1/14/13 CTP holder may prescribe.</p>
<p>Midazolam Injectable</p>	<p>Versed</p>	<p><i>Central Nervous System Agents: General Anesthetics: Benzodiazepines.</i> Indicated for sedation, anxiolysis and amnesia prior to or during sort diagnostic therapeutic or endoscopic procedures, for induction of general anesthesia, to supplement nitrous oxide and oxygen, infusion for sedation of intubated and mechanically intubated patients as a component</p>	<p>Current: CTP holder may prescribe only for sedation levels up to moderate, and only in institutional settings per institutional standards.</p>

Formulary Pg. 19		<p>or anesthesia or during treatment in a critical care setting.</p> <p>Requesting: CTP holder may prescribe for sedation levels up to moderate, and only in institutional settings per institutional standards.</p>	
Jill M. Warner, CNP			
Formulary Pg. 25	Aminolevulinic Acid HCL	<p>Levulan Kerastick</p> <p><i>Dermatological Agents: Photochemotherapy.</i> Indicated for the treatment of non-hyperkeratotic keratosis of the face or scalp.</p> <p>Requesting: Physician Initiated/ Physician Consult or CTP holder may prescribe with SCA with physician specializing in dermatology.</p>	<p>Current: CTP holder may NOT prescribe.</p> <p>1/14/13 Physician Initiated/ Physician consult for CTP holder with SCA w/ physician specializing in Dermatology</p>

Review of Prescribing Designations PI/PC and CTP Holder May NOT Prescribe

Hematological Agents
(January 2013)

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Hematopoietic Agents			
<p>Thrombopoietin Mimetic Agents: Romiplostim Injection (Nplate)</p>	<p><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,</p>	<p>CTP holder May NOT prescribe.</p>	<p>Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Hematology/ Oncology</p>

Formulary Pg. 6	immunoglobulins, or splenectomy.		
Colony-Stimulating Factors	<i>Hematopoietic Agents: Colony Stimulating Factors.</i>	Physician Initiated/ Physician Consult for CTP holder with SCA with physician specializing in Hematology/ Oncology.	1/14/13 No Change
Formulary Pg. 6			
Filgrastim Injection (Neupogen)	<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.	CTP holder May NOT prescribe. Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology.	1/14/13 Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology
Formulary Pg. 6			
Pegfilgrastim Injection (Neulasta)	<i>Hematopoietic Agents: Colony Stimulating Factors.</i> Indicated to reduce the incidence of infection in patients receiving myelosuppressive anticancer drugs.	CTP Holder May NOT prescribe. Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology.	1/14/13 Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/ Oncology
Formulary Pg. 6			
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		1/14/13 Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/ Oncology

Not Currently on Formulary	BMT, and for patients who have undergone allogeneic or autologous BMT in whom engraftment is delayed or has failed.		
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.	1/14/13 No Change
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.	1/14/13 No Change
Thrombopoietin Receptor Agonist Eltrombopag (Promacta) Formulary Pg. 6	<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.	CTP holder May NOT prescribe.	1/14/13 Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology
Antiplatelet Agents			
Glycoprotein Inhibitors Formulary Pg. 6	<i>Antiplatelet Agents. Glycoprotein Inhibitors.</i> Indicated for the treatment of acute coronary syndrome.	Physician Initiated/ Physician Consult	1/14/13 No Change

Anticoagulants			
<p>Low Molecular Weight Heparins</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Low Molecular Weight Heparins.</i></p> <p>Indicated for DVT prophylaxis in patients undergoing surgery at risk for thromboembolic complications or severely limited mobility, treatment of DVT, prophylaxis of ischemic complications in unstable angina and non-Q wave MI, prevention of exercise-induced bronchoconstriction, and acute STEMI.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/14/13 CTP holder may prescribe.</p>
<p>Antithrombin Agents</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Antithrombin Agents.</i></p> <p>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>1/14/13 No Change</p>
<p>Thrombin Inhibitors</p> <p>Dabigatran Etxilate (Pradaxa)</p> <p>Formulary Pg. 7</p>	<p><i>Anticoagulants: Thrombin Inhibitors.</i></p> <p>Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/14/13 No Change</p>
<p>Selective Factor Xa Inhibitor</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</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/14/13 No Change</p>

Formulary Pg. 7	administered in conjunction with warfarin.		
Coumarin Anticoagulants	<i>Anticoagulants: Coumarin Anticoagulants.</i>	Physician Initiated/ Physician Consult	1/14/13 Physician Initiated/ Physician Consult
Warfarin Sodium (Coumadin)	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.		CTP holder may prescribe per institutional protocol.
Formulary Pg. 7			
Coagulants			
Heparin Antagonist	<i>Coagulants: Heparin Antagonist.</i>	CTP holder May NOT prescribe.	1/14/13 Physician Initiated/ Physician Consult
Protamine Sulfate	Indicated for the treatment of heparin overdose.		CTP holder may prescribe per institutional protocol.
Formulary Pg. 7			
Thrombolytic Agents			
Thrombolytic Agents	<i>Thrombolytic Agents.</i>	CTP holder May NOT prescribe except for catheter occlusions.	1/14/13 No Change
Formulary Pg. 7			
Recombinant Human Activated Protein (Xigris)	<i>Thrombolytic Agents: Tissue Plasminogen Activators: Human Protein C.</i> Indicated to reduce mortality in adult patients with severe sepsis who have a high risk of death.	Physician Initiated/ Physician Consult	This medication has been discontinued.
Formulary Pg. 7			

Antisickling Agents			
Hydroxyurea (Droxia) Formulary Pg. 7	<i>Antisickling Agents.</i> Indicated to reduce the frequency of painful crises and to reduce the need for blood transfusions in adult patients with sickle cell anemia.	CTP holder May NOT prescribe. Physician Initiated/ Physician Consult for CTP holder within sickle cell clinic only.	1/14/13 Physician Initiated/ Physician Consult for CTP holder within sickle cell clinic only.
Protein C1 Inhibitor			
C1 Injector, Human (Cinryze) Formulary Pg. 7	<i>Protein C1 Inhibitor.</i> Indicated for routine prophylaxis against angioedema attacks in adolescent and adult patients with hereditary angioedema.	CTP holder May NOT prescribe.	Physician Initiated/ Physician Consult
Kallikrein Inhibitor			
Ecallantide (Kalbitor) Formulary Pg. 7	<i>Kallikrein Inhibitor.</i> Indicated for treatment of acute attacks of hereditary angioedema in patients 16 years of age and older.	Physician Initiated/ Physician Consult	1/14/13 No Change
Bradykinin Inhibitors			
Icatibant (Firazyr) Formulary Pg. 7	<i>Bradykinin Inhibitors.</i> Indicated for treatment of acute attacks of hereditary angioedema in adults 18 years and older.	Physician Initiated/ Physician Consult	1/14/13 No Change
Antihemophilic Agents			
Antihemophilic Agents Formulary Pg. 7	<i>Antihemophilic Agents.</i>	Physician Initiated/ Physician Consult	1/14/13 No Change
Antihemophilic Factor Combinations			
Antihemophilic Factor/ von Willebrand Factor Complex (Factor VIII/VWF: AHF/VWF) (Humate, Wilate)	<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	Physician Initiated/ Physician Consult	1/14/13 No Change

Formulary Pg. 7	von Willebrand disease.		
Hemostatics			
Hemostatics (systemic) Formulary Pg. 7	<i>Hemostatics: Systemic.</i>	CTP holder May NOT prescribe.	1/14/13 No Change
Tranexamic Acid Formulary Pg. 7	<i>Hemostatics: Systemic.</i> Indicated for the treatment of cyclic heavy menstrual bleeding.	Physician Initiated/ Physician Consult	1/14/13 No Change
Plasma Expanders			
Plasma Expanders Formulary Pg. 7	<i>Plasma Expanders.</i>	Physician Initiated/ Physician Consult – except Albumin, CTP holder may prescribe.	1/14/13 No Change
Hemin			
Hemin Formulary Pg. 7	<i>Hemin.</i> Indicated for the amelioration of recurrent attacks of acute intermittent porphyria temporally related to the menstrual cycle in susceptible women.	CTP holder May NOT prescribe.	1/14/13 No Change