



## New Drugs May 2013

(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>January 2013</b>			
Icosapent Ethyl  Formulary Pg. 12	Vascepa	<i>Cardiovascular Agents: Antihyperlipidemic Agents.</i> Indicated as an adjunct to diet to reduce triglyceride levels in adult patients with severe (500mg/dL or more) hypertriglyceridemia.	5/20/13  CTP holder may prescribe.
Linacotide  Formulary Pg. 21	Linzess	<i>Gastrointestinal Agents: Linacotide.</i> Indicated for the treatment of chronic idiopathic constipation in adults and for the treatment of irritable bowel syndrome with constipation in adults.	5/20/13  CTP holder may prescribe.
Teriflunomide  Formulary Pg. 24	Aubagio	<i>Biologic/ Immunologic Agents: Immunologic Agents: Immunomodulators.</i> Indicated for the treatment of patients with relapsing forms of multiple sclerosis.	5/20/13  Physician Initiated/ Physician Consult
<b>February 2013</b>			
Vitamin A Palmitate Injection  Formulary Pg. 5	Aquasol	<i>Nutrients &amp; Nutritional Agents: Vitamins.</i> Indicated for the treatment of vitamin A deficiency.	5/20/13  CTP holder may prescribe.
Perampanel  Formulary Pg. 19	Fycompa	<i>Central Nervous System Agents: Anticonvulsants: Adjuvant Anticonvulsants.</i> Indicated as an adjunctive therapy for the treatment of partial-onset seizures with or without secondarily generalized seizures in	5/20/13  Physician Initiated/ Physician Consult

		patients with epilepsy who are 12 years and older.	
Regorafenib  Formulary Pg. 29	Stivarga	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of patients with metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an antivascular endothelial growth factor (VEGF) therapy, and, if KRAS wild type, an antiepidermal growth factor receptor (EGFR) therapy.	5/20/13  CTP holder May NOT prescribe.
Omacetaxine Mepesuccinate Injection  Formulary Pg. 29	Synribo	<i>Antineoplastic Agents: Protein Synthesis Inhibitor.</i> Indicated for the treatment of adults with chronic or accelerated phase chronic myeloid leukemia with resistance and/or intolerance to 2 or more tyrosine kinase inhibitors.	5/20/13  CTP holder May NOT prescribe.
<b>March 2013</b>			
Tofacitinib Citrate Oral  Formulary Pg. 24	Xeljanz	<i>Biologic Immunologic Agents: Antirheumatic Agents.</i> Indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate as monotherapy or in combination with methotrexate or other nonbiologic disease modifying antirheumatic	5/20/13  Physician Initiated/ Physician Consult

		drugs.	
Triamcinolone Acetonide – Intravitreal Injection  Formulary Pg. 26	Trivaris	<i>Ophthalmic Agents: Corticosteroids.</i> Indicated for the treatment of sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids.	5/20/13  CTP holder May NOT prescribe.
Ocriplasmin  Formulary Pg. 26	Jetrea	<i>Ophthalmic Agents: Ophthalmic Proteolytic Enzymes.</i> Indicated for the treatment of symptomatic vitreomacular adhesion.	5/20/13  CTP holder May NOT prescribe.
Sulfacetamide Sodium - Ophthalmic  Formulary Pg. 26	Sulster	<i>Ophthalmic Agents: Ophthalmic Antibiotics.</i> Indicated for the treatment of conjunctivitis and other superficial ocular infections due to susceptible microorganisms, and as an adjunctive in systemic sulfonamide therapy of trachoma.	5/20/13  CTP holder may prescribe.
Vincristine Sulfate Liposome  Formulary Pg. 27	Marqibo	<i>Antineoplastic Agents: Antimitotic Agents.</i> Indicated for the treatment of adult patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia in second or greater relapse or whose disease has progressed following 2 or more anti-leukemia therapies.	5/20/13  CTP holder May NOT prescribe.
<b>April 2013</b>			
Apixaban  Formulary Pg. 7	Eliquis	<i>Hematological Agents: Anticoagulants.</i> Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular	5/20/13  Physician Initiated/ Physician Consult

		atrial fibrillation.	
Pasireotide Diaspartate Injection  Formulary Pg. 9	Signifor	<i>Endocrine &amp; Metabolic Agents: Somatostatin Analogs.</i> Indicated for the treatment of adult patients with Cushing disease for whom pituitary surgery is not an option or has not been curative	5/20/13  CTP holder may prescribe.
Lomitapide  Formulary Pg. 12	Juxtapid	<i>Cardiovascular Agents: Antihyperlipidemic Agents.</i> Indicated as an adjunct to a low fat diet and other lipid-lowering treatments, including low-density lipoprotein apheresis where available, to reduce low-density lipoprotein cholesterol, total cholesterol, apolipoprotein, and non-high-density lipoprotein cholesterol in patients with homozygous familial hypercholesterolemia.	5/20/13  CTP holder may prescribe.
Mometasone Furoate  Formulary Pg. 14	Propel	<i>Respiratory Agents: Miscellaneous Respiratory Agents.</i> Indicated to maintain patency following ethmoid sinus surgery.	5/20/13  CTP holder May NOT prescribe.
Teduglutide  Formulary Pg. 21	Gattex	<i>Gastrointestinal Agents: Glucagon-Like Peptide-2 Analogs.</i> Indicated for the treatment of adult patients with short bowel syndrome who are dependent on parenteral support.	5/20/13  CTP holder may prescribe.
Crofelemer	Fulyzaq	<i>Gastrointestinal Agents: Antidiarrheals.</i> Indicated for symptomatic relief of	5/20/13  CTP holder may prescribe.

Formulary Pg. 21		noninfectious diarrhea in patients with HIV/AIDS on antiretroviral therapy.	
Unoprostone Isopropyl Ophthalmic	Rescula	<i>Ophthalmic Agents: Agents for Glaucoma.</i> Indicated for lowering intraocular pressure in patients with open-angle glaucoma or ocular hypertension.	5/20/3  Physician Initiated/ Physician Consult
Formulary Pg. 26			
Cysteamine Hydrochloride Ophthalmic	Cystaran	<i>Ophthalmic Agents: Cystine-Depleting Agents.</i> Indicated for the treatment of corneal cysteine crystal accumulations in patients with cystinosis.	5/20/3  Physician Initiated/ Physician Consult
Formulary Pg. 26			
Ponatinib	Iclusig	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of adult patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) that is resistant or intolerant to prior tyrosine kinase inhibitor therapy and for the treatment of adult patients with chronic phase, accelerated phase, or blast phase chronic myeloid leukemia that is resistant or intolerant to prior tyrosine kinase inhibitors.	5/20/13  CTP holder May NOT prescribe.
Formulary Pg. 29			
Cabozantinib	Cometriq	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of patients with progressive metastatic medullary thyroid cancer.	5/20/13  CTP holder May NOT prescribe.
Formulary Pg. 29			

## New Drugs Indications/ Warnings May 2013

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>January 2013</b>			
Pregabalin Oral  Formulary Pg. 19	Lyrica	<i>Central Nervous System Agents: Anticonvulsants.</i> New indication for the management of neuropathic pain associated with spinal cord injury.	Current: CTP holder may prescribe.  5/20/13 No Changes
<b>February 2013</b>			
Levofloxacin Oral and Injection  Formulary Pg. 22	Levaquin	<i>Anti-Infectives, Systemic: Fluoroquinolones.</i> New indication for treatment of plague, including pneumonic and septicemic plague, due to <i>Yersinia pestis</i> and prophylaxis of plague in adults and pediatric patients 6 months and older.	Current: CTP holder may prescribe.  5/20/13 No changes
Emtricitabine/ Tenofovir Disoproxil Fumarate  Formulary Pg. 24	Truvada	<i>Anti-Infectives, Systemic: Antiretroviral Agents: Nucleoside Analog Reverse Transcriptase Inhibitor Combinations.</i> New indication for pre-exposure prophylaxis to reduce sexually acquired HIV-1 in adults at high risk.	Current: Physician Initiated/ Physician Consult  5/20/13 No Change
Ranibizumab  Formulary Pg. 26	Lucentis	<i>Ophthalmic Agents: Selective Vascular Endothelial Growth Factor Antagonist.</i> New indication for the treatment of patients with diabetic macular edema.	Current: CTP holder May NOT prescribe.  5/20/13 No Change
Aflibercept	Eylea	<i>Ophthalmic Agents: Selective Vascular Endothelial Growth Factor Antagonists.</i> New indication for the treatment of neovascular (wet) age-related	Current: CTP holder May NOT prescribe.  5/20/13 No Change

Formulary Pg. 26		macular degeneration.	
Cetuximab	Erbitux	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> New indication for treatment of K-Ras mutation-negative (wild-type), epidermal growth factor receptor expressing metastatic colorectal cancer.	Current: CTP holder May NOT prescribe.  5/20/13 No Change
Formulary Pg. 29			
<b>March 2013</b>			
Tapentadol	Nucynta ER	<i>Central Nervous System Agents: Schedule II analgesics.</i> New indication for the management of neuropathic pain associated with diabetic peripheral neuropathy in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.	Current: CTP holder may prescribe for initial therapy or in an institutional setting per institutional standards. Physician Initiated/ Physician Consult for CTPs holder initiating therapy with a schedule II medication for more than a 7-day supply.  5/20/13 No Change
Formulary Pg. 16			
Calcipotriene/ Betamethasone Dipropionate	Taclonex	<i>Dermatologic Agents: Antipsoriatic Agents.</i> New indication for the topical treatment of plaque psoriasis of the scalp and body in patients 18 years and older.	Current: CTP holder may prescribe.  5/20/13 No Change
Formulary Pg. 25			
Pazopanib	Votrient	<i>Antineoplastic Agents: Kinase Inhibitors.</i> New indication for the treatment of patients with advanced soft tissue sarcoma who have received prior chemotherapy.	Current: CTP holder May NOT prescribe.  5/20/13 No Change
Formulary Pg. 29			
<b>April 2013</b>			
Rivaroxaban Oral	Xarelto	<i>Hematological Agents: Anticoagulants: Direct Factor Xa Inhibitors.</i>	Current: Physician Initiated/ Physician Consult

Formulary Pg. 7		New indication for reduction in the risk of recurrence of deep vein thrombosis and pulmonary embolism following initial 6 months of treatment for DVT and/or PE	5/20/13 No Change
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**Formulary Revision Request May 2013**  
(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>Patti Gallagher, NP-C</b>			
Liraglutide Injection  Formulary Pg. 9	Victoza	<i>Endocrine &amp; Metabolic Agents: Glucagon-like Peptide 1 Receptor Agonists.</i> Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.  Requesting: CTP holder may prescribe.	Current: Physician Initiated/ Physician Consult  5/20/13 CTP holder may prescribe.
<b>Michelle C. Cash, CNP</b>			
Treprostonil Inhalation  Formulary Pg.11	Remodulin	<i>Cardiovascular Agents: Vasodilators.</i> Indicated to increase walk distance in patients with World Health Organization group I pulmonary arterial hypertension and New York Heart Association class III symptoms.  Requesting: Physician Initiated/ Physician Consult for CTP holder within specialty clinic.	Current: Not currently listed on Formulary  5/20/13 Physician Initiated/ Physician Consult
Iloprost	Ventavis	<i>Cardiovascular Agents: Prostacyclin Analog.</i> Indicated for the treatment of pulmonary	Current: Not currently listed on Formulary  5/20/13

<p>Formulary Pg. 11</p>		<p>arterial hypertension (World Health Organization group 1) in patients with New York Heart Association class III or IV symptoms. Requesting: Physician Initiated/ Physician Consult or Physician Initiated/ Physician Consult for CTP holder within specialty clinic.</p>	<p>Physician Initiated/ Physician Consult</p>
<p><b>Susan Flick, CNP</b></p>			
<p>Epinephrine</p>	<p>Epinephrine, Adrenalin Chloride</p>	<p><i>Cardiovascular Agents: Vasopressors Used in Shock.</i> Indicated to relieve respiratory distress due to bronchospasm, to provide rapid relief of hypersensitivity reactions to drugs and other allergens, and to prolong the action of anesthetics used in local and regional anesthesia. It is also used as a hemostatic agent and in treating mucosal congestion of hay fever, rhinitis, and acute sinusitis, to relieve bronchial asthmatic paroxysms; in syncope because of complete heart block or carotid sinus hypersensitivity, for symptomatic relief of serum sickness, urticaria, or angioneurotic edema, for resuscitation in cardiac arrest following anesthetic accidents, in simple (open-angle) glaucoma; for relaxation of uterine musculature and to inhibit uterine contractions.</p>	<p>Current: IV * see Footnote 1  5/20/13 CTP holder may prescribe.</p>

Formulary Pg. 12		Requesting: CTP holder may prescribe in cases of allergic anaphylaxis in adult and geriatric population.	
<b>Jason Wannemacher, MSN, RN, ACNP-BC, CEN, CCRN, NREMT-P</b>			
Formulary Pg. 19	Diprivan	<p><i>Central Nervous System Agents: General Anesthetics.</i></p> <p>Indicated for induction or maintenance of anesthesia as part of a balanced anesthetic technique for inpatient and outpatient surgery in adults and children &gt; 3 years of age, for maintenance of anesthesia in adult and pediatric patients &gt; 2 months of age, for initiating and maintaining monitored anesthesia care sedation during diagnostic procedures in adults, for monitored anesthesia care sedation in conjunction with local/regional anesthesia in patients undergoing surgical procedures, and for continuous sedation and control of stress response in intubated or respiratory-controlled adults patients in ICUs.</p> <p>Requesting: CTP holder may prescribe or Acute Care NP may prescribe in critical care like</p>	<p>Current: CTP holder may NOT prescribe.</p> <p>5/20/13 Discussion tabled until October 21, 2013 meeting</p>

		setting.	
<b>Cindy Edwards-Tuttle, FNP-BC</b>			
Ranolazine  Formulary Pg. 13	Ranexa	<i>Cardiovascular Agents: Miscellaneous</i> <i>Antianginal Agents:</i> Indicated for the treatment of chronic angina. Requesting: CTP holder may prescribe.	Current: CTP holder may prescribe for adult acute care CTP holders or Physician Initiated/ Physician Consult for all other CTP holders.  5/20/13 CTP holder may prescribe.
Memantine Hydrochloride  Formulary Pg. 18	Namenda	<i>Central Nervous System Agents: NMDA Receptor Antagonists.</i> Indicated for the treatment of moderate to severe dementia of the Alzheimer type.  Requesting: CTP holder may prescribe.	Current: Physician Initiated/ Physician Consult  5/20/13 CTP holder may prescribe.
Fluorouracil  Formulary Pg. 25	Efudex, Carac, Fluoroplex	<i>Dermatological Agents:</i> Indicated for the topical treatment of multiple actinic or solar keratoses and the treatment of superficial basal cell carcinomas when conventional methods are impractical, such as with multiple lesion sites.  Requesting: CTP holder may prescribe.	Current: CTP holder may prescribe with SCA with a physician specializing in dermatology or Physician Initiated/ Physician Consult.  5/20/13 Discussion tabled until October 21, 2013 meeting
Methotrexate	Rhematrex Dose Pack, Trexall	<i>Biologic/ Immunologic Agents: Antirheumatic Agents.</i> Indicated for the treatment of severe, active, classical or definite adult rheumatoid arthritis in adults who have had an insufficient	Current: Physician Initiated/ Physician Consult 5/20/13 Discussion tabled until October 21, 2013 meeting

<p>Formulary Pg. 24 Methotrexate</p>		<p>therapeutic response to, or are intolerant of, an adequate trial of first line therapy including full dose NSAIDS and for the management of children with active polyarticular-course JRA who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full-dose NSAIDS. <i>Dermatologic Agents: Anti-Psoriatic Agents.</i> 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>Current: Physician Initiated/ Physician Consult</p> <p>5/20/13 Discussion tabled until October 21, 2013 meeting</p>
<p>Formulary Pg. 22</p>	<p>Vancocin</p>	<p><i>Anti-Infectives, Systemic: Vancomycin.</i> Indicated for the treatment of antibiotic-associated pseudomembranous colitis caused by <i>Clostridium difficile</i> and for the treatment of enterocolitis caused by <i>Staphylococcus aureus</i>.</p> <p>Requesting: CTP holder may prescribe.</p>	<p>Current: CTP holder may prescribe in institutional setting according to institutional protocol or Physician Initiated/ Physician Consult.</p> <p>5/20/13 CTP holder may prescribe oral Vancomycin.</p> <p>No change to IV Vancomycin</p>
<p>Acitretin</p>	<p>Soriatane</p>	<p><i>Dermatologic Agents: Retinoids: Second Generation Retinoids.</i> Indicated for the treatment of severe psoriasis in adults.</p> <p>Requesting: Physician</p>	<p>Current: CTP holder may NOT prescribe.</p> <p>5/20/13 Discussion tabled until October 21, 2013 meeting</p>

Formulary Pg. 25		Initiated/ Physician Consult	
<b>Melissa Telenko, MSN, FNP-BC</b>			
Methoxsalen Oral	Oxсорalen Ultra	<i>Dermatological Agents: 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.	Current: CTP holder may NOT prescribe.  5/20/13 Discussion tabled until October 21, 2013 meeting
Methoxsalen Topical	Oxсорalen	Indicated as a topical repigmenting agent in vitiligo, used in conjunction with controlled doses of ultraviolet A or sunlight.  Requesting: Physician Initiated/ Physician Consult with a dermatologist.	5/20/13 Discussion tabled until October 21, 2013 meeting
Formulary Pg. 25			

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

Endocrine and Metabolic Agents  
(May 2013)

<b>Drug Category/Drug Name</b>	<b>Indications(s)</b>	<b>Current Prescribing Designation</b>	<b>CPG Action/Date</b>
<b>Sex Hormones</b>			
<b>Ovulation Stimulants</b> Format Pg. 8	<i>Sex Hormones: Ovulation Stimulants.</i>	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Gonadatropin-Releasing Hormones</b> Formulary Pg. 8	<i>Sex Hormones: Gonadotropin-Releasing Hormones.</i>	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Gonadatropin-</b>	<i>Sex Hormones:</i>	Not currently listed on	5/20/13

<p><b>Releasing Hormone Antagonists</b></p> <p>Formulary Pg. 8</p>	<p><i>Gonadotropin-Releasing Hormone Antagonists.</i> Indicated for the inhibition of premature luteinizing hormone surges in women undergoing controlled ovarian stimulation</p>	<p>Formulary</p>	<p>Physician Initiated/ Physician Consult</p>
<p><b>Androgens</b></p> <p>Formulary Pg. 8</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>5/20/13 No Change</p>

<p><b>Danazol</b></p> <p>Formulary Pg. 8</p>	<p><i>Sex Hormones:</i> <i>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>5/20/13 No Change</p>
<p><b>Anabolic Steroids</b></p> <p>Formulary Pg. 8</p>	<p><i>Sex Hormones:</i> <i>Anabolic Steroids.</i> Indicated for the treatment of anemia, for the management of the anemia of renal insufficiency, for relief of bone pain frequently accompanying osteoporosis, to offset the protein catabolism associated with prolonged administration of corticosteroids, and to promote weight gain after weight loss following extensive surgery, chronic infections, or severe trauma, and in some patients, who, without definite pathophysiologic reasons, fail to gain or maintain normal weight.</p>	<p>CTP holder may NOT prescribe.</p>	<p>5/20/13 No Change</p>
<p><b>Uterine Active Agents</b></p>			
<p><b>Abortifacients</b></p> <p>Mifepristone (Mifeprex, Korlym)</p>	<p><i>Uterine Active Agents:</i> <i>Abortifacients.</i> Indicated to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing syndrome who have type 2 diabetes mellitus or glucose intolerance</p>	<p>CTP holder may NOT prescribe.</p>	<p>5/20/13 No Change</p>

Formulary Pg. 8	and have failed surgery or are not candidates for surgery and for the medical termination of intrauterine pregnancy through 49 days of pregnancy.		
<p><b>Agents For Cervical Ripening</b></p> <p>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 12<sup>th</sup> through the 20<sup>th</sup> 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>	Physician Initiated/ Physician Consult	5/20/13 No Change
<p><b>Uterine Relaxants</b></p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Uterine Relaxants.</i></p> <p>No medications currently listed in this category.</p>	Physician Initiated/ Physician Consult	5/20/13 No Change
<p><b>Uterine Stimulants</b></p> <p>Methylergonovine Maleate (Methergine)</p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Uterine Stimulants.</i></p> <p>Indicated for routine management after delivery of the placenta; postpartum atony and hemorrhage; subinvolution.</p>	Not currently listed on the Formulary	5/20/13 CTP holder may prescribe.

<b>Bisphosphonates</b>			
<p>Zoledronic Acid (Reclast, Zometa)</p> <p>Formulary pg. 8</p>	<p><i>Bisphosphonates.</i> (Reclast) Indicated for treatment and prevention of glucocorticoid induced osteoporosis, to increase bone mass in men with osteoporosis, prevention of osteoporosis in postmenopausal women, treatment of Paget disease of bone, and treatment and prevention of osteoporosis in postmenopausal women.</p> <p>(Zometa) Indicated for the treatment of hypercalcemia of malignancy and treatment of patients with multiple myeloma and bone metastases from solid tumors.</p>	<p>CTP holder may prescribe Reclast for osteoporosis only or Physician Initiated/ Physician Consult.</p>	<p>5/20/13 CTP holder may prescribe.</p>
<p>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>5/20/13 No Change</p>
<b>Antidiabetic Agents</b>			
<p><b>Insulin</b> IV Insulin</p>	<p><i>Antidiabetic Agents:</i> <i>Insulin.</i> Indicated for the treatment of type 1 diabetes mellitus, for the treatment of type 2 diabetes mellitus that cannot be controlled</p>	<p>CTP holder may prescribe with institution approved protocol or Physician Initiated/ Physician Consult without institution approved protocol.</p>	<p>5/20/13 CTP holder may prescribe in institutional setting per institutional standards.</p>

Formulary Pg. 8	properly by diet, exercise, and weight reduction, for lowering serum potassium levels, and for rapid effect in severe ketoacidosis/diabetic coma.		
<b>Amylin Analog</b> Pramlintide Acetate (Symlin)  Formulary Pg. 9	<i>Antidiabetic Agents: Amylin Analog.</i> Indicated as an adjunct treatment in patients with type 1 and type 2 diabetes mellitus who use mealtime insulin and have failed to achieve desired glucose control despite optimal insulin therapy.	Physician Initiated/ Physician Consult	5/20/13 CTP holder may prescribe.
<b>Glucagon-like Peptide 1 receptor agonists</b> Liraglutide (Victoza)  Formulary Pg. 9	<i>Antidiabetic Agents: Glucagon-like Peptide 1 Receptor Agonists.</i> Indicated as an adjunct to diet and exercise to improve glycemic control in adult patients with type 2 diabetes mellitus.	Physician Initiated/ Physician Consult	5/20/13 CTP holder may prescribe.
<b>Meglitinides</b>  Formulary Pg. 9	<i>Antidiabetic Agents: Meglitinides.</i> Indicated to lower the blood glucose in patients with type 2 diabetes mellitus whose hyperglycemia cannot be controlled by diet and exercise alone.	Not currently listed on Formulary	5/20/13 CTP holder may prescribe.
<b>Adrenocortical Steroids</b>			

<p><b>Corticotropin</b></p>	<p><i>Adrenocortical Steroids:</i> <i>Corticotropin</i> Indicated for diagnostic testing of adrenocortical function, control of severe allergic conditions intractable to adequate trials of conventional treatment, treatment of exacerbation or maintenance therapy in systemic lupus erythematosus, acute rheumatic carditis, Steven-Johnson syndrome, severe psoriasis, to induce diuresis or a remission of proteinuria, to treat hypercalcemia associated with cancer, ulcerative colitis and regional enteritis, acquired hemolytic anemia, for palliative management of leukemias and lymphomas in adults and acute leukemia of childhood, acute exacerbations of multiple sclerosis, rheumatic disorders, severe acute and chronic allergic and inflammatory processes involving the eye and its adnexa, as adjunctive therapy for short-term administration in psoriatic arthritis, rheumatoid arthritis, including juvenile rheumatoid arthritis, ankylosing spondylitis, acute and sub acute bursitis, acute nonspecific tenosynovitis, acute gouty arthritis, post-</p>	<p>CTP Holder may NOT prescribe, except CTP holder may prescribe Cosyntropin.</p>	<p>5/20/13 No Change</p>
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Formulary Pg.9	traumatic arthritis, synovitis of osteoarthritis, epicondylitis, symptomatic sarcoidosis, and tuberculous meningitis.		
<b>Mineralocorticoids</b>  Formulary Pg. 9	<i>Adrenocortical Steroids: Mineralocorticoids.</i> Indicated for partial replacement therapy for primary and secondary adrenocortical insufficiency in Addison disease and for treatment of salt-losing adrenogenital syndrome.	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Insulin-Like Growth Factor</b>			
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	5/20/13 No Change
<b>Growth Hormone</b>			
Somatropin  (Genotropin, Omnitrope, Serostim, Humatrope, Nutropin, Saizen, HumatroPen, Zorbtive, Norditropin,	<i>Growth Hormone.</i> Indicated for treatment of growth failure associated with chronic renal insufficiency, Noonan syndrome, Prader-Willi syndrome,	Physician Initiated/ Physician Consult	5/20/13 No Change

Accretropin,  Formulary Pg. 9	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.		
<b>Growth Hormone Releasing Factor</b>			
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 lipodystrophy.	Physician Initiated/ Physician Consult.	5/20/13 No Change
<b>Posterior Pituitary Hormone</b>			
<b>Posterior Pituitary Hormone</b>  Formulary Pg. 9	<i>Posterior Pituitary Hormone.</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.	CTP holder may NOT prescribe except for primary nocturnal enuresis.	5/20/13 Physician Initiated/ Physician Consult for DDAVP
<b>Vasopressin Receptor Antagonist</b>			
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 for Acute Care CTP holder only and in an ICU setting only.	5/20/13 Physician Initiated/ Physician Consult

<p>Tolvaptan (Samsca)</p> <p>Formulary Pg. 9</p>	<p><i>Vasopressin Receptor Antagonist.</i> Indicated for the treatment of clinically significant hypervolemic and euvolemic hyponatremia.</p>	<p>Physician Initiated/ Physician Consult and drug must be initiated in an inpatient setting.</p>	<p>5/20/13 Physician Initiated/ Physician Consult</p>
<p><b>Velaglucerase Alfa</b></p>			
<p>Velaglucerase Alfa (VPRIV)</p> <p>Formulary Pg. 9</p>	<p><i>Velaglucerase Alfa.</i> Indicated for the long-term enzyme replacement therapy in children and adults with type 1 Gaucher disease</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/20/13 No Change</p>
<p><b>Somatostatin Analogs</b></p>			
<p>Lanreotide (Somatuline Depot)</p> <p>Formulary Pg. 9</p>	<p><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 who surgery and/or radiotherapy is not an option.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/20/13 No Change</p>
<p><b>Pegvisomant</b></p>			
<p>Pegvisomant (Somavert)</p> <p>Formulary Pg. 9</p>	<p><i>Pegvisomant.</i> Indicated for the treatment of acromegaly in patients who have had an inadequate response to surgery and/or radiation and/or other medical therapies, or for whom these therapies are inappropriate.</p>	<p>CTP holder may NOT prescribe.</p>	<p>5/20/13 No Change</p>
<p><b>Laronidase</b></p>			

Laronidase (Aldurazyme)  Formulary Pg. 9	<i>Laronidase.</i> Indicated for patients with Hurler and Hurler-Scheie forms of mucopolysaccharidosis I.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Galsulfase</b>			
Galsulfase (Naglazyme)  Formulary Pg. 10	<i>Galsulfase.</i> Indicated for patients with mucopolysaccharidosis VI.	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Idursulfase</b>			
Idursulfase (Elaprase)  Formulary Pg. 10	<i>Idursulfase.</i> Indicated for patients with Hunter syndrome to improve walking capacity.	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Imiglucerase</b>			
Imiglucerase (Cerezyme)  Formulary Pg. 9	<i>Imiglucerase.</i> Indicated for long-term enzyme replacement therapy for patients with a confirmed diagnosis of type I Gaucher disease that results in anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Agalsidase Beta</b>			
Agalsidase Beta (Fabrazyme)  Formulary Pg. 10	<i>Agalsidase Beta.</i> Indicated for use in patients with Fabry disease to reduce globotriasylceramide deposition in capillary endothelium of the kidney and certain other cells.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Miglustat</b>			

Miglustat (Zavesca)  Formulary Pg. 10	<i>Miglustat.</i> Indicated for the treatment of adult patients with mild to moderate type 1 Gaucher disease for who enzyme replacement therapy is not a therapeutic option.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>4-Hydroxyphenylpyruvate Dioxygenase Inhibitor</b>			
<b>4-hydroxyphenyl – pyruvate Dioxygenase inhibitor</b>  Nitisinone (Orfadin)  Formulary Pg. 9	4- <i>Hydroxyphenylpyruvate Dioxygenase Inhibitor</i>  Indicated as an adjunct to dietary reduction of tyrosine and phenylalanine for the treatment of Hereditary Tyrosinemia type 1.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Alglucerase</b>			
Alglucerase (Ceredase)  Formulary Pg. 10	<i>Alglucerase.</i> Indicated for use as a long-term enzyme replacement therapy for children, adolescents, and adults with a confirmed diagnosis of type I Gaucher disease.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Taliglucerase Alfa</b>			
Taliglucerase Alfa (Eleyso)  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	5/20/13 No Change
<b>Alglucosidase Alfa</b>			

<p>Alglucosidase Alfa (Myozyme)</p> <p>Formulary Pg. 10</p>	<p><i>Alglucosidase Alfa.</i> Indicated for use in patients with Pompe disease to improve ventilator-free survival in patients with infantile-onset Pompe disease.</p>	<p>CTP holder may NOT prescribe.</p>	<p>5/20/13 No Change</p>
<b>Calcitonin-Salmon</b>			
<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>5/20/13 No Change</p>
<b>Calcium Receptor Agonists</b>			
<p><b>Calcium Receptor Agonists</b></p> <p>Cinacalcet (Sensipar)</p> <p>Formulary Pg. 10</p>	<p><i>Calcitonin-Salmon.</i> Indicated for the treatment of hypercalcemia in patients with parathyroid carcinoma, for the treatment of severe hypercalcemia in patients with primary hyperparathyroidism who are unable to undergo parathyroidectomy, and for the treatment of secondary hyperparathyroidism in patients with chronic disease on dialysis.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/20/13 No Change</p>
<b>Gallium Nitrate</b>			
<p>Gallium Nitrate (Ganite)</p> <p>Formulary Pg. 9</p>	<p><i>Gallium Nitrate.</i> Indicated for the treatment of cancer-related hypercalcemia unresponsive to adequate hydration.</p>	<p>CTP holder may NOT prescribe.</p>	<p>5/20/13 No Change</p>
<b>Sodium Phenylbutyrate</b>			

Sodium Phenylbutyrate (Buphenyl)  Formulary Pg. 10	<i>Sodium Phenylbutyrate</i> . Indicated as adjunctive therapy in chronic management of patients with urea cycle disorders involving deficiencies of carbamoyl phosphate synthetase, ornithine transcarbamoylase or argininosuccinic acid synthetase.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Betaine Anhydrous</b>			
Betaine Anhydrous (Cystadane)  Formulary Pg. 10	<i>Betaine Anhydrous</i> . Indicated for the treatment of homocystinuria to decrease elevated homocysteine blood levels.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Cysteamine Bitartrate</b>			
Cysteamine Bitartrate (Cystagon)  Formulary Pg. 10	Cysteamine Bitartrate. Indicated for management of nephropathic cystinosis in children and adults.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Sodium Benzoate/ Sodium Phenylacetate</b>			
Sodium Benzoate/ Sodium Phenylacetate (Ammonul)  Formulary Pg. 10	<i>Sodium Benzoate/ Sodium Phenylacetate</i> . Indicated as adjunctive therapy for the treatment of acute hyperammonemia and associated encephalopathy in patients with deficiencies in enzymes of the urea cycle.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Ivacaftor</b>			
Ivacaftor (Kalydeco)	<i>Ivacaftor</i> . Indicated for the treatment of cystic fibrosis in patients 6	Physician Initiated/ Physician Consult.	5/20/13 No Change

Formulary Pg. 10	years and older who have a G551D mutation in the cystic fibrosis transmembrane conductance regulators gene.		
<b>Cabergoline</b>			
Formulary Pg. 10	<b>Cabergoline (Dostinex)</b> <i>Cabergoline.</i> Indicated for the treatment of hyperprolactinemic disorders, either idiopathic or because of pituitary adenomas.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Agents for Gout</b>			
Formulary Pg. 10	<b>Pegloticase Injection (Krystexxa)</b> <i>Agents for Gout.</i> Indicated for the treatment of long-term gout in adult patients refractory to conventional therapy.	Physician Initiated/ Physician Consult	5/20/13 No Change
<b>Phenylketonuria Agents</b>			
Formulary Pg. 10	<b>Sapropterin Dihydrochloride (Kuvan)</b> <i>Phenylketonuria Agents.</i> Indicated to reduce blood phenylalanine levels in patients with hyperphenylalaninemia caused by tetrahydrobiopterin-responsive phenylketonuria.	CTP holder may NOT prescribe.	5/20/13 No Change
<b>Detoxification Agents</b>			
	<b>Chelating Agents</b> <i>Detoxification Agents: Chelating Agents.</i>	CTP holder may NOT prescribe.	5/20/13 No Change
	<b>Deferasirox (Exjade)</b> Indicated for the treatment of chronic iron overload caused by blood transfusions in	Physician Initiated/ Physician Consult for CTP holder within sickle cell clinic only.	

CPG Updates May 2013

Formulary Pg. 10	patients 2 years of age and older.		
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