



New Drugs January 2012 (Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
September 2011			
Telaprevir Oral Formulary Pg. 23	Incivek	<i>Anti-Infectives, Systemic: Antiviral Agents.</i> Indicated for the treatment of genotype I chronic hepatitis C.	1/23/12 Physician Initiated/ Physician Consult
Boceprevir Oral Formulary Pg. 23	Victrelis	<i>Anti-Infectives, Systemic: Antiviral Agents.</i> Indicated for the treatment of chronic hepatitis C virus (HCV) genotype I infection.	1/23/12 Physician Initiated/ Physician Consult
Belatacept Injection Formulary Pg. 23	Nulojix	<i>Biologic/ Immunologic Agents: Immunologic Agents: Immunosuppressives.</i> Indicated for prophylaxis of organ rejection in adults receiving a kidney transplant.	1/23/12 Physician Initiated/ Physician Consult
October 2011			
Indacaterol Formulary Pg. 14	Arcapta Neohaler	<i>Respiratory Agents: Bronchodilators.</i> Indicated as a long term, once daily maintenance bronchodilator treatment of airflow obstruction in patients with COPD.	1/23/12 CTP holder may prescribe.
Ezogabine Formulary Pg. 19	Potiga	<i>Central Nervous System Agents: Anticonvulsants.</i> Indicated as an adjunctive treatment for partial-onset seizures in patients 18 years and older.	1/23/12 Physician Initiated/ Physician Consult

<p>Centruroides (Scorpion) Immune F(ab')₂ (equine)</p> <p>Formulary Pg. 23</p>	<p>Anascorp</p>	<p><i>Biologic/ Immunologic Agents: Antitoxins and Antivenins.</i> Indicated for treatment of patients with clinical signs of scorpion envenomation.</p>	<p>1/23/12 CTP holder may prescribe.</p>
<p>November 2011</p>			
<p>Ticagrelor Oral</p> <p>Formulary Pg. 6</p>	<p>Brilinta</p>	<p><i>Hematological Agents: Antiplatelet Agents: Aggregation Inhibitors.</i> Indicated to reduce the rate of thrombotic cardiovascular events in patients with acute coronary syndrome.</p>	<p>1/23/12 CTP holder may prescribe.</p>
<p>Rivaroxaban</p> <p>Formulary Pg. 7</p>	<p>Xarelto</p>	<p><i>Hematological Agents: Anticoagulants: Selective Factor Xa Inhibitor.</i> Indicated for the prophylaxis of deep vein thrombosis, which may lead to pulmonary embolism in patients undergoing knee and hip replacement surgery.</p>	<p>1/23/12 Physician Initiated/ Physician Consult</p>
<p>Brentuximab Vedotin</p> <p>Formulary Pg. 28</p>	<p>Adcetris</p>	<p><i>Antineoplastic Agents: Antibody-Drug Conjugates.</i> Indicated for the treatment of patients with Hodgkin lymphoma after failure of autologous stem cell transplant (ASCT) or after failure of at least 2 prior multiagent chemotherapy regimens in patients who are not ASCT candidates and for treatment of patients with systemic anaplastic large cell lymphoma after failure of at least 1 prior multiagent chemotherapy regimen.</p>	<p>1/23/12 CTP holder May NOT prescribe.</p>

Crizotinib Formulary Pg. 28	Xalkori	<i>Antineoplastic Agents: Kinase Inhibitors: Tyrosine Kinase Inhibitors.</i> Indicated for the treatment of patients with locally advanced or metastatic non-small cell lung cancer.	1/23/12 CTP holder May NOT prescribe.
Vemurafenib Oral Formulary Pg. 28	Zelboraf	<i>Antineoplastic Agents: Kinase Inhibitors: BRAF Inhibitor.</i> Indicated for the treatment of unresectable or metastatic melanoma with BRAF mutation.	1/23/12 CTP holder May NOT prescribe.
December 2011			
Icatibant Formulary Pg. 7	Firazyr	<i>Hematological Agents: Bradykinin Inhibitors.</i> Indicated for the treatment of acute attacks of hereditary angioedema in adults 18 years and older.	1/23/12 Physician Initiated/ Physician Consult
Emtricitabine/ Ralpivirine/ Tenofovir Disoproxil Fumarate Formulary Pg. 23	Complera	<i>Anti-Infectives, Systemic: Antiretroviral Agents: Non-nucleoside Reverse Transcriptase Inhibitors.</i> Indicated for use as a complete regimen for the treatment of HIV-1 infection in antiretroviral treatment-naïve adults.	1/23/12 Physician Initiated/ Physician Consult

New Drugs Indications/ Warnings January 2012

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
September 2011			
Peginterferon Alfa-2b Injection Formulary Pg. 23	Sylatron	<i>Biologic Immunologic Agents: Immunologic Agents: Immunomodulators.</i> New Indication for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection, including complete lymphadenectomy.	Current: Physician Initiated/ Physician Consult 1/23/12 No Change.
October 2011			
Candesartan Cilexetil Oral Formulary Pg. 12	Atacand	<i>Cardiovascular Agents: Renin Angiotensin System Antagonists.</i> New Indication for treatment of hypertension in children 1 to younger than 17 years of age.	Current: CTP holder may prescribe. 1/23/12 No Change.
Terbutaline Sulfate Formulary Pg 14	Terbutaline Sulfate	<i>Respiratory Agents: Bronchodilators.</i> New black box warning for administration in pregnant women. Oral Terbutaline has not been approved and should not be used for acute or maintenance tocolysis. Serious adverse reactions in mothers include, increased heart rate, transient hyperglycemia, hypokalemia, cardiac arrhythmias, pulmonary edema, and myocardial ischemia. May cause increased fetal heart rate and neonatal hypoglycemia. IV – not approved for prolonged tocolysis beyond 48-72 hours.	Current: CTP holder may prescribe. 1/23/12 No Change.

<p>Oxaprozin</p> <p>Formulary Pg. 16</p>	<p>Oxaprozin, Daypro</p>	<p><i>Central Nervous System Agents: NSAIDS.</i> New indication for the relief of the signs and symptoms of juvenile rheumatoid arthritis.</p>	<p>Current: CTP holder may prescribe. 1/23/12 No Change.</p>
<p>Mesalamine</p> <p>Formulary Pg. 20</p>	<p>Lialda</p>	<p><i>Gastrointestinal Agents: Mesalamine.</i> New indication for the induction of remission in patients with active, mild to moderate ulcerative colitis and for the maintenance of remission of ulcerative colitis.</p>	<p>Current: Physician Initiated/ Physician Consult 1/23/12 CTP holder may prescribe.</p>
<p>Dextranomer/ Sodium Hyaluronate</p> <p>Formulary Pg. 21</p>	<p>Solesta</p>	<p><i>Gastrointestinal Agents: Dextranomer/ Sodium Hyaluronate.</i> New indication for the treatment of fecal incontinence in patients 18 years and older for whom conservative therapy has failed.</p>	<p>Current: Dextranomer: CTP Holder may prescribe. Sodium Hyaluronate: Physician Initiated/ Physician Consult 1/23/12 Physician Initiated/ Physician Consult</p>
<p>Sunitinib</p> <p>Formulary Pg. 28</p>	<p>Sutent</p>	<p><i>Antineoplastic Agents: Protein-Tyrosine Kinase Inhibitors.</i> New indication for the treatment of progressive, well-differentiated pancreatic neuroendocrine tumors in patients with unresectable locally advanced or metastatic disease.</p>	<p>Current: CTP holder May NOT prescribe. 1/23/12 No Change.</p>

November 2011			
Tocilizumab Formulary Pg. 23	Actemra	<i>Biologic/ Immunologic Agents: Immunologic Agents: Immunomodulators.</i> New indication for the treatment of active systemic juvenile idiopathic arthritis in patients 2 years and older.	Current: Physician Initiated/ Physician Consult 1/23/12 No Change.
Everolimus Formulary Pg. 28	Afinitor	<i>Antineoplastic Agents: Kinase Inhibitors.</i> New indication for the treatment of progressive neuroendocrine tumors of pancreatic origin in patients with unresectable, locally advanced, or metastatic disease.	Current: CTP holder May NOT prescribe. 1/23/12 No Change.
Romidepsin Formulary Pg. 28	Istodax	<i>Antineoplastic Agents: Histone Deacetylase Inhibitors.</i> New indication for the treatment of peripheral T-cell lymphoma in patients who have received at least 1 prior therapy.	Current: CTP holder May NOT prescribe. 1/23/12 No Change.
December 2011			
Nonsteroidal Anti-Inflammatory Agents Formulary Pg. 16		<i>Central Nervous Agents: Nonsteroidal Anti-Inflammatory Agents.</i> New black box warning for increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke. Increased risk of serious GI adverse reactions, including, bleeding, inflammation, ulceration, and perforation of the stomach or intestines.	Current: CTP holder may prescribe. 1/23/12 No Change.

Formulary Revision Request January 2012
(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
George Knight, CNP			
Dextromethorphan Hydrobromide/ Quinidine Sulfate Formulary Pg. 18	<i>Nuedexta</i>	<i>Central Nervous System Agents: Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of pseudobulbar affect. Requesting CTP holder may prescribe.	Current: Physician Initiated/ Physician Consult. 1/23/12 CTP holder may prescribe.
Michele Pirc			
Dextromethorphan Hydrobromide/ Quinidine Sulfate Formulary Pg. 18	<i>Nuedexta</i>	<i>Central Nervous System Agents: Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of pseudobulbar affect. Requesting CTP holder may prescribe.	Current: Physician Initiated/ Physician Consult 1/23/12 CTP holder may prescribe.
Karen Terry, CNP			
Dextromethorphan Hydrobromide/ Quinidine Sulfate Formulary Pg. 18	<i>Nuedexta</i>	<i>Central Nervous System Agents: Miscellaneous Psychotherapeutic Agents.</i> Indicated for the treatment of pseudobulbar affect. Requesting CTP holder may prescribe.	Current: Physician Initiated/ Physician Consult 1/23/12 CTP holder may prescribe.

**Review of Prescribing Designations PI/PC and CTP Holder May
NOT Prescribe
 Gastrointestinal Agents
 (January 2012)**

Drug Category/ Drug Name	Indication(s): If reviewing a specific drug in a drug category	Current Prescribing Designation	CPG Action/Date
Mesalamine			
Mesalamine (Asacol, Lialda, Pentasa, Apriso, Cansasa, Rowasa) Formulary Pg. 20	<i>Mesalamine,</i> Asacol – Indicated for the treatment of mildly to moderately active ulcerative colitis and for the maintenance of remission of ulcerative colitis. Apriso- Indicated for the maintenance of remission of ulcerative colitis in patients 18 years of age and older. Lialda- Indicated for the induction of remission in patients with active, mild to moderate ulcerative colitis Pentasa- Indicated for the induction of remission and for the treatment of patients with mildly to moderately active ulcerative colitis.	Physician Initiated/ Physician Consult	1/23/12 CTP holder may prescribe.
Olsalazine Sodium			
Olsalazine Sodium (Dipentum) Formulary Pg. 20	<i>Olsalazine Sodium.</i> Indicated for the maintenance of remission of ulcerative colitis in patients intolerant of sulfasalazine.	Physician Initiated/ Physician Consult	1/23/12 CTP holder may prescribe.
Balsalazide Disodium			
Balsalazide Disodium	<i>Balsalazide Disodium.</i> Indicated for the treatment of active mild	Physician Initiated/ Physician Consult	1/23/12 CTP holder may prescribe.

Formulary Pg. 20	to moderate ulcerative colitis in patients 5 years of age and older.		
Sulfasalazine			
Sulfasalazine Azulfidine Formulary Pg. 20	<i>Sulfasalazine.</i> Indicated for the treatment of mild to moderate ulcerative colitis, and as adjunctive therapy in severe ulcerative colitis, and for the prolongation of the remission period between acute attacks of ulcerative colitis.	Physician Initiated/ Physician Consult	1/23/12 CTP holder may prescribe.
Gallstone Solubilizing Agents			
Gallstone Solubilizing Agents Formulary Pg. 21	<i>Gasllstone Solubilizing Agents.</i>	Physician Initiated/ Physician Consult	1/23/12 No change.

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	1/23/12 No change.
Ketolides			
Telithromycin (Ketek) Formulary Pg. 21	<i>Ketolides.</i> Indicated for the treatment of community-acquired pneumonia.	CTP holder May NOT prescribe.	1/23/12 No change.
Streptogramins			
Quinupristin/ Dalfopristin (Synercid) Not currently listed on Formulary	<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.		1/23/12 Physician Initiated/ Physician Consult
Lipopeptides			
Daptomycin (Cubicin) Not currently listed on Formulary	<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.		1/23/12 Physician Initiated/ Physician Consult
Vancomycin			
Vancomycin Formulary Pg. 21	<i>Vancomycin.</i>		1/23/12 No Change

Lipoglycopeptides			
<p>Telavancin Hydrochloride (Vibativ)</p> <p>Formulary Pg. 22</p>	<p><i>Lipoglycopeptides.</i> Indicated for the treatment of adults with complicated skin and skin structure infections caused by susceptible isolates of certain gram-positive microorganisms.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
Oxazolidones			
<p>Linezolin (Zyvox)</p> <p>Not currently listed on Formulary</p>	<p><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.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 Physician Initiated/ Physician Consult</p>
Lincosamides			
<p>Lincosamides</p> <p>Lincomycin (Lincocin)</p> <p>Formulary Pg. 22</p>	<p><i>Lincosamides.</i> Indicated for the treatment of serious infections caused by susceptible strains of streptococci, pneumococci, and staphylococci, and anaerobic bacteria.</p>	<p>CTP holder May NOT prescribe.</p>	<p>1/23/12 No change.</p>
<p>Clindamycin Hydrochloride (Cleocin)</p>	<p><i>Lincosamides.</i> Indicated for the treatment of serious respiratory tract infections, serious skin and soft tissue infections, septicemia, intra-abdominal infections such as peritonitis and intra-abdominal abscess, and infections of the female pelvis and genital tract.</p>	<p>CTP holder may prescribe.</p>	

Clindamycin Hydrochloride (Cleocin)	<i>Lincosamides.</i> Indicated for the treatment of serious respiratory tract infections, serious skin and soft tissue infections, septicemia, intra-abdominal infections such as peritonitis and intra-abdominal abscess, and infections of the female pelvis and genital tract.	CTP holder may prescribe.	
Clindamycin Phosphate Injection	Indicated for the treatment of bone and joint infections, gynecological infections, intra-abdominal infections, lower respiratory tract infections, septicemia, serious infections, and skin and skin structure infections.		
Formulary Pg. 22			
Aminoglycosides, Parenteral			
Aminoglycosides, Parenteral	<i>Aminoglycosides.</i>	Physician Initiated/ Physician Consult	1/23/12 No change.
Formulary Pg. 22			
Colistimethate Sodium			
Colistimethate Sodium (Coly-Mycin M)	<i>Colistimethate Sodium.</i> Indicated for the treatment of acute or chronic infections due to sensitive strains of certain gram-negative bacilli.	Parenteral- CTP holder May NOT prescribe.	1/23/12 No change.
Formulary Pg. 22			
Polymyxin B Sulfate			
Polymyxin B Sulfate Injection	<i>Polymyxin B Sulfate.</i> Indicated for the treatment of acute infections caused by susceptible strains of <i>Pseudomonas aeruginosa.</i>	Parenteral- CTP holder May NOT prescribe.	1/23/12 No change.
Formulary Pg. 22			
Bacitracin			
Bacitracin Injection	<i>Bacitraacin.</i>	Parenteral- CTP holder	1/23/12 No change.

Antifungal Agents			
<p>Antifungal Agents IV</p> <p>Formulary Pg. 22</p>	<p><i>Antifungal Agents.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Micafungin Sodium Injection (Mycamine)</p> <p>Formulary Pg. 22</p>	<p><i>Antifungal Agents.</i> Indicated for the treatment of patients with candidemia, acute disseminated candidiases, <i>Candida</i> peritonitis, and abscesses, for the treatment of patients with esophageal candidiases, and for prophylaxis of <i>Candida</i> infections.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Triazole Antifungals IV</p> <p>Formulary Pg. 22</p>	<p><i>Antifungal Agents: Triazole Antifungals.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Posaconazole (Noxafil)</p> <p>Formulary Pg. 22</p>	<p><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.</p>	<p>Physician Initiated/ Physician Consul</p>	<p>1/23/12 No change.</p>

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.	1/23/12 No change.
Antiviral Agents			
Foscarnet Sodium (Foscavir) Formulary Pg. 22	<i>Antiviral Agents.</i> 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.	Physician Initiated/ Physician Consult	1/23/12 No change.
Ganciclovir (Cytovene) Formulary Pg. 22	<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.	IV- Physician Initiated/ Physician Consult	1/23/12 No change.
Valganciclovir (Valcyte) Formulary Pg. 22	<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.	IV – Physician Initiated/ Physician Consult	1/23/12 No change.

<p>Antiherpes Virus Agents</p> <p>Acyclovir (Zovirax)</p> <p>Formulary Pg. 22</p>	<p><i>Antiviral Agents: Antiherpes Virus Agents.</i></p> <p>Indicated for the treatment of neonatal herpes infections, treatment of initial and recurrent mucosal and cutaneous herpes simplex virus types 1 and 2, and varicella-zoster virus infections in immunocompromised patients, herpes simplex encephalitis, and severe initial clinical episodes of genital herpes in patients who are not immunocompromised.</p>	<p>IV- Physician Initiated/ Physician Consult</p>	<p>1/23/12 CTP holder may prescribe.</p>
<p>Cidofovir (Vistide)</p> <p>Formulary Pg. 23</p>	<p><i>Antiviral Agents.</i></p> <p>Indicated for the treatment of CMV retinitis in patients with AIDS.</p>	<p>CTP holder May NOT prescribe.</p>	<p>1/23/12 No change.</p>
<p>Ribavirin (Copegus, Ribaspher, Rebetol, Virazole)</p> <p>Formulary Pg. 23</p>	<p><i>Antiviral Agents.</i></p> <p>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 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>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>

<p>Adefovir Dipivoxil (Hepsera)</p> <p>Formulary Pg. 23</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>1/23/12 No change.</p>
<p>Entecavir (Baraclude)</p> <p>Formulary Pg. 23</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>1/23/12 No change.</p>
<p>Antiretroviral Agents</p>			
<p>Protease Inhibitors</p> <p>Formulary Pg. 23</p>	<p><i>Antiretroviral Agents: Protease Inhibitors.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Nucleotide Analog Reverse Transcriptase Inhibitor</p> <p>Not currently listed on Formulary</p>	<p><i>Antiretroviral Agents. Nucleotide Analog Reverse Transcriptase Inhibitor.</i></p>		<p>1/23/12 Physician Initiated/ Physician Consult</p>
<p>Nucleoside Reverse Transcriptase Inhibitors</p> <p>Formulary Pg. 23</p>	<p><i>Antiretroviral Agents: Nucleoside Reverse Transcriptase Inhibitors.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Non-Nucleoside Reverse Transcriptase Inhibitors</p> <p>Formulary Pg. 23</p>	<p><i>Antiretroviral Agents. Non-Nucleoside Reverse Transcriptase Inhibitors.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>

<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>1/23/12 No change.</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>1/23/12 No change.</p>
<p>Fusion Inhibitors</p> <p>Enfuvirtide (Fuzeon)</p> <p>Not currently listed on Formulary</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>1/23/12 Physician Initiated/ Physician Consult</p>
Leprostatics			
<p>Leprostatics</p> <p>Formulary Pg. 23</p>	<p><i>Leprostatics.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
Antiprotozoals			
<p>Antiprotozoals</p> <p>Formulary Pg. 23</p>	<p><i>Antiprotozoals.</i></p>	<p>Physician Initiated/ Physician Consult</p> <p>Tinidazole – CTP holder may prescribe.</p>	<p>1/23/12 CTP holder may prescribe.</p>

**Review of Prescribing Designations PI/PC and CTP Holder May
NOT Prescribe
 Biologic/Immunologic Agents
 (January 2012)**

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 Formulary Pg. 23	<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	1/23/12 No change.
Immune Globulin (Human) Subcutaneous (Vivaglobulin) Formulary Pg. 23	<i>Immune Globulins.</i> Indicated for the treatment of patients with primary immune deficiency.	Physician Initiated/ Physician Consult	1/23/12 No change.
Monoclonal Antibody			
Denosumab (Prolia, Xgeva) Formulary Pg. 23	<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 postmenopausal women with osteoporosis at high risk of fracture.	Physician Initiated/ Physician Consult	1/23/12 No change.
Eculizumab (Soliris) Formulary Pg. 23	<i>Monoclonal Antibody.</i> Indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.	Physician Initiated/ Physician Consult	1/23/12 No change.

<p>Belimumab (Benlysta)</p> <p>Formulary Pg. 23</p>	<p><i>Monoclonal Antibody.</i> Indicated for the treatment of adult patients with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Allergic Extracts</p>			
<p>Allergic Extracts</p> <p>Formulary Pg. 23</p>	<p><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.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Immunologic Agents</p>			
<p>Immunostimulants</p> <p>Pegademase Bovine (Adagen)</p> <p>Formulary Pg. 23</p>	<p><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 suitable candidates for or who have failed bone marrow therapy transplantation.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>

<p>Immunosuppressives</p> <p>Formulary Pg. 23</p>	<p><i>Immunologic Agents: Immunosuppressives.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Immunomodulators</p> <p>Formulary Pg. 23</p>	<p><i>Immunologic Agents: Immunomodulators.</i></p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Certolizumab Pegol (Cimzia)</p> <p>Formulary Pg. 24</p>	<p><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.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Thalidomide (Thalomid)</p> <p>Formulary Pg. 24</p>	<p><i>Immunologic Agents: Immunomodulators.</i> Indicated in combination with dexamethasone, for the treatment of patients with newly diagnosed multiple myeloma, acute 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.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>1/23/12 No change.</p>
<p>Lenalidomide (Revlimid)</p> <p>Formulary Pg. 24</p>	<p><i>Immunologic Agents: Immunomodulators.</i> Indicated in combination with dexamethasone for the treatment of</p>	<p>CTP holder May NOT prescribe.</p> <p>Physician Initiated/ Physician Consult for CTP holders in</p>	<p>1/23/12 No change.</p>

	multiple myeloma patients who have received at least 1 prior therapy, and for the treatment of patients with transfusion-dependent anemia because of low or intermediate -1-risk MDS associated with deletion of 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.	hematology/ oncology.	
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	1/23/12 No change.
Antirheumatic Agents			
Antirheumatic Agents Formulary Pg. 24	<i>Antirheumatic Agents.</i>	Physician Initiated/ Physician Consult	1/23/12 No change.
Keratinocyte Growth Factors			
Palifermin (Kepivance) Not currently listed on Formulary	<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.		1/23/12 Physician Initiated/ Physician Consult

**Review of Prescribing Designations PI/PC and CTP Holder May
NOT Prescribe
 Dermatologic Agents
 (January 2012)**

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	1/23/12 No change.
Enzyme Preparations			
Collagenase Clostridium Histolyticum (Xiaflex) Formulary Pg. 24	<i>Enzyme Preparations.</i> Indicated for the treatment of adult patients with Dupuytren contracture with a palpable cord.	CTP holder May NOT prescribe.	1/23/12 No change.
Eflornithine HCL			
Eflornithine HCL (Vaniqa) Not currently listed on Formulary	<i>Eflornithine HCL.</i> Indicated for the reduction of unwanted facial hair in women.		1/23/12 CTP holder may prescribe.
Photochemotherapy			
Photochemotherapy Formulary Pg. 24	<i>Photochemotherapy.</i>	CTP holder May NOT prescribe.	1/23/12 No change.
Pigment Agents			
Pigment Agents Formulary Pg. 24	<i>Pigment Agents.</i>	CTP holder May NOT prescribe.	1/23/12 No change.

Pyrimidine Antagonist, Topical			
Pyrimidine Antagonist, Topical	<i>Pyrimidine Antagonist, Topical.</i>	Physician Initiated/ Physician Consult	1/23/12 No change.
Formulary Pg. 24			
Fluorouracil (Carac, Fluoroplex, Fluoracil, Efudex)	<i>Pyrimidine Antagonist, Topical.</i> Indicated for the topical treatment of multiple actinic or solar keratoses, and for the treatment of superficial basal cell carcinomas when conventional methods are impractical, such as with multiple lesion sites.	Physician Initiated/ Physician Consult or CTP holder may prescribe with SCA with physician specializing in dermatology.	1/23/12 No change.
Formulary Pg. 25			
Retinoids			
First Generation Retinoids	<i>First Generation Retinoids.</i>		
Formulary Pg. 25			
Isotretinoin (Accutane, Amnesteem, Claravis, Sotret)	<i>First Generation Retinoids.</i> Indicated for the treatment of severe recalcitrant nodular acne.	CTP holder May NOT prescribe or Physician Initiated/ Physician Consult for CTP holder with SCA with dermatology practice only.	1/23/12 No change.
Formulary Pg. 25			
Second Generation Retinoids, Oral	<i>Second Generation Retinoids.</i>	CTP holder May NOT prescribe.	1/23/12 No change.
Formulary Pg. 25			
Acitretin (Soriatane)	<i>Second Generation Retinoids.</i> Indicated for the treatment of severe psoriasis in adults.	CTP holder May NOT prescribe.	1/23/12 No change.
Formulary Pg. 25			