



## New Drugs May 2011

(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>February 2011</b>			
Tesamorelin Acetate Injection  Formulary Pg. 9	Egrifta	<i>Endocrine &amp; Metabolic Agents: Growth Hormone Releasing Factor.</i> Indicated for the reduction of excess abdominal fat in HIV-infected patients with lipodystrophy.	5/16/11 Physician Initiated/ Physician Consult
Carglumic Acid Oral  Formulary Pg. 10	Carbaglu	<i>Endocrine &amp; Metabolic Agents: Carglumic Acid.</i> Indicated for treatment of acute and chronic hyperammonemia.	5/16/11 CTP holder may prescribe.
Lurasidone Hydrochloride Oral  Formulary Pg. 17	Latuda	<i>Central Nervous System Agents: Antipsychotic Agents: Benzoisothiazol Derivatives.</i> Indicated for the treatment of patients with schizophrenia.	5/16/11 CTP holder may prescribe.
Eribulin Mesylate Injection  Formulary Pg. 25	Halaven	<i>Antineoplastic Agents: Antimitotic Agents.</i> Indicated for the treatment of metastatic breast cancer in patients who have previously received at least 2 chemotherapeutic regimens.	5/16/11 CTP holder May NOT prescribe.
Acetaminophen	Ofirmev	<i>Central Nervous System Agents: Acetaminophen.</i> Indicated for the reduction of fever, management of mild to moderate pain, and management of moderate to severe pain with adjunctive opioid analgesics.	5/16/11 CTP holder may prescribe.
<b>March 2011</b>			
None			



## New Drugs Indications/ Warnings May 2011

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>February 2011</b>			
None			
<b>March 2011</b>			
Naltrexone Hydrochloride Oral  Formulary Pg. 10	ReVia, Vivitrol	<i>Endocrine &amp; Metabolic Agents: Detoxification Agents: Antidotes.</i> New indication for opioid dependence.	Current: CTP Holder May Prescribe.  5/16/11 No Change.
Flumazenil Injection  Formulary Pg. 10	Romazicon	<i>Endocrine &amp; Metabolic Agents: Detoxification Agents: Antidotes.</i> New black box warning for association with the occurrence of seizures.	Current: CTP Holder May Prescribe.  5/16/11 No Change.
Trastuzumab Injection  Formulary Pg. 27	Herceptin	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> New indication for the treatment of metastatic gastric cancer.	Current: CTP Holder May NOT Prescribe.  5/16/11 No Change.
<b>April 2011</b>			
Duloxetine Hydrochloride Oral  Formulary Pg. 16	Cymbalta	<i>Central Nervous System Agents: Antidepressants: Serotonin &amp; Norepinephrine Reuptake Inhibitors.</i> New indication for the treatment of chronic musculoskeletal pain.	Current: CTP Holder May Prescribe.  5/16/11 No Change.
Everolimus Oral  Formulary Pg. 27	Afinitor	<i>Antineoplastic Agents: Protein-Tyrosine Kinase Inhibitors.</i> New indication for the treatment of subependymal giant cell astrocytoma in patients who require therapeutic intervention but are not candidates for curative surgical resection.	Current: CTP Holder May NOT Prescribe.  5/16/11 No Change.

## Formulary Revision Request May 2011

(Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>Valerie Cachat, RN, CPNP</b>			
Hydroxyurea  Formulary Pg. 7	Droxia	<i>Hematological Agents: 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.  Requesting CTP Holder May Prescribe, CTP Holder May prescribe with Hem/Onc specialty, or PI/PC.	Current: CTP Holder May NOT prescribe.  5/16/11 Physician Initiated/ Physician Consult CTP holder within sickle cell clinic only.
Deferasirox  Formulary Pg. 10	Exjade	<i>Endocrine &amp; Metabolic Agents: Detoxification Agents: Chelating Agents.</i> Indicated for the treatment of iron overload caused by blood transfusions.  Requesting CTP Holder May Prescribe, CTP Holder May prescribe with Hem/Onc specialty, or PI/PC.	Current: CTP Holder May NOT prescribe.  5/16/11 Physician Initiated/ Physician Consult CTP holder within sickle cell clinic only.
<b>Felicia Windnagel, CNP</b>			
Memantine  Formulary Pg. 17	Namenda	<i>Central Nervous System Agents: NMDA Receptor Antagonists.</i>  Indicated for the treatment of moderate to severe Alzheimer disease. Requesting CTP Holder May prescribe.	Current: Physician Initiated/ Physician Consult  5/16/11 No Change.



		Requesting PI/PC	
Cosyntropin  Formulary Pg. 9	Cortrosyn	<i>Endocrine &amp; Metabolic Agents: Adrenocortical Steroids: Corticotropin.</i> Indicated for use as a diagnostic agent in the screening of patients presumed to have adrenocortical insufficiency.  Requesting CTP Holder May prescribe.	Current: CTP Holder May NOT prescribe.  5/16/11 CTP holder may prescribe.
<b>Lori Muetzel, CNP</b>			
Denosumab  Formulary Pg. 22	Xgeva	<i>Biologic/Immunologic Agents: Monoclonal Antibody.</i> Indicated for prevention of skeletal related events in patients with bone metastases from solid tumors.  Requesting CTP Holder May prescribe.	Current: Physician Initiated / Physician Consult  5/16/11 No Change.
<b>Regina Massey</b>			
Memantine  Formulary Pg. 17	Namenda	<i>Central Nervous System Agents: NMDA Receptor Antagonists.</i> Indicated for the treatment of moderate to severe Alzheimer disease.  Requesting CTP Holder May prescribe.	Current: Physician Initiated / Physician Consult  5/16/11 No Change.

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

Nutrients & Nutritional Agents  
(May 2011)

<b>Drug Category/ Drug Name</b>	<b>Indication(s): If reviewing a specific drug in a drug category</b>	<b>Current Prescribing Designation</b>	<b>CPG Action/Date</b>
<b>Vitamins, Minerals, Trace Elements</b>  Formulary Pg, 5		Physician Initiated / Physician Consult for parenteral, but see footnote 1.	5/16/11 CTP holder may prescribe.
Magnesium Sulfate IV  Formulary Pg, 5	<i>Minerals.</i> Indicated for hypomagnesemia, prevention and control of convulsions of severe preeclampsia and eclampsia and for control of hypertension, encephalopathy and convulsions associated with acute nephritis in children.	Physician Initiated / Physician Consult for non-acute care CTP holders only in institution setting with physician consult per institution protocol in monitored patient care setting and as stated in the standard care arrangement	5/16/11 No Change.
<b>Electrolytes</b>  Formulary Pg, 5	<i>Electrolytes.</i>	Physician Initiated / Physician Consult for parenteral, but see footnote 1.	5/16/11 No Change.
Potassium  Formulary Pg, 5	<i>Electrolytes.</i> Indicated for the prevention and treatment of moderate or severe potassium deficit.	Physician Initiated / Physician Consult for parenteral.	5/16/11 CTP holder may prescribe.
Peritoneal Dialysis Solutions  Formulary Pg, 5	<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.	Physician Initiated / Physician Consult	5/16/11 No Change.
<b>Systemic Alkalinizers</b>  Formulary Pg, 5	<i>Systemic Alkalinizers.</i>	Physician Initiated / Physician Consult for for parenteral.	5/16/11 CTP holder may prescribe.

<b>Amino Acids</b> Formulary Pg, 5	<i>Amino Acids.</i>	Physician Initiated / Physician Consult for parenteral.	5/16/11 * see Footnote 1
<b>Lipotropic Products</b> Formulary Pg, 5	<i>Lipotropic Products.</i>	Physician Initiated / Physician Consult for parenteral.	5/16/11 CTP holder may prescribe.
<b>Enzymes</b> Formulary Pg, 5	<i>Enzymes.</i>	Physician Initiated / Physician Consult for parenteral.	5/16/11 No Change.
<b>Intravenous Nutritional Therapy:</b> protein substrates, caloric intake, lipids, vitamins, minerals, electrolytes, trace metals  TPN Formulary Pg, 5	<i>Intravenous Nutritional Therapy.</i>	Physician Initiated / Physician Consult	5/16/11 * see Footnote 1
<b>Chelating Agents</b> Formulary Pg. 6	<i>Chelating Agents.</i>	Physician Initiated / Physician Consult	5/16/11 No Change.
Trientine HCL (Syprine)  Formulary Pg. 6	<i>Chelating Agents.</i> Indicated for the treatment of Wilson's disease in patients who are intolerant of penicillamine.	Physician Initiated / Physician Consult	5/16/11 No Change.
Succimer (Chemet)  Formulary Pg. 6	<i>Chelating Agents.</i> Indicated for treatment of lead poisoning in children with blood levels > 45 mcg/dl.	Physician Initiated / Physician Consult	5/16/11 No Change.

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

Hematological Agents  
 (May 2011)

<b>Drug Category/ Drug Name</b>	<b>Indication(s): If reviewing a specific drug in a drug category</b>	<b>Current Prescribing Designation</b>	<b>CPG Action/Date</b>
<b>Hematopoietic Agents</b>			
<b>Thrombopoietin Mimetic Agents:</b> 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.	CTP holder May NOT prescribe.	5/16/11 No Change.
<b>Colony- Stimulating Factors</b>  Formulary Pg. 6	<i>Hematopoietic Agents: Colony Stimulating Factors.</i>	CTP holder May NOT prescribe.	5/16/11 Physician Initiated/ Physician Consult for CTP holders with SCA w/physician specializing in hematology/ Oncology ONLY.
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 nonmyeloid malignancies undergoing bone marrow transplantation, for mobilization of hematopoietic progenitor cells into the peripheral blood for collection, and for chronic administration	CTP holder May NOT prescribe.  Physician Initiated/ Physician Consult for CTP holder with SCA with a physician specializing in Hematology/Oncology.	5/16/11 No Change.

Formulary Pg. 6	to reduce the incidence and duration of sequelae of neutropenia in patients with neutropenia.		
Pegfilgrastim Injection (Neulasta) Formulary Pg. 6	<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.	5/16/11 No Change.
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	5/16/11 No Change.
<b>Interleukins</b> 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.	CTP holder May NOT prescribe.	Physician Initiation/ Physician Consult for CTP holder with SCA w/physician specializing in hematology/ oncology.

<p><b>Thrombopoietin Receptor Agonist</b> 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>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change.</p>
<b>Antiplatelet Agents</b>			
<p>Prasugrel (Effient)</p> <p>Formulary Pg. 6</p>	<p><i>Antiplatelet Agents: Aggregation Inhibitors.</i> Indicated to reduce the rate of thrombotic CV events in patients with acute coronary syndrome (ACS).</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 CTP holder may prescribe.</p>
<p><b>Glycoprotein Inhibitors</b></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>5/16/11 No Change.</p>
<b>Anticoagulants</b>			
<p><b>Low Molecular Weight Heparins</b></p> <p>Formulary Pg. 6</p>	<p><i>Anticoagulants: Low Molecular Weight Heparins.</i> 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>5/16/11 No Change.</p>
<p><b>Antithrombin Agents</b></p>	<p><i>Anticoagulants: Antithrombin Agents.</i> Indicated for the treatment of patients</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change.</p>

Formulary Pg. 6	with hereditary AT-III deficiency in connection with surgical or obstetrical procedures of when they suffer from thromboembolism.		
<b>Thrombin Inhibitor</b> Formulary Pg. 7	<i>Anticoagulants: Thrombin Inhibitors.</i>	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Selective Factor Xa Inhibitor</b> Formulary Pg. 7	<i>Anticoagulants: Selective Factor Xa Inhibitor.</i> 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.	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Warfarin</b> Formulary Pg. 7	<i>Anticoagulants: Warfarin.</i> 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.	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Coagulants</b>			
<b>Heparin Antagonist</b> Protamine Sulfate Formulary Pg. 7	<i>Coagulants: Heparin Antagonist.</i> Indicated for the treatment of heparin overdose.	CTP holder May NOT prescribe.	5/16/11 No Change.
<b>Thrombolytic Agents</b>			
<b>Thrombolytic Agents</b>	<i>Thrombolytic Agents.</i>	CTP holder May NOT prescribe except for	5/16/11 No Change.

Formulary Pg. 7		catheter occlusions.	
Recombinant Human Activated Protein (Xigris) Formulary Pg. 7	<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	5/16/11 No Change.
<b>Antisickling Agents</b>			
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.	5/16/11 Physician Initiated/ Physician Consult CTP holder within sickle cell clinic only.
<b>Protein C1 Inhibitor</b>			
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.	5/16/11 No Change.
<b>Kallikrein Inhibitor</b>			
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	5/16/11 No Change.
<b>Antihemophilic Agents</b>			
<b>Antihemophilic Agents</b> Formulary Pg. 7	<i>Antihemophilic Agents.</i>	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Antihemophilic Factor Combinations</b>			
<b>Antihemophilic Factor Combinations</b> Formulary Pg. 7	<i>Antihemophilic Factor Combination.</i> Indicated for the treatment and prevention of bleeding	Physician Initiated/ Physician Consult	5/16/11 No Change.

	in adult patients with hemophilia A and in adults and children with von Willebrand disease.		
<b>Hemostatics</b>			
<b>Hemostatics (systemic)</b> Formulary Pg. 7	<i>Hemostatics: Systemic.</i>	CTP holder May NOT prescribe.	5/16/11 No Change.
Tranexamic Acid Formulary Pg. 7	<i>Hemostatics: Systemic.</i> Indicated for the treatment of cyclic heavy menstrual bleeding.	Physician Initiated/ Physician Consult	5/16/11 No Change.

<b>Plasma Expanders</b>			
<b>Plasma Expanders</b> Formulary Pg. 7	<i>Plasma Expanders.</i>	Physician Initiated/ Physician Consult – except Albumin, CTP holder may prescribe.	5/16/11 No Change.
<b>Hemin</b>			
<b>Hemin</b> 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.	5/16/11 No Change.

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

Endocrine and Metabolic Agents  
 (May 2011)

<b>Drug Category/Drug Name</b>	<b>Indications(s)</b>	<b>Current Prescribing Designation</b>	<b>CPG Action/Date</b>
<b>Sex Hormones</b>			
Ulipristal Acetate (Ella)  Formulary Pg. 8	<i>Sex Hormones: Contraceptive Hormones.</i> Indicated for prevention of pregnancy following unprotected intercourse or a known or suspected contraceptive failure.	CTP holder May NOT prescribe.	5/16/11 CTP holder may prescribe.
<b>Ovulation Stimulants</b>  Format Pg. 8	<i>Sex Hormones: Ovulation Stimulants.</i>	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Gonadatropin-Releasing Hormones</b>  Formulary Pg. 8	<i>Sex Hormones: Gonadotropin-Releasing Hormones.</i>	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Androgens</b>  Formulary Pg. 8	<i>Sex Hormones: Androgens.</i> Indicated for primary hypogonadism, hypogonadotropic hypogonadism, to stimulate puberty in males, and for treatment of women with advancing inoperable metastatic mammary cancer.	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Danazol</b>  Formulary Pg. 8	<i>Sex Hormones: Danazol.</i> Indicated for the treatment of endometriosis, fibrocystic breast disease, and for the prevention of attacks of angioedema.	Physician Initiated/ Physician Consult	5/16/11 No Change.

<p><b>Anabolic Steroids</b></p> <p>Formulary Pg. 8</p>	<p><i>Sex Hormones: Anabolic Steroids.</i> Indicated for the treatment of anemia, for relief of bone pain, to offset the protein catabolism associated with prolonged administration of corticosteroids, and to promote weight gain.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change.</p>
<p><b>Uterine Active Agents</b></p>			
<p><b>Abortifacients</b></p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Abortifacients.</i></p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change.</p>
<p><b>Agents For Cervical Ripening</b></p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Agents for cervical Ripening.</i> Indicated for initiation or continuation of cervical ripening in pregnant women at or near term with a medical need for her labor induction.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change.</p>
<p><b>Uterine Relaxants</b></p> <p>Formulary Pg. 8</p>	<p><i>Uterine Active Agents: Uterine Relaxants.</i> Indicated for the management of preterm labor.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change.</p>
<p><b>Bisphosphonates</b></p>			
<p>Zoledronic Acid (Reclast, Zometa)</p>	<p>Bisphosphonates (Reclast) Indicated for treatment and prevention of glucocorticoid induced osteoporosis, to increase bone mass in men with osteoporosis, prevention of osteoporosis in postmenopausal women, and treatment of Paget disease of bone.</p> <p>(Zometa) Indicated for the treatment of hypercalcemia of malignancy and</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 CTP holder may prescribe Reclast for osteoporosis only.</p>

<p>Zoledronic Acid (Reclast, Zometa)</p> <p>Formulary pg. 8</p>	<p>Bisphosphonates (Reclast) Indicated for treatment and prevention of glucocorticoid induced osteoporosis, to increase bone mass in men with osteoporosis, prevention of osteoporosis in postmenopausal women, and treatment of Paget disease of bone.</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>Physician Initiated/ Physician Consult</p>	<p>5/16/11 CTP holder may prescribe Reclast for osteoporosis only.</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>5/16/11 No Change.</p>
<p><b>Antidiabetic Agents</b></p>			
<p><b>Amylin Analog</b> Pramlintide Acetate (Symlin)</p> <p>Formulary pg 8.</p>	<p><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.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change.</p>
<p><b>Incretin Mimetic Agents</b></p> <p>Formulary Pg.9</p>	<p><i>No medications currently in this drug category</i></p>		

<b>Adrenocortical Steroids</b>			
<b>Adrenal Steroid Inhibitors</b>  Formulary Pg. 9	<i>Adrenocortical Steroids: Adrenal Steroid Inhibitors.</i> No drugs currently in this category.		
<b>Corticotropin</b>  Formulary Pg.9	<i>Adrenocortical Steroids: 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, hemolytic anemia, acute exacerbations of multiple sclerosis, rheumatic disorders, symptomatic sarcoidosis, and tuberculous meningitis.	CTP Holder May NOT prescribe.	5/16/11 Cosyntropin (Cortrosyn) CTP holder may prescribe.
<b>Mineralocorticoid</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	5/16/11 No Change.

<b>Insulin-Like Growth Factor</b>			
<b>Insulin-like Growth Factor</b>	<i>Insulin-like Growth Factor.</i>	Physician Initiated/ Physician Consult	5/16/11 No Change.
Formulary Pg. 9			
<b>Growth Hormone</b>			
<b>Growth Hormone</b>	<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 homeo-box containing gene deficiency, and wasting or cachexia associated with HIV.	Physician Initiated/ Physician Consult	5/16/11 No Change.
Formulary Pg. 9			
<b>Posterior Pituitary Hormone</b>			
<b>Posterior Pituitary Hormone</b>	<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.	5/16/11 No Change.
Formulary Pg. 9			

<b>Vasopressin Receptor Antagonist</b>			
<b>Vasopressin Receptor Antagonist</b>  Formulary Pg. 9	<i>Vasopressin Receptor Antagonist.</i>	Physician Initiated/ Physician Consult for Acute Care CTP holder only and in an ICU setting	5/16/11 No Change.
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 and drug must be initiated in an inpatient setting.	5/16/11 No Change.
<b>Velaglucerase Alfa</b>			
<b>Velaglucerase Alfa (VRPIV)</b>  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	5/16/11 No Change.
<b>Somatostatin Analogs</b>			
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 who surgery and/or radiotherapy is not an option.	Physician Initiated/ Physician Consult	5/16/11 No Change.
<b>Pegvisomant</b>			
<b>Pegvisomant (Somavert)</b>  Formulary Pg. 9	<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.	CTP holder May NOT prescribe.	5/16/11 No Change.

<b>Laronidase</b>			
<p><b>Laronidase</b> (Aldurazyme)</p> <p>Formulary Pg. 9</p>	<p><i>Laronidase.</i> Indicated for patients with Hurler and Hurler-Scheie forms of mucopolysaccharidosis I.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change.</p>
<b>Galsulfase</b>			
<p><b>Galsulfase</b> (Naglazyme)</p> <p>Formulary Pg. 9</p>	<p><i>Galsulfase.</i> Indicated for patients with mucopolysaccharidosis VI. Galsulfase has been shown to improve walking and stair-climbing ability.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change.</p>
<b>Idursulfase</b>			
<p><b>Idursulfase</b> (Elaprase)</p> <p>Formulary Pg. 9</p>	<p><i>Idursulfase.</i> Indicated for patients with Hunter's syndrome. Idursulfase has been shown to improve walking capacity in these patients.</p>	<p>Physician Initiated/ Physician Consult</p>	<p>5/16/11 No Change</p>
<b>Imiglucerase</b>			
<p><b>Imiglucerase</b> (Cerezyme)</p> <p>Formulary Pg. 9</p>	<p><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.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>

<b>Agalsidase Beta</b>			
<p><b>Agalsidase Beta</b> (Fabrazyme)</p> <p>Formulary Pg. 10</p>	<p><i>Agalsidase Beta.</i> Indicated for use in patients with Fabry disease. Agalsidase beta reduces globotriasylceramide deposition in capillary endothelium of the kidney and certain other cells.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change.</p>
<b>Miglustat</b>			
<p><b>Miglustat</b> (Zavesca)</p> <p>Formulary Pg. 9</p>	<p><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 information.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>
<b>4-Hydroxyphenylpyruvate Dioxygenase Inhibitor</b>			
<p><b>4-hydroxyphenyl – pyruvate Dioxygenase inhibitor</b> (Orfadin)</p> <p>Formulary Pg. 9</p>	<p><i>Gallium Nitrate.</i> Indicated as an adjunct to dietary reduction of tyrosine and phenylalanine for the treatment of cancer-related hypercalcemia (clearly symptomatic) unresponsive to adequate hydration, for treatment of Hereditary Tyrosinemia type 1.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>
<b>Alglucerase</b>			
<p><b>Alglucerase</b> (Ceredase)</p> <p>Formulary Pg. 10</p>	<p><i>Alglucerase.</i> Indicated for use as a long-term enzyme replacement therapy for children, adolescents, and adults with a confirmed disease.</p>		

<b>Alglucosidase Alfa</b>			
<b>Alglucosidase Alfa</b> (Myozyme)  Formulary Pg. 10	<i>Alglucosidase Alfa.</i> Indicated for use in patients with Pompe disease. Shown to improve ventilator-free survival in patients with infantile-onset Pompe disease.	CTP holder May Not prescribe.	5/16/11 No Change
<b>Calcitonin-Salmon</b>			
<b>Calcitonin – Salmon Injectable</b> (Miacalcin)  Formulary Pg. 10	<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 hypercalcemia emergencies.	Physician Initiated/ Physician Consult	5/16/11 No Change
<b>Calcium Receptor Analysis</b>			
<b>Calcium Receptor Agonists</b> (Cinacaclet HCL)  Formulary Pg. 10	<i>Calcitonin-Salmon.</i> Indicated for the treatment of hypercalcemia in patients with parathyroid carcinoma and for the treatment of secondary hyperparathyroidism in patients with chronic disease.	Physician Initiated/ Physician Consult	5/16/11 No Change
<b>Sodium Phenylbutyrate</b>			
<b>Sodium Phenylbutyrate</b>  Formulary Pg. 10	Sodium Phenylbutyrate. Indicated as an adjunctive therapy in chronic management of patients with urea cycle disorders involving deficiencies.	CTP holder May NOT prescribe.	5/16/11 No Change

<b>Betaine Anhydrous</b>			
<p><b>Betaine Anhydrous</b> (Cystadane)</p> <p>Formulary Pg. 10</p>	<p><i>Betaine Anhydrous.</i> Indicated for the treatment of homocystinuria to decrease elevated homocysteine blood levels.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>
<b>Cysteamine Bitartrate</b>			
<p><b>Cysteamine Bitartrate</b> (Cystagon)</p> <p>Formulary Pg. 10</p>	<p>Cysteamine Bitartrate. Indicated for management of nephropathic cystinosis in children and adults.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>
<b>Sodium Benzoate and Sodium Phenylacetate</b>			
<p><b>Sodium Benzoate and Sodium Phenylacetate</b> (Ucephan, Ammonul)</p> <p>Formulary Pg. 10</p>	<p><i>Sodium Benzoate and 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.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>
<b>Cabergoline</b>			
<p><b>Cabergoline</b> (Dostinex)</p> <p>Formulary Pg. 10</p>	<p><i>Cabergoline.</i> Indicated for the treatment of hyperprolactinemic disorders, either idiopathic or because of pituitary adenomas.</p>	<p>CTP holder May NOT prescribe.</p>	<p>5/16/11 No Change</p>

<b>Agents for Gout</b>			
Pegloticase Injection (Krystexxa)  Formulary Pg. 10	<i>Agents for Gout.</i> Indicated for the treatment of long-term gout in adult patients refractory to conventional therapy.	Physician Initiated/ Physician Consult	5/16/11 No Change
<b>Phenylketonuria Agents</b>			
<b>Phenylketonuria Agents</b> Sapropterin Dihydrochloride (Kuvan)  Formulary Pg. 10	<i>Phenylketonuria Agents.</i> Indicated to reduce blood phenylalanine levels in patients with hyperphenylalaninemia caused by tetrahydrobiopterin-responsive phenylketonuria.	CTP holder May NOT prescribe.	5/16/11 No Change
<b>Detoxification Agents</b>			
<b>Chelating Agents</b>  Formulary Pg. 10	<i>Detoxification Agents: Chelating Agents.</i>	CTP holder May NOT prescribe.	5/16/11 Deferasirox (Exjade) Physician Initiated/ Physician Consult CTP holder within sickle cell clinic only.