



## New Drugs October 2015 (Original New Drug Applications: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>May 2015</b>			
Liraglutide  Formulary Pg. 9	Saxenda	<i>Endocrine &amp; Metabolic Agents: Antidiabetic Agents: Glucagonlike Peptide I Receptor Agonists.</i> New product indicated as an adjunct to a reduced calorie diet and increased physical activity from chronic weight management in adult patients.	10/19/15 CTP holder may prescribe.
Empagliflozin/ Linagliptin  Formulary Pg. 9	Glyxambi	<i>Endocrine &amp; Metabolic Agents: Antidiabetic Combination Products.</i> New drug combination indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.	10/19/15 CTP holder may prescribe.
<b>Amphetamine</b>  Formulary Pg. 15	Evekeo	<i>Central Nervous System Agents: Amphetamines.</i> Indicated for treatment of attention deficit disorder with hyperactivity, short-term treatment of exogenous obesity, and treatment of narcolepsy.	10/19/2015 CTP holder may prescribe with formal established diagnosis. In accordance with the SCA without formal established diagnosis.
Diclofenac Injection  Formulary Pg. 16	Dyloject	<i>Central Nervous System Agents: NSAIDs.</i> A new route of administration Indicated for the management of mild to moderate acute pain and moderate to severe acute pain in combination with opioid analgesics in adults.	10/19/15 CTP holder may prescribe.

Secukinumab  Formulary Pg.23	Cosentyx	<i>Biologic/Immunologic Agents: Immunomodulators.</i> Indicated for the treatment of moderate to severe plaque psoriasis	10/19/2015 In accordance with the SCA.
Alemtuzumab  Formulary Pg. 26	Lemtrada, Campath	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> Lemtrada is indicated for the treatment of patients with relapsing forms of multiple sclerosis. Campath is indicated for treatment of B-cell chronic lymphocytic leukemia.	10/19/2015 CTP holder may NOT prescribe.
Palbociclib  Formulary Pg. 27	Ibrance	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for the treatment of advanced breast cancer.	10/19/2015 In accordance with the SCA.
<b>June 2015</b>			
Sodium Glycerophosphate Injection  Formulary Pg. 5	Glycophos	<i>Nutrients &amp; Nutritional Agents: Minerals.</i> Indicated to supplement intravenous nutrition to meet the requirements of phosphate.	10/19/15 CTP holder may prescribe.
Budesonide Rectal  Formulary Pg. 9	Uceris	<i>Endocrine &amp; Metabolic Agents: Adrenocortical Steroids: Glucocorticoids.</i> New formulation indicated for remission induction in patients with active mild to moderate ulcerative colitis.	10/19/15 CTP holder may prescribe.
Parathyroid Hormone  Formulary Pg. 9	Natpara	<i>Endocrine &amp; Metabolic Agents: Parathyroid Hormone.</i>	10/19/15 CTP holder may prescribe.
Memantine Hydrochloride/ Donepezil Hydrochloride  Formulary Pg. 17	Namzaric	<i>Central Nervous System Agents: Antialzheimer Combination.</i> New drug combination indicated for the treatment of moderate to severe dementia of the Alzheimer type.	10/19/15 CTP holder may prescribe.

Pyridostigmine Bromide Injection  Formulary Pg. 19	Regonol	<i>Central Nervous System Agents: Cholinergic Muscle Stimulants.</i> Indicated for the reversal of the neuromuscular blocking effects of nondepolarizing muscle relaxants.	10/19/15 CTP holder may prescribe.
Human Papillomavirus 9-Valent Vaccine  Formulary Pg. 23	Gardasil 9	<i>Biologic/Immunologic Agents: Agents for Active Immunization.</i> Indicated for the prevention of genital warts and cervical, vulvar, vaginal, and anal cancers caused by human papillomavirus.	10/19/15 CTP holder may prescribe.
<b>July 2015</b>			
Ephedrine Sulfate Injection  Formulary Pg. 12	Ephedrine Sulfate	<i>Cardiovascular Agents: Vasopressors.</i> Indicated for the treatment of anesthesia induced hypotension.	10/19/15 CTP holder may prescribe.
Atazanavir/ Cobicistat  Formulary Pg. 22	Evotaz	<i>Anti-Infectives, Systemic.</i> Indicated for the treatment of HIV-1 infection in adults in combination with other antiretroviral agents.	10/19/2015 In accordance with the SCA.
Immune Globulin (Human)/ Hyaluronidase Subcutaneous  Formulary Pg. 23	HyQvia	<i>Biologic/Immunologic Agents: Immune Globulins.</i> Indicated for treatment of primary immunodeficiency.	10/19/2015 In accordance with the SCA.
Nivolumab Injection  Formulary Pg. 26	Opdivo	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> Indicted for treatment of unresectable or metastatic melanoma.	10/19/2015 CTP holder may NOT prescribe.
Lenvatinib Mesylate Oral  Formulary Pg. 27	Lenvima	<i>Antineoplastic Agents: Kinase Inhibitors.</i> Indicated for treatment of locally or recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer.	10/19/2015 CTP holder may NOT prescribe.

Panobinostat  Formulary Pg. 27	Farydak	<i>Antineoplastic Agents: Histone Deacetylase Inhibitors.</i> Indicated for treatment of multiple myeloma.	10/19/2015 CTP holder may NOT prescribe.
<b>August 2015</b>			
Ceftazidime/ Avibactam  Formulary Pg. 20	Avycaz	<i>Anti-Infectives, Systemic: Cephalosporins and Related Antibiotics.</i> Indicated for treatment of complicated intra- abdominal infections and complicated urinary tract infections.	10/19/15 CTP holder may prescribe.
Darunavir/ Cobicistat  Formulary Pg. 22	Prezobix	<i>Anti-Infectives, Systemic: Antiretroviral Agents: Miscellaneous Antiretroviral Combinations.</i> Indicated for treatment of HIV-1 infection, co- administered with other antiretroviral agents.	10/19/2015 In accordance with the SCA.
<b>September 2015</b>			
Isavuconazonium  Formulary Pg. 21	Cresemba	<i>Anti-Infectives, Systemic: Antifungal Agents: Triazole Antifungals.</i> Indicated for treatment of invasive aspergillosis in adults and invasive mucormycosis.	10/19/15 PO- CTP holder may prescribe.  IV- In accordance with the SCA.
Meningococcal Group B Vaccine  Formulary Pg. 23	Bexsero, Trumenba	<i>Biologic/ Immunologic Agents: Agents for Active Immunization.</i> Indicated for active immunization of children, adolescents, and adults aged 10-25 years against invasive meningococcal disease.	10/19/15 CTP holder may prescribe.
Dinutuximab  Formulary Pg. 26	Unituxin	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> Indicated for treatment of high-risk neuroblastoma.	10/19/2015 CTP holder may NOT prescribe.

## New Drugs Indications/ Warnings October 2015

(New Drug Indications/ Black Box Warnings: FDA)

Generic Name	Trade Name	Indication(s)	CPG Action/Date
<b>May 2015</b>			
None			
<b>June 2015</b>			
None			
<b>July 2015</b>			
Immune Globulins  Formulary Pg. 23	Various	<i>Biologic/Immunologic Agents: Immune Globulins.</i> New black box warning for risk of thrombosis.	Current: In accordance with the SCA.  10/19/2015 No change.
Bevacizumab  Formulary Pg. 26	Avastin	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> New indication for persistent, recurrent, or metastatic cervical cancer.	Current: CTP holder may NOT prescribe.  10/19/2015 No change.
<b>August 2015</b>			
Fluticasone Furoate/Vilanterol Trifenatate  Formulary Pg. 13	Breo Elipta	<i>Respiratory Agents: Respiratory Inhalant Combinations.</i> New Indication for treatment of asthma patients 18 years and older.	Current: CTP holder may prescribe.  10/19/2015 No change.
Ramucirumab  Formulary Pg. 26	Cyramza	<i>Antineoplastic Agents: Monoclonal Antibodies.</i> New Indication for treatment of metastatic colon cancer.	Current: CTP holder may NOT prescribe.  10/19/2015 No change.
<b>September 2015</b>			
Lanreotide  Formulary Pg. 10	Somatuline Depot	<i>Endocrine &amp; Metabolic Agents: Somatostatin Analogs.</i> New indication for treatment of gastroenteropancreatic neuroendocrine tumors.	Current: CTP holder may prescribe.  10/19/2015 No change.
Taliglucerase Alfa  Formulary pg. 10	Elelyso	<i>Endocrine &amp; Metabolic Agents: Taliglucerase Alfa.</i> New indication for use in children with a confirmed diagnosis of type 1 Gaucher disease.	Current: CTP holder may prescribe.  10/19/2015 No change.

Losartan Potassium  Formulary Pg. 12	Cozaar	<i>Cardiovascular Agents: Renin Angiotensin System Antagonists.</i> New indication for treatment of diabetic nephropathy.	Current: CTP holder may prescribe.  10/19/2015 No change.
Epinephrine Injection  Formulary Pg. 12	Epinephrine	<i>Cardiovascular Agents: Vasopressors.</i> New indication for treatment of hypotension associated with septic shock.	Current: CTP holder may prescribe.  10/19/2015 No change.
Paliperidone  Formulary Pg. 17	Invega	<i>Central Nervous System Agents: Antipsychotic Agents: Benzisoxazole Derivatives.</i> New indication for the treatment of schizoaffective disorder.	Current: CTP holder may prescribe.  10/19/2015 No change.

**Review of Prescribing Designations in Accordance with the SCA  
and CTP Holder May NOT Prescribe**

Ophthalmic Agents  
(October 2015)

<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>Corticosteroids</b>			
Triamcinolone Acetonide Intravitreal Injection          Formulary Pg. 24	<i>Corticosteroids.</i> Indicated for treatment of corneal injury (dexamethasone, prednisolone acetate), for the treatment of macular edema (dexamethasone implant), For the treatment of steroid-responsive inflammatory conditions, for the temporary relief of the signs and symptoms of seasonal allergic conjunctivitis (loteprednol suspension), and for visualization during vitrectomy (triamcinolone).	CTP holder may NOT prescribe.	10/19/2015 In accordance with the SCA.

<b>Cystine-Depleting Agents</b>			
<b>Cystine-Depleting Agents</b>  Formulary Pg. 25	<i>Cystine-Depleting Agents.</i>	In accordance with the SCA.	10/19/2015 No change.
<b>Ophthalmic Proteolytic Enzymes</b>			
Ocriplasmin (Jetrea)  Formulary Pg. 25	<i>Ophthalmic Proteolytic Enzymes.</i>	CTP holder may NOT prescribe.	10/19/2015 No change.
<b>Ophthalmic Antiseptics</b>			
<b>Ophthalmic Antiseptics</b>  Formulary Pg. 25	<i>Ophthalmic Antiseptics.</i>	CTP holder may NOT prescribe.	10/19/2015 In accordance with the SCA.
<b>Ophthalmic Antifungals</b>			
<b>Ophthalmic Antifungals</b>  Natamycin (Natacyn)  Formulary Pg. 25	<i>Ophthalmic Antifungals.</i> Indicated for the treatment of fungal blepharitis, conjunctivitis, and keratitis caused by susceptible organisms.	In accordance with the SCA.	10/19/2015 No change.
<b>Antiviral Agents</b>			
<b>Antiviral Agents</b>  Formulary Pg. 25	<i>Antiviral Agents.</i>	In accordance with the SCA.	10/19/2015 No change.
<b>Selective Vascular Endothelial Growth Factor Antagonists</b>			
<b>Selective Vascular Endothelial Growth Factor Antagonists</b>  Formulary Pg. 25	<i>Selective Vascular Endothelial Growth Factor Antagonists.</i>	CTP holder may NOT prescribe.	10/19/2015 In accordance with the SCA.
<b>Ophthalmic Phototherapy</b>			
Verteporfin  Formulary Pg. 25	<i>Ophthalmic Phototherapy.</i> Indicated for the treatment of predominantly classic subfoveal CNV caused by age-related macular degeneration, pathologic myopia, or presumed ocular histoplasmosis.	Not currently listed on Formulary.	10/19/2015 In accordance with the SCA.

<b>Ophthalmic Punctal Plugs</b>			
Punctal Plugs  Formulary Pg. 25	<i>Ophthalmic Punctal Plugs.</i> Indicated for treatment of dry eye, after eye surgery to prevent complications due to dry eye, to enhance the efficacy of ocular medications, and for patients experiencing dry eye-related contact lens problems. *No longer listed in Facts and Comparisons as of June 2014	CTP holder may NOT prescribe.	10/19/2015 No change.
<b>Ophthalmic Collagen Implants</b>			
Collagen Implants  Formulary Pg. 25	<i>Ophthalmic Collagen Implants.</i> Indicated for the relief of dry eyes and secondary abnormalities such as conjunctivitis, corneal ulcer, pterygium, blepharitis, keratitis, red lid margins, recurrent chalazion, recurrent corneal erosion, filarmentary keratitis and other noninfectious external eye diseases, to enhance the effect of ocular medications, treatment of symptoms of dry eye, after surgery to prevent complication, and for patients experiencing dry eye-related contact lens problems. *No longer listed in Facts and Comparisons as of June 2014	CTP holder may NOT prescribe.	10/19/2015 No change.
<b>Ophthalmic Hyperosmolar Preparations</b>			
<b>Ophthalmic Hyperosmolar Preparations</b>	<i>Ophthalmic Hyperosmolar Preparations.</i> Indicated for the temporary relief of corneal edema.	CTP holder may NOT prescribe.	10/19/15 CTP holder may prescribe.

Formulary Pg. 25	*These products are all available OTC and do not require a prescription		
<b>Ophthalmic Surgical Adjuncts</b>			
<b>Ophthalmic Surgical Adjuncts</b> Formulary Pg. 25	<i>Ophthalmic Surgical Adjuncts.</i>	CTP holder may NOT prescribe.	10/19/2015 No change.
<b>Ophthalmic Nonsurgical Adjuncts</b> Formulary Pg. 25	<i>Ophthalmic Nonsurgical Adjuncts.</i> Extraocular irrigating solutions indicated for irrigating the eye to help relieve irritation by removing loose foreign material, air pollutants, or chlorinated water. *These products are all available OTC and do not require a prescription	CTP holder may NOT prescribe.	10/19/15 CTP holder may prescribe.