W^3: THE WHAT, WHEN, AND WHY OF FORMULARY DECISIONS

WHAT	WHEN	WHY	EFFECTIVE DATE
Mifepristone (Mifeprex®)	February 20, 2012	**ADDED WITH RESTRICTION:** Mifepristone (Mifeprex®) is a synthetic norethindrone product that is FDA-approved for the medical termination of intrauterine pregnancy (ie, medical abortion) through 49 days of pregnancy. Mifepristone should be administered as a single dose of three, 200-mg tablets (600 mg total). Two days after taking mifepristone, the patient is required to return to clinic for evaluation. If a complete abortion cannot be confirmed at that time, the patient must take two, 200-mcg tablets (400 mcg total) of misoprostol (Cytotec®). Mifepristone is **restricted** for use in the UNC Obstetrics and Gynecology Hospital clinic. **Tablets: 200 mg**	March 27, 2012
Ticagrelor (Brilinta®)	February 20, 2012	**ADDED**: Ticagrelor (Brilinta®) is an antiplatelet agent FDA approved to decrease the rate of thrombotic cardiovascular events in patients with acute coronary syndrome. Ticagrelor will not routinely be used as first-line therapy, but mainly reserved for high-risk patients with a contraindication to prasugrel. The UNC "Management Algorithm for Dual Antiplatelet Therapy in Patients Receiving PCI" should be used to guide therapy. This algorithm will be posted on the Clinical Guidelines page. **Tablets: 90 mg**	March 13, 2012
Rivaroxaban (Xarelto®)	February 20, 2012	**ADDED:** Rivaroxaban **(**Xarelto®) is an orally acting, direct factor Xa inhibitor FDA approved for prevention of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. Rivaroxaban is also approved for deep vein thrombosis (DVT) prophylaxis in patients undergoing knee or hip replacement surgery. Rivaroxaban has demonstrated a similar bleeding risk as compared with warfarin, has potentially fewer drug interactions than warfarin, and does not require regular monitoring. Rivaroxaban is dosed 10 mg once daily for DVT prevention in patients undergoing knee or hip surgery, and either 15- or 20 mg once daily (depending on renal function) for stroke/embolism prevention in nonvalvular atrial fibrillation. **Tablets: 10 mg, 15 mg, 20 mg**	March 13, 2012

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Buprenorphine/naloxone (Suboxone®) sublingual film	February 20, 2012	**LINE EXTENSION:** Buprenorphine/naloxone (Suboxone®) sublingual film is an opioid agonist/antagonist that is FDA approved for the maintenance treatment of opioid dependence. The sublingual film is thought to have less abuse and overdose potential compared with the tablets due to the inability to crush. Cost per film and tablet are similar per dosage strength. Prescribing is limited to physicians who have a DATA 2000 waiver number/DEA number specific to prescribing Suboxone®. **Sublingual film: 2 mg/0.5 mg; 8 mg/2 mg**	March 19, 2012
Hydromorphone extended release (Exalgo®)	February 20, 2012	**ADDED WITH RESTRICTION:** Hydromorphone extended release (Exalgo®) is an opioid agonist FDA approved for once daily administration for the management of moderate-to-severe pain in opioid tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time. Hydromorphone XR is **restricted** for use only by the Pain Services (Anesthesiology Pain and Medicine Pain) due to the risk of overdose with inappropriate use. **Tablets: 8 mg, 12 mg, 16 mg**	March 19, 2012
Lactase tablets	February 2012	**ADDED WITH RESTRICTION:** Lactase is an enzyme used to help digest lactose in milk for patients with lactose intolerance. Lactase is **restricted** to inpatient use only. **Caplets: 3,000 units**	February 2012
Charts, Guidelines, and Policies			
Guideline Update: *Catheter and Candiduria Associated UTI*	February 20, 2012	These guidelines were updated to reflect the need to avoid removing a urinary catheter if it has been in place for ≤ 2 weeks and an indication remains. The updated guidelines are available on the Pharmacy Intranet under the Clinical Guideline page.	March 1, 2012