Pharmacy & Therapeutics Update

From the June meeting of the SHC Pharmacy and Therapeutics Committee
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Added to the formulary:

- **Apixaban (Eliquis®)** is an oral factor Xa inhibitor which is FDA approved for the prevention of stroke and systemic embolism in patients with novalvular atrial fibrillation. It has also been studied off-label for prevention and treatment of venous thromboembolism. The most significant adverse drug reaction is bleeding; however, apixaban demonstrated a lower risk of major bleeding and hemorrhagic stroke when compared to warfarin. Strong dual inhibitors and inducers of P-glycoprotein (P-gp) and CYP3A4 can affect the levels of apixaban, and it should be avoided in patients taking dual P-gp and CYP3A4 inhibitors such as ketoconazole, itraconazole, ritonavir or clarithromycin.

Removed from the formulary:

- **Sorafenib (NexAVAR®)** was added to SHC Formulary in September 2012. The Committee requested a one-year medication use evaluation (MUE) assessing the cost and utilization, from September 1, 2012 to January 1, 2014. Results from the MUE showed that 6 patients received sorafenib during this period, and only 1 patient received it for the SHC-restricted indication of FLT3-mutated AML. Since the medication would not be needed emergently and could be ordered for arrival within 1-2 days, the cost of maintaining this medication on formulary was not justified. Thus, the committee voted to remove sorafenib from the formulary.