



Preferred Drug List NEW DRUG REVIEW

Proprietary Name: Zolinza™

Common Name: Vorinostat

PDL Category: Histone Deacetylase Inhibitor

<u>Comparable Products</u>	<u>Preferred Drug List/ Recommended Drug List Status</u>
N/A	

Summary

Indications and Usage: Treatment of cutaneous manifestations Cutaneous T-cell lymphoma (CTCL) in patients who have a progressive, persistent, or recurrent symptoms on or following two systemic therapies.

Mechanism of Action: Inhibits the enzymatic activity of histone deacetylases which catalyze the removal of acetyl groups from the lysine residues of proteins including histones and transcription factors (Zolinza™ Package Insert)

Dosage Forms: Capsules; 100mg

Recommended Dosage: 400mg once daily with food

Common Adverse Drug Reactions: DVT, fatigue, diarrhea, nausea, taste alteration, thrombocytopenia, anorexia, weight loss, muscle spasms

Contraindications: None

Manufacturer: Merck & Co., Inc.

Analysis: Zolinza™ is the first drug in a new therapeutic class specifically indicated for the treatment of cutaneous T-cell lymphoma. Zolinza™ is not recommended to be used until there have been two therapeutic failures with two systemic therapies. Since Zolinza™ is recommended to be used as a third line therapy option, and since the first and second line therapy options are more cost effective (Targretin® and interferon), it is recommended that Zolinza™ be added to the Iowa Medicaid Recommended Drug List as a Non-Recommended medication.

IME Recommendation:

<input type="checkbox"/> Preferred Drug	<input type="checkbox"/> Recommended Drug
<input type="checkbox"/> Non-Preferred Drug	<input checked="" type="checkbox"/> Non-Recommended Drug
<input type="checkbox"/> Preferred Drug with Conditions	