



INLAND EMPIRE HEALTH PLAN

February 25, 2009

Dear IEHP Provider,

We would like to inform you of the following changes to the 2009/2010 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in February 2009:

FORMULARY CHANGES ADDITION(S) TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
Fenofibrate (Lofibra)	Anti-hyperlipidemic	Comment: Fenofibrate should be used if you would like to use Tricor (fenofibrate)
Butalbital/APAP/Caffeine (Fioricet)	Analgesic	Comment: For treatment of Migraine (short term use only)
Butalbital/ASA/Caffeine (Fiorinal)	Analgesic	Comment: For treatment of Migraine (short term use only)

NEW NON-FORMULARY CLINICAL CRITERIA		
Drug	Therapeutic Class	Criteria
AllerNaze (triamcinolone)	Nasal	Use fluticasone nasal spray first.
Savella (milnacipran)	Psychiatric	FDA approved for fibromyalgia. Failure of first line therapy: TCAs, gabapentin, or tramadol.
Toviaz (fesoterodine)	Urological/Renal	Use Ditropan (oxybutynin), Detrol (tolterodine), and Detrol LA (tolterodine) first.
Promact (eltrombopag)	Immunological	Dx: thrombocytopenia with chronic ITP. Not responsive to corticosteroids, immunoglobulins, or splenectomy.
Banzel (rufinamide)	Anticonvulsant	Use as an add-on therapy to first-line treatment of seizures with LGS. Use Depakote (valproic acid), benzodiazepines, Lamictal (lamotrigine), or Felbatol (felbamate), as first line.
Tapentadol (brand name not determined yet)	Analgesic	Use Ultram (tramadol) as first line therapy.



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Apriso (mesalamine)	GI	Use Asacol (mesalamine) as first line therapy.
SCE-A Vaginal Cream (estrogen)	Hormone Replacement	Use Premarin Vaginal Cream.
Trilipix (fenofibrate)	Anti-hyperlipidemic	Use generic fenofibrate as first line therapy.
Zolpimist (zolpidem)	Anti-insomnia	Use Ambien (zolpidem) or other short-term anti-insomnia agents (triazolam, temazepam).

CLINICAL PRACTICE GUIDELINE UPDATE (AVAILABLE AT WWW.IEHP.ORG)

Clinical Practice Guideline	Therapeutic Class	Comment
Diabetes 2009	Antidiabetic	<p>American Diabetes Association (ADA) published the latest CPG in January 2009. The following is the summary of the changes:</p> <ul style="list-style-type: none"> • Added new section for bariatric surgery • Added discharge planning to “Diabetes care in the hospital” • Ongoing support program for 5-10% weight loss and minimum of 150min per week of physical activity is needed for patients with impaired glucose tolerance or impaired fasting glucose • A1C goal for non-pregnant adults should be <7%, for microvascular disease prevention. • For patients with increased cardiovascular risk, use aspirin (75-162mg/day) as primary prevention strategy. Clopidogrel should be used in cases of Aspirin allergy. • After an acute coronary syndrome, Combo therapy of ASA & clopidogrel can be used for up to a year. • Patients with CVS, ACE-I, ASA, and statin (if not contraindicated) should be used to reduce risk of cardiovascular events. • Type 1 diabetic patients of age 10 or older should have an comprehensive eye exam within 5 years of onset of Diabetes.

IMPORTANT INFORMATION ABOUT IEHP CLINICAL PRACTICE GUIDELINES

IEHP publishes and distributes an IEHP Formulary Book to our Providers every year. The IEHP Formulary Book contains IEHP treatment guidelines for drug therapy of various medical conditions and policies regarding the use of specific drugs. These recommendations (listed below), which have been approved by the Pharmacy and Therapeutics Subcommittee and Quality Management Committee, are based on published consensus guidelines and reviews of the medical literatures, they do not favor any particular drug based solely on cost considerations. All guidelines for therapy are current as of the time of printing and



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are subject to change. The Clinical Practice Guidelines are reviewed at least once every two years, or when a new update is available prior to the two-year schedule. When a new Clinical Practice Guideline is available, IEHP communicates the changes to the Provider via this quarterly Formulary Changes notice. The guidelines are general and may not cover all clinical situations; they should not be considered in any way as a substitute for sound clinical judgment.

IEHP Clinical Practice Guidelines currently available:

- Attention Deficit Hyperactivity Disorder Guideline and Toolkit
- Anti-Infective Therapy Guide Adult and Pediatric
- Asthma
- Depression
- Diabetes Mellitus
- Diabetes Pregnancy
- Fibromyalgia
- Gastroesophageal Reflux Disease
- Hepatitis C
- Hyperlipidemia
- Hypertension
- Migraine
- Multiple Sclerosis
- Pulmonary Arterial Hypertension
- Rheumatoid Arthritis
- Sexually Transmitted Diseases - Summary of CDC Treatment Guidelines
- Smoking Cessation
- Synagis Criteria Season 2008/2009

We welcome any recommendations and comments regarding the IEHP Formulary. For questions, suggestions, or if you would like a printed copy of the IEHP Formulary Book or Clinical Practice Guideline, please call us at (909) 890-2067. As a reminder, updated formulary information and Clinical Practice Guidelines are available at www.iehp.org.

If you would like the Pharmacy and Therapeutics Subcommittee to consider adding or deleting a specific medication, please fill out the enclosed Request for Addition/Deletion form and send it to our Pharmaceutical Services Team, or fax it to (909) 891-1577.

Sincerely,

Chris Chan, Pharm.D.
Director of Pharmaceutical Services