



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

March 24, 2011

We would like to inform you of the following changes to the 2011 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in February 2011:

IEHP FORMULARY ADDITIONS/DELETIONS			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Actos (pioglitazone)	Diabetes	<b>Non-formulary</b>	Formulary
Alphagan (brimonidine)	Ophthalmic	<b>Formulary</b>	Formulary
Apidra (insulin glulisine)	Diabetes	<b>Formulary</b>	Formulary
Aricept (donepezil)	Alzheimer's	<b>Formulary</b>	Formulary
Aricept ODT (donepezil)	Alzheimer's	<b>Formulary</b>	Formulary
Betagan (levobunolol)	Ophthalmic	<b>Formulary</b>	Formulary
Betopic (betaxolol)	Ophthalmic	<b>Formulary</b>	Formulary
Cipro HC Otic (ciprofloxacin)	Otic	<b>Formulary</b>	Non-formulary
Ciprodex Otic (ciprodex)	Otic	<b>Formulary</b>	Formulary
Cosopt (dorzolamide/timolol)	Ophthalmic	<b>Formulary</b>	Formulary
Creon (lipase/protease/amylase)	Gastrointestinal Enzymes	<b>Formulary</b>	Non-formulary
Effexor (venlafaxine)	Depression	<b>Formulary</b>	Formulary
Effexor XR (venlafaxine)	Depression	<b>Formulary</b>	Formulary
Exelon (rivastigmine)	Alzheimer's	<b>Formulary</b>	Formulary
Flomax (tamsulosin)	BPH	<b>Formulary</b>	Non-formulary
Januvia (sitagliptan)	Diabetes	<b>Formulary</b>	Formulary
Janumet (sitagliptan/metformin)	Diabetes	<b>Formulary</b>	Non-formulary
Levemir (detemir)	Diabetes	<b>Formulary</b>	Formulary
Mirapex (pramipexole)	Antiparkinsons	<b>Formulary</b>	Formulary
Onglyza (saxagliptan)	Diabetes	<b>Formulary</b>	Formulary
Pancrelipase (amylase/lipase/protease)	Gastrointestinal Enzymes	<b>Formulary</b>	Formulary
Pegasys (peginterferon)	Hepatitis C	<b>Formulary</b>	Formulary
Procardia (nifedipine)	HTN	<b>Formulary</b>	Formulary

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Proscar (finasteride)	BPH	<b>Formulary</b>	Formulary
Quixin (levofloxacin)	Ophthalmic	<b>Formulary</b>	Non-formulary
Renagel (sevelamer)	Hyperphosphatemia	<b>Formulary</b>	Non-formulary
Rythmol (propafenone)	Antiarrhythmics	<b>Formulary</b>	Formulary
Rythmol SR (propafenone)	Antiarrhythmics	<b>Formulary</b>	Non-formulary
Timoptic (timolol)	Ophthalmic	<b>Formulary</b>	Formulary
Travatan Z (travoprost)	Ophthalmic	<b>Formulary</b>	Formulary
Trusopt (dorzolamide)	Ophthalmic	<b>Formulary</b>	Formulary
Valtrex (valacyclovir)	Antiviral	<b>Formulary</b>	Formulary
Xalatan (latanoprost)	Ophthalmic	<b>Formulary</b>	Formulary

**Please Note:** Generics are covered when available

**Bolded Items:** formulary status change as of Feb P&T

<b>IEHP PRIOR AUTHORIZATION UPDATES</b>			
<b>Drug Name</b>	<b>Classification</b>	<b>Medi-Cal/HF/HK</b>	<b>DualChoice Formulary</b>
Abstral (fentanyl)	Pain	Failure of first line therapies such as morphine for cancer patients. Must follow pain management protocol	Failure of first line therapies such as morphine for cancer patients. Must follow pain management protocol
Actos (pioglitazone)	Diabetes	Failure of metformin, sulfonylurea, and DPP4-Inhibitor combination and HbA1c score above 7	---
Amturnide (amlodipine/alikiren/HCTZ)	HTN	Failure of formulary CCB, ACE Inhibitors, HCTZ used as combination therapy (separate ingredients)	Failure of formulary CCB, ACE Inhibitors, HCTZ used as combination therapy (separate ingredients)
Axiron (testosterone)	Hormone Replacement	Excluded for ED. Patient must have documented testosterone deficiency per lab results	Excluded for ED. Patient must have documented testosterone deficiency per lab results
Egrifta (tesamorelin)	HIV related lipodystrophy	Non-covered Benefit (Cosmetic)	Non-covered Benefit (Cosmetic)
Fortesta (testosterone)	Hormone Replacement	Excluded for ED. Patient must have documented testosterone deficiency per lab results	Excluded for ED. Patient must have documented testosterone deficiency per lab results
Pegasys (Peginterferon Alfa-2a)	Hepatitis C	Preferred product for Hepatitis C. Prior authorization required	Preferred product for Hepatitis C. Prior authorization required
Pradaxa (dabigatran)	Anticoagulant	FDA approved indication; AND Must have tried and failed or intolerant to Coumadin	Restricted to FDA approved indication; AND Must have tried and failed or intolerant to Coumadin

		(warfarin)	(warfarin)
Viibryd (vilazodone)	Depression	Failure of formulary SSRI and SNRI therapy (mono and combo therapy)	[New Start Only] Failure of formulary SSRI and SNRI therapy (mono and combo therapy)
Kapvay (clonidine ER)	ADHD	Must have tried and failed formulary stimulants; AND Must try generic clonidine	Must have tried and failed formulary stimulants; AND Must try generic clonidine
Avonex (interferon beta -1a)	Multiple Sclerosis	Must try and fail or intolerant to Copaxone first	Restricted to FDA approved indication
Betaseron (interferon beta -1b)	Multiple Sclerosis	Must try and fail or intolerant to Copaxone first	Restricted to FDA approved indication
Copaxone (Glatiramer)	Multiple Sclerosis	Preferred product for MS. Prior Authorization required	
Extavia (interferon beta-1b)	Multiple Sclerosis	Must try and fail or intolerant to Copaxone first	Must fail formulary MS medications
Rebif (interferon beta 1-a)	Multiple Sclerosis	Must try and fail or intolerant to Copaxone first	Restricted to FDA approved indication

Full Prior Authorization table available at:

<http://ww2.iehp.org/IEHP/Providers/Pharmaceutical+Services/PADrugCriteria Guides.htm>

CLINICAL PRACTICE GUIDELINE UPDATE		
Clinical Practice Guideline	Therapeutic Class	Comment
Sexually Transmitted Disease –Summary of CDC guidelines	STD	MMWR 2010

#### 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 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 Change 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
- Pain Management
- Rheumatoid Arthritis
- Sexually Transmitted Diseases - Summary of CDC Treatment Guidelines
- Smoking Cessation
- Synagis Criteria Season 2010/2011

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](http://www.iehp.org).

Sincerely,

IEHP Pharmaceutical Services