



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

May 18, 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 May 2011:

IEHP FORMULARY ADDITIONS/DELETIONS			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Viiбryd (vilazodone)	Antidepressant	Non-formulary	Formulary
Adenovirus Type 4 and Type 7 vaccine, Live oral	Vaccine	Formulary	Formulary
Yervoy (ipilimumab)	Antineoplastic	Non-formulary	Formulary – Part B
Sylatron (peginterferon afla – 2b)	Antineoplastic	Non-formulary	Formulary
Vandetanib (vandetanib)	Antineoplastic	Non-formulary	Formulary
Zytiga (abiraterone)	Antineoplastic	Non-formulary	Formulary
Metadate CD/ER (methylphenidate)	ADHD	Non-formulary	Formulary
Ritalin LA (methylphenidate)	ADHD	Non-formulary	Formulary

Please Note: Generics are covered when available. Non-formulary agents may be requested through the Pharmacy Exception Request (PER) process

Bolded Items: formulary status change as of May 2011 P&T

IEHP PRIOR AUTHORIZATION UPDATES			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Daliresp (roflumilast)	COPD – chronic bronchitis	Confirmed diagnosis of COPD – Chronic bronchitis and failure of combination of standard treatment for COPD including; long acting β_2 -agonist, inhaled corticosteroid, and anticholinergic agent	Confirmed diagnosis of COPD – Chronic bronchitis and failure of combination of standard treatment for COPD including; long acting β_2 -agonist, inhaled corticosteroid, and anticholinergic agent
Horizant (gabapentin enacarbil)	RLS agent	Failure of non-pharmacological treatment	Failure of non-pharmacological treatment

		regimen (ex. Improve sleep hygiene, stretching, exercise, etc...) and failure of gabapentin plus 2 other formulary agents for RLS	regimen (ex. Improve sleep hygiene, stretching, exercise, etc...) and failure of gabapentin plus 2 other formulary agents for RLS
Makena (hydroxyprogesterone caproate, 17-P)	Prevention of Pre-term labor	Must utilize compounded 17-P injection first for the prevention of preterm labor. Makena may be authorized based on availability of compounding OR if prescriber can document compelling and decisive clinical factors requiring Makena.	---
Natroba (spinosad)	Lice	Failure of first line OTC permethrin or Rx permethrin	Failure of permethrin 5% and malathion
Viibyrd (vilazodone)	Antidepressant	Failure of at least two first line antidepressant (including SSRI and SNRI)	New Start only - Failure of at least two first line antidepressant (including SSRI and SNRI)
Corifact (Factor XIII)	Coagulant	Restricted to FDA approved indication	Restricted to FDA approved indication
Epicyn Hydrogel	Medical Device	Not Covered Benefit	Not Covered Benefit
Gralise (gabapentin)	Analgesic	Failure of TCA, gabapentin, and/or tramadol	Failure of TCA, gabapentin, and/or tramadol
Benlysta (belimumab)	SLE	Confirmed diagnosis of SLE with positive autoantibody and failure of conventional treatment including corticosteroids, immunosuppressant /cytotoxic agent, and antimalarial	Confirmed diagnosis of SLE with positive autoantibody and failure of conventional treatment including corticosteroids, immunosuppressant /cytotoxic agent, and antimalarial
Edarbi (azilsartan)	HTN	Failure of formulary ACE inhibitors and preferred ARB (losartan then Diovan)	Failure of formulary ACE inhibitors and preferred ARB (losartan then Diovan)
Yervoy	Antineoplastic	Restricted to FDA approved indication - NCCN/ASCO guidelines	Restricted to FDA approved indication - NCCN/ASCO guidelines
Duexis (ibuprofen and famotidine)	Analgesic	Must use separate ingredients	Must use separate ingredients
Gel-one (hyaluronic acid)	Hyaluronic Acid	Confirmed diagnosis of OA and failure of conventional analgesic treatment. Must	Confirmed diagnosis of OA and failure of conventional analgesic treatment. Must

		use preferred agents: Euflexxa or Hyalagan	use preferred agents: Euflexxa or Hyalagan
Phoslyra (calcium)	ESRD	Restricted to FDA approved indication	Restricted to FDA approved indication
Sylatron (peginterferon alfa-2b)	Antineoplastic	Restricted to FDA approved indication - NCCN/ASCO guidelines	Restricted to FDA approved indication - NCCN/ASCO guidelines
Vandetanib	Antineoplastic	Restricted to FDA approved indication - NCCN/ASCO guidelines	Restricted to FDA approved indication - NCCN/ASCO guidelines
Zytiga (abiraterone)	Antineoplastic	Restricted to FDA approved indication - NCCN/ASCO guidelines	Restricted to FDA approved indication - NCCN/ASCO guidelines

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
NIH, NHLBI	Asthma	No change
AASLD	Hepatitis C	No change
American Academy of Pain Medicine	Pain	No change

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

303 E. Vanderbilt Way, Suite 400, San Bernardino, CA 92408
Tel (909) 890-2049 Fax (909) 890-2058
Visit our web site at: www.iehp.org

A Public Entity

- 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.

Sincerely,

IEHP Pharmaceutical Services