



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

September 23, 2008

9/25/08 CORRECTION – VERAMYST IS NON FORMULARY

Attention: PCP Providers

IEHP Pharmacy & Therapeutic Subcommittee Changes Summary

FORMULARY AT A GLANCE		
Non-Formulary Drug	Formulary Alternative	Comments
Crestor (rosuvastatin)	Mevacor (lovastatin)	Use simvastatin as your first line choice. Simvastatin may lower LDL by up to 47%. Consider Non-formulary alternative ONLY if the patient has failed simvastatin.
Lipitor (atorvastatin)	Pravachol (pravastatin)	
Vytorin (simvastatin/ ezetimib)	Zocor (simvastatin)	
Lexapro (escitalopram)	Celexa (citalopram)	Clinical studies supported the trial of at least 2 SSRIs before trying SNRIs. 33% of the patients responded to the 2 nd SSRI regimen upon failure of the 1 st SSRI. The remission rate is similar in both the 2 nd SSRI group, and the SNRI group.
Effexor XR (venlafaxine)	Prozac (fluoxetine)	
Cymbalta (duloxetine)	Paxil (paroxetine)	

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

Singularair (montelukast)	Asthma- any standalone inhaled corticosteroids Allergic Rhinitis- 1 st line: Flonase (fluticasone) 2 nd line: Claritin (loratadine) or Zyrtec (cetirizine)	Asthma- NHLBI Guideline continues to recommend low-mid potency inhaled corticosteroids to be used first, including the children 0-4 years of age. Allergic Rhinitis- Latest clinical studies and guideline reiterated that nasal corticosteroids should be used as the first line therapy. Combination therapy- singularair + 2 nd antihistamine is not superior to nasal corticosteroid alone.
Nasonex (mometasone) Veramyst (fluticasone)	Flonase (fluticasone)	No clinical differences between mometasone vs. fluticasone.
Advair (fluticasone/salmeterol)	Any inhaled corticosteroids including Asmanex, Azmacort, Flovent, Pulmicort, and QVAR	The combination ICS + LABA should be used after failure of ICS. ICS works as effective as this combination.
Topamax (topiramate)	For Migraine Prophylaxis (Adult only): 1. Beta-blockers- propranolol, timolol 2. TCAs- amitriptyline, nortriptyline	Clinical studies suggested that beta-blockers and TCAs provide the same prophylactic benefit compared to topiramate. It should be used as the first line agent.
Aciphex (rabeprazole) Prevacid (lansoprazole) Protonix (pantoprazole)	Prilosec OTC or generic omeprazole	All PPIs appeared to be equally efficacious. Prilosec OTC or omeprazole should be used up to 2 times a day for 2 months before switching to another agent.
Lyrica (pregabalin)	For neuropathic pain and fibromyalgia: Ultram (tramadol)-1 st line Neurontin (gabapentin) Elavil (amitriptyline) Norpramin (desipramine) Tofranil (imipramine)	Although Lyrica and Cymbalta obtained the FDA-approved indication for fibromyalgia, it is noted that gabapentin, tramadol, amitriptyline, desipramine, and imipramine have been shown to provide the same efficacy/benefit for patients who experience neuropathic pain.

<p>Vyvanse (dextroamphetamine)</p>	<p>Adderall/ Adderall XR (amphetamine/ dextroamphetamine) Concerta, Metadate CD, Ritalin LA (methylphenidate)</p>	<p>Vyvanse is a prodrug (converted to dextroamphetamine and absorbed from the GI tract). Based on the pharmacokinetic trials, Vyvanse has a similar time-concentration profile to Adderall XR. Vyvanse is reserved for patients who have may have drug abuse potential.</p>
--	---	---