



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

June 7, 2010

## IEHP Pharmacy & Therapeutics Subcommittee Changes

We would like to inform you of the following changes to the 2010/2011 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in May 2010:

Formulary Addition			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Adalat CC, Procardia (nifedipine cc)	Cardiovascular	Formulary- removed from Code 1 list	Formulary - no change
Adderall, Adderall XR (dextro/amphe)	ADHD agent	Formulary- removed from Code 1 list; Allowed for age below 18 years of age	PA- no change
Augmentin (amox/K Clav)	Anti-infective	Formulary- removed from Code 1 list	Formulary - no change
Bentyl (dicyclomine)	GI	Formulary - removed from Code 1 list; Quantity limitation #120 / month	Formulary - no change
Biaxin (clarithromycin)	Anti-infective	Formulary- removed from Code 1 list	Formulary - no change
Cipro (ciprofloxacin)	Anti-infective	Formulary- removed from Code 1 list	Formulary - no change
CiproDex (cipro/dexame)	Otic	Formulary- removed from Code 1 list	Formulary - no change
Concerta, Metadate (methylphenidate ER)	ADHD agent	Formulary- removed from Code 1 list; Allowed for age below 18 years of age	PA- no change

Cozaar (losartan)	Cardiovascular	<b>Step therapy</b> after trial of formulary ACE inhibitors. Formulary ARBs may be used if Member cannot tolerate ACE inhibitors	Step therapy after trial of formulary ACE inhibitors. Formulary ARBs may be used if Member cannot tolerate ACE inhibitors
Dexedrine (dextroamphetamine)	ADHD agent	Formulary- removed from Code 1 list; Allowed for age below 18 years of age	PA- no change
Duetact (glimepiride/pioglitazone)	Anti-diabetic	Formulary- removed from Code 1 list	Formulary - no change
Focalin XR (dexmethylphenidate)	ADHD agent	Formulary- removed from Code 1 list; Allowed for age below 18 years of age	PA- no change
Halcion (triazolam)	Anti-anxiety	Formulary; quantity limitation #90 per month	Not covered
Hyzaar (losartan and HCTZ)	Cardiovascular	<b>Step therapy</b> after trial of formulary ACE inhibitors. Formulary ARBs may be used if Member cannot tolerate ACE inhibitors	Step therapy after trial of formulary ACE inhibitors. Formulary ARBs may be used if Member cannot tolerate ACE inhibitors
Lamisil (terbinafine) tablet	Anti-fungal	Formulary - max 3 months of use; Extended use of Lamisil requires LFT	Formulary - no change
Lioresal (baclofen)	Neuromuscular	Formulary- removed from Code 1 list; Quantity limitation #90 / month	Formulary - no change
Prenatal Vitamins	Vitamins	Generic prenatal vitamins only	Non-Formulary
Prevacid (lansoprazole)	GI	Failure of at least 2 months of Prilosec OTC/Rx with increased dosage (2 tabs QD)	Formulary - no change
Restoril (temazepam)	Anti-anxiety	Formulary; quantity limitation #90 per month	Not covered
Ritalin (methylphenidate)	ADHD agent	Formulary- removed from Code 1 list; Allowed for age below 18 years of age	PA- no change
Strattera (atomoxetine)	ADHD agent	Formulary	Formulary - no change
Terazol (terconazole)	Anti-fungal	Formulary- removed from Code 1 list	Formulary - no change
Trandate (labetalol)	Cardiovascular	Formulary- removed from Code 1 list	Formulary - no change
Trental (pentoxifylline)	Hematological	Formulary- removed from Code 1 list	Formulary - no change

Valium (diazepam)	Anti-anxiety	Formulary- removed from Code 1 list; Quantity limitation #90 / month	Not covered
Wellbutrin SR (bupropion)	Antidepressant	Formulary- removed from Code 1 list	Formulary - no change
Zithromax (azithromycin)	Anti-infective	Formulary- removed from Code 1 list	Formulary - no change

## Formulary Criteria Modification

Drug Name	Classification	Medi-Cal/HF/HK	New Criteria DualChoice
Botox (botulinum)	Neurotoxin	Refer to Botox Criteria	Refer to Botox Criteria
Dexilant (dexlansoprazole)	GI	Failure of at least two months of Prevacid 30mg BID dosing (OTC may be used)	Failure of at least two months of Prevacid 30mg BID dosing (OTC may be used)
Enbrel (etanercept)	TNF inhibitor	Preferred TNF inhibitor for Rheumatoid Arthritis and Psoriasis after 1st line therapies	Preferred TNF inhibitor for Rheumatoid Arthritis and Psoriasis after 1st line therapies
Humira (adalimumab)	TNF inhibitor	Preferred TNF inhibitor for Crohn's Disease after 1st line therapies	Preferred TNF inhibitor for Crohn's Disease after 1st line therapies
Pataday (olopatadine)	Ophthalmic agent	Non Formulary; Use formulary alternatives such as Alaway, Zaditor. May be prescribed by ophthalmologist without restriction	Non Formulary; Use formulary alternatives such as Alaway, Zaditor. May be prescribed by ophthalmologist without restriction
OxyContin (oxycodone)	Analgesics	Non Formulary; Request must be submitted by physician only. Must try and fail 2 different analgesics (MS Contin or other formulary analgesics) (at least 4 weeks each). Authorization must be re-submitted in 6 months. Pain Contract, survey and documentation must be submitted with the request.	Non Formulary; Request must be submitted by physician only. Must try and fail 2 different analgesics (MS Contin or other formulary analgesics) (at least 4 weeks each). Authorization must be re-submitted in 6 months. Pain Contract, survey and documentation must be submitted with the request.
Patanol (olopatadine)	Ophthalmic agent	Code 1; Failure of formulary alternatives such as Alaway, Zaditor.	Formulary- no change

		May be prescribed by ophthalmologist without restriction	
Penlac (ciclopirox)	Anti-fungal	Failure of 1st line therapy - Lamisil	Failure of 1st line therapy - Lamisil
Restasis (cyclosporin)	Ophthalmic agent	Failure of artificial tears (>3 times a day), confirmed diagnosis and prescribed by ophthalmologist or optometrist	Failure of artificial tears (>3 times a day), confirmed diagnosis and prescribed by ophthalmologist or optometrist
Sporanox (itraconazole)	Anti-infective	Failure of 1st line therapy - Lamisil	No Change

## Formulary Deletion

Drug	Classification	Medi-Cal/HF/HK	DualChoice
Atacand (candesartan) Avapro (Irbesartan) Benicar (telmisartan) Diovan (valsartan) Teveten (eprosartan)	Cardiovascular- ARB	Non-formulary-removed from Step Therapy; Generic Cozaar is the preferred ARB after failure of ACEI	Generic Cozaar is the preferred ARB after failure of ACEI (step therapy)
Floxin (ofloxacin)	Anti-infective	Non-Formulary- removed from Code 1 list	No Change
Hivid (zalcitabine)	Anti-viral	Drug Deletion	Drug Deletion
Marinol (dronabinol)	CNS	Non-Formulary- removed from Code 1 list	No Change
Migranal (dihydroergotamine)	Analgesics	Non-Formulary- removed from Formulary	No Change
NegGram (nalidixic acid)	Anti-infective	Drug Deletion	Drug Deletion
Noroxin (norfloxacin)	Anti-infective	Non-Formulary- removed from Code 1 list	No Change
Retrovir (zidovudine)	Anti-viral	Non-Formulary- removed from Code 1 list	No Change
Videx (didanosine)	Anti-viral	Non-Formulary- removed from Code 1 list	No Change

## Quantity Limitation

Drug	Classification	Medi-Cal/HF/HK	DualChoice
All Cream/Ointment	Dermatological	30g/month or the lowest package size available	No Change
All eye drops/ear drops	Eye, Ear	5mL or the lowest package size available	No Change

Combination Therapy	All	Non-Formulary Combination products should be dispensed separately	Non-Formulary Combination products should be dispensed separately
Condom	Misc	Female condom: 6/30 days; male condom: 24/30 days	Not Covered
Lorcet, Norco, Vicodin (hydrocodone-APAP)  Darvocet (propoxy/APAP)	Analgesics	180/month; quantity limitation applies to the therapeutic class, not individual drug product; no exceptions will be granted for requests over daily APAP dosage of 4g. Chronic narcotic use may only be approved with pain survey, pain contract and medical notes.	180/month; quantity limitation applies to the therapeutic class, not individual drug product; no exceptions will be granted for requests over daily APAP dosage of 4g. Chronic narcotic use may only be approved with pain survey, pain contract and medical notes.

**CLINICAL PRACTICE GUIDELINE UPDATE**  
**(AVAILABLE AT [WWW.IEHP.ORG](http://WWW.IEHP.ORG))**

Clinical Practice Guideline	Comment
Gestational Diabetes	The latest guideline developed by the National Institute for Health and Clinical Excellence (NICE) and American Diabetes Association- Gestational Diabetes Guideline. Please see IEHP website for the complete CPG.
Attention Deficit Hyperactivity Disorder	No Update. Please see IEHP website for the complete CPG
Fibromyalgia	No Update. Please see IEHP website for the complete CPG.
Sexually Transmitted Disease	No Update. Please see IEHP website for the complete CPG.

**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 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
- Pain Management
- Pulmonary Arterial Hypertension
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Sexually Transmitted Diseases - Summary of CDC Treatment Guidelines
- Smoking Cessation
- Synagis Criteria Season 2009/2010

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).

IEHP Pharmaceutical Services Department