



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

November 21, 2008

## IEHP Pharmacy & Therapeutics Subcommittee Changes November 2008

We would like to inform you of the following changes to the 2008/2009 IEHP formulary/ IEHP Medicare DualChoice formulary that were approved by the Pharmacy and Therapeutics Subcommittee in November 2008:

DELETION TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
rosiglitazone (Avandia®)	Hormones:  Antidiabetic Agents	Non-Formulary
oxycodone (Oxycontin®)	Pain:  Narcotic Analgesics	Non-Formulary  Morphine Sulfate SR should be used for patients who require around-the-clock analgesic control. Oxycontin is only available for Members who meet this criteria:  <ol style="list-style-type: none"><li>1. Diagnosis of Cancer or Non-malignant Chronic pain</li><li>2. Require the use of Morphine Sulfate SR as the first line treatment option</li><li>3. Low dose methadone or fentanyl patch may be considered</li><li>4. If pain control is not adequate, consider adjusting MS dosing</li><li>5. Non-opioid such as Neurontin or Ultram should be considered as part of the treatment approach</li></ol>

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<b>MODIFICATION OF DRUG CRITERIA</b>			
<b>Drug</b>	<b>Therapeutic Class</b>	<b>Previous Restriction</b>	<b>New Restriction</b>
sumatriptan (Imitrex®)  rizatriptan (Maxalt®)  zolmitriptan (Zomig®)	Autonomic Drugs:  Migraine Treatments	<b>Quantity limit</b>	New Quantity Limit:  <b>Imitrex: 9 tablets in 30 days</b> <b>Maxalt: 6 tablets in 30 days</b> <b>Zomig: 6 tablets in 30 days</b>  If Member is required to use more than the quantity limit set above, Member should receive prophylactic treatment (beta-blockers, AED, or TCAs). For complete detail, please see below.
sitagliptin (Januvia®)  exenatide (Byetta®)  pramlintide (Symlin®)	Hormones:  Antidiabetic Agents	<b>Non-Formulary</b>	<b>Use as an adjunct therapy in type 2 diabetes patients who fail optimal therapy (metformin, sulfonylurea, or a combination of both). Basal Insulin therapy should also be tried before the initiation of exenatide.</b>  A history of HbA1C scores or blood glucose levels must be submitted for evaluation. An HbA1C score of >7% after at least 3 months of optimal therapy can be considered as failure of therapy.  Exenatide is considered investigational when used for weight reduction in patients with or without diabetes.

## IEHP Coverage for Anti-Migraine Treatment

<b>Drug</b>	<b>Maximum allowed per month (cumulative)</b>
<b>almotriptan (Axert®)</b>	6 tablets in 30 days
<b>eletriptan (Relpax®)</b>	6 tablets in 30 days
<b>frovatriptan (Frova®)</b>	9 tablets in 30 days
<b>naratriptan (Amerge®)</b>	9 tablets in 30 days
<b>rizatriptan (Maxalt® or MLT)- Formulary</b>	6 tablets in 30 days
<b>sumatriptan (Imitrex®)- Formulary</b>	Tablets: 9 tablets in 30 days Kits: 3 kits in 30 days Vials: 8 vials in 30 days Nasal spray: 4 sprays (2 boxes) in 30 days
<b>zolmitriptan (Zomig®)- Formulary</b>	6 tablets in 30 days Nasal spray: 4 sprays (2 boxes) in 30 days

For requests above the quantity limit, the following criteria will be applied:

- Documented diagnosis of migraine AND member is receiving prophylactic migraine therapy
- Approval of up to 2 times the maximum allowed may be approved
- Member must be on prophylactic treatment and failed oral or sublingual tablets (at least 1 month of use) before the approval of nasal spray, injections or refills
- If nasal spray or injection is approved, the quantity is limited to 3 boxes per month