



INLAND EMPIRE HEALTH PLAN

ADDITION TO IEHP FORMULARY

Drug*	Date Revised	Highlight
Fosamax (alendronate)	May 2009	None First line therapy: Oral bisphosphonate-Use Fosamax (alendronate) as first line therapy Criteria: BMD (T-score less than or equal to -3.0) IV bisphosphonate: failure of at least two oral bisphosphonates or patient is contraindicated to the oral bisphosphonate
Lofibra (fenofibrate)	February 2009	Fenofibrate should be used in place of Tricor (fenofibrate) <u>Formulary Strengths:</u> Capsules: 54mg, 67mg, 134mg, 200mg Tablets: 54mg, 160mg
Fioricet (Butalbital/APAP/Caffeine)	February 2009	For treatment of Migraine (short term use only)
Fiorinal (Butalbital/ASA/Caffeine)	February 2009	For treatment of Migraine (short term use only)
Tylenol Infant Drops (acetaminophen)	August 2008	1 Box per month
Xanax (alprazolam)	December 2007	None
Trileptal (oxcarbazepine)	December 2007	None
Ambien (zolpidem tartrate)	December 2007	Quantity Limit: 30 tablets/30 days
Toradol (ketorolac tromethamine)	December 2007	Quantity Limit: 20 tablets/30 days
Soma (carisoprodol)	December 2007	None



INLAND EMPIRE HEALTH PLAN

ADDITION TO IEHP FORMULARY

Drug*	Date Revised	Highlight
Flexeril (cyclobenzaprine)	December 2007	None
Robaxin (methocarbamol)	December 2007	None
Carafate (sacralfate)	December 2007	None
Miralax (polyethylene glycol)	December 2007	None
GoLYTLEY (PEG 3350)	December 2007	None
NuLYTLEY (sodium chloride/sod bicarbonate/potasium)	December 2007	None
Zyrtec* (cetirizine)	November 2007	None
Zoloft* (sertraline)	July 2007	None
Coreg* (carvedilol)	July 2007	None
Alaway (Ketotifen)	March 2007	None
Imitrex (sumatriptan)	March 2007	Quantity Restriction: 9 tablets/ fill, 18 tablets/ 30 days

*Generic to be dispensed as available.

DELETION TO IEHP FORMULARY

Drug	Date Revised	Highlight
Avandia (rosiglitazone)	November 2008	None



INLAND EMPIRE HEALTH PLAN

DELETION TO IEHP FORMULARY		
Drug	Date Revised	Highlight
OxyContin (oxycodone)	November 2008	<p>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:</p> <ol style="list-style-type: none"> 1. Diagnosis of Cancer or Non-malignant Chronic pain 2. Require the use of Morphine Sulfate SR as the first line treatment option 3. Low dose methadone or fentanyl patch may be considered 4. If pain control is not adequate, consider adjusting MS dosing. 5. Non-opioid such as Neurontin or Ultram should be considered as part of the treatment approach
Maxalt (rizatriptan) Imitrex (sumatriptan) Zomig (zolmitriptan)	August 2008	<p>Imitrex Nasal Spray and Injection- Non Formulary</p> <p>Zomig Nasal Spray- Non-Formulary</p> <p>Member must be on prophylactic treatment and failed oral or sublingual tablets (at least 1 month of use) before the approval of nasal spray or injections. Limit to 2 boxes per month.</p>
Advair (fluticasone/salmeterol)	August 2008	<p>Removed from the Formulary (Formulary if prescribed by a pulmonologist)</p> <p>Use other inhaled corticosteroids such as Qvar, Flovent, Pulmicort, Aerobid, Azmacort, and Asmanex.</p>
Vytorin (simvastatin/ ezetimib)	May 2008	None



INLAND EMPIRE HEALTH PLAN

DELETION TO IEHP FORMULARY		
Drug	Date Revised	Highlight
Crestor (Rosuvastatin)	May 2008	None
Lipitor (atorvastatin)	Feb 2008	None
Singulair (montelukast)	November 2007	Step Therapy only
trimethobenzamide (suppository)	October 2007	None
Effexor XR (venlafaxine)	July 2007	Failure of at least 2 SSRIs (first line includes Paxil, Prozac, Celexa, and Zoloft) is required.
Ketek (telithromycin)	July 2007	None
Beconase AQ (beclomethasone)	July 2007	None
Nasacort AQ (triamcinolone)	July 2007	None
Nasonex (mometasone)	July 2007	None
Rhinocort AQ (budesonide)	July 2007	None

**Humulin/Humalog remain as formulary choice.

NEW RESTRICTION TO IEHP FORMULARY		
Drug	Date Revised	Highlight
Edluar (zolpidem)	May 2009	Criteria: Use Ambien (zolpidem)
Afinitor (everolimus)	May 2009	Criteria: Reserved for failure of treatment with Sutent or Nexavar



INLAND EMPIRE HEALTH PLAN

NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
Simponi (golimumab)	May 2009	Criteria: Use of first line- Enbrel - same criteria as Enbrel
Abilify (aripiprazole) Geodon (ziprasidone) Invega (paliperidone) Risperdal (risperidone) Seroquel (quetiapine) Zyprexa (olanzapine)	May 2009	Use Risperdal (risperidone) as first line therapy unless it is contraindicated. Trial of risperidone should be at least 2 months, or if patient develops abnormal behavior/thinking after the treatment.
Actonel(risedronate) Bonvia (ibandronate) Evista (raloxifene) Reclast (zoledronic acid) Forteo (teriparatide)	May 2009	First line therapy: Oral bisphosphonate- Use Fosamax (alendronate) as first line therapy Criteria: BMD (T-score less than or equal to -3.0) IV bisphosphonate: failure of at least two oral bisphosphonates or patient is contraindicated to the oral bisphosphonate
Miacalcin (Calcitonin)	May 2009	Preferred product: Recombinant calcitonin- Fortical
Androgel, or other testosterone preparation (testosterone)	May 2009	Testosterone preparation will not be approved for erectile dysfunction. Patient must have low testosterone level. Check level 3 months after initiation, then annually.
Vectical (calcitriol)	May 2009	Use generic Dovonex
Kapidex (dexlansoprazole)	May 2009	Criteria: Use generic omeprazole. If omeprazole fails, use Prevacid.
Ulorice (febuxostat)	May 2009	Criteria: failure to achieve serum uric acid levels less than 6mg per dL or persistent symptoms associated with gout after using allopurinol.



INLAND EMPIRE HEALTH PLAN

NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
Gelnique (oxybutynin) Gel	May 2009	Criteria: Use generic oxybutynin (oral). Must document the reason oral oxybutynin cannot be used.
Synvisc-One (hylan)	May 2009	Criteria: Diagnosis of osteoarthritis. After failure of at least 3 months of oral analgesics (2 different analgesics) including NSAIDs. Repeat courses should not be administered within 6 months of the last injection. Preferred products: Euflexxa
Tobradex ST (tobramycin, dexamethasone)	May 2009	Criteria: Use Tobradex
AllerNaze (triamcinolone)	February 2009	Use fluticasone nasal spray first.
Savella (milnacipran)	February 2009	Failure of first line therapy: TCAs, gabapentin, or tramadol.
Toviaz (fesoterodine)	February 2009	Failure of first line therapy: Ditropan (oxybutynin), Detrol (tolterodine) Detrol LA (tolterodine)
Promact (eltrombopag)	February 2009	Dx: thrombocytopenia with chronic ITP Not responsive to corticosteroids, immunoglobulins, or splenectomy.
Banzel (rufinamide)	February 2009	Use as an add-on therapy to first-line therapy of seizures with LGS. First-line agents: Depakote (valproic acid), benzodiazepines Lamictal (lamotrigine), or Felbatol (felbamate)
Tapentadol (brand name not determined yet)	February 2009	Failure of Ultram (tramadol)
Apriso (mesalamine)	February 2009	Failure of Asacol (mesalamine)



INLAND EMPIRE HEALTH PLAN

NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
SCE-A Vaginal Cream (Estrogen)	February 2009	USE Premarin Vaginal Cream
Trilipix (fenofibrate)	February 2009	Use generic fenofibrate
Zolpimist (zolpidem)	February 2009	Use Ambien (zolpidem) or other short-term anti-insomnia agents (traizolam, temazepam)
Imitrex (sumatriptan)	November 2008	Quantity limits: (per 30 days) Tablets: 9 tablets Kits*: 3 kits (3 boxes) Vials*: 5 vials (1 package) Nasal sprays*: 6 sprays (1 box) *=- requires at least 1 month of concurrent oral prophylactic therapy
Maxalt (rizatriptan)	November 2008	Quantity limits: (per 30 days) MLT tablets: 6 tablets Regular: 6 tablets
Zomig (zolmitriptan)	November 2008	Quantity limits: (per 30 days) Tablets: 6 tablets Nasal sprays*: 4 sprays (2 boxes) *=- requires at least 1 month of concurrent oral prophylactic therapy
Axert (almotriptan) Frova (frovatriptan) Relpax (eletriptan)	November 2008	Non-Formulary Quantity limits: (per 30 days) Axert: 6 tablets Frova: 9 tablets Relpax: 6 tablets
Vyvanse (lisdexamfetamine)	November 2008	Restricted for members who may have drug-abuse potential.



INLAND EMPIRE HEALTH PLAN

NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
<p>Januvia (sitagliptin)</p> <p>Byetta (exenatide)</p> <p>Symmlin (pramlintide)</p>	<p>November 2008</p>	<p>Use as an adjunct therapy in type 2 diabetes patients who fail optimal therapy (metformin, sulfonylurea, or a combination of both).</p> <p>Basal Insulin therapy should also be tried before the initiation of exenatide.</p> <p>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.</p> <p>Exenatide is considered investigational when used for weight reduction in patients with or without diabetes.</p>
<p>Test Strip</p> <p>(AccuChek)</p>	<p>May 2008</p>	<p>Insulin-dependent diabetes:</p> <p>Quantity Limit: 150 per month or 400 per 90 days supply</p> <p>Non-insulin-dependent diabetes:</p> <p>Quantity Limit: 50 per 90 days supply</p>
<p>Topamax</p> <p>(topiramate)</p>	<p>May 2008</p>	<p>Migraine Prophylaxis:</p> <p>Pediatric (18 year old or younger)- Formulary</p> <p>Adult (18 years old or above)- Non- Formulary</p> <p>For Migraine Prophylaxis:</p> <ol style="list-style-type: none"> Beta-blockers- propranolol, timolol <p>TCAs-amitriptyline, nortriptyline</p>



NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
Lyrica (pregabalin)	May 2008	Neuropathic pain and fibromyalgia: Ultram (tramadol)-1 st line Neurontin (gabapentin) Elavil (amitriptyline) Norpramin (desipramine) Tofranil (imipramine)
Aranesp (darbepoetin alfa) Epogen (epoetin alfa) Procrit (epoetin alfa)	November 2007	Top range of hemoglobin level should be kept at 12g/dL
Meridia (sibutramine) Alli (orlistat) Adipex (phentermine)	November 2007	<ol style="list-style-type: none"> 1. Members must attend or sign up for one of the weight management programs offered by IEHP before the approval of any anti-obesity medication. 2. Authorization will be given for 6 months. Physicians may choose phentermine, Meridia or Alli. 3. Members to be followed up by CM every 2 months to ensure compliant. 4. If Member fails to attend the weight management program, the authorization for the medication will be canceled.
Chantix (varenicline)	July 2007	Chantix is the Preferred Agent for the treatment of Smoking Cessation. Member must sign up Chantix GetQuit Program. Chantix should be used continuously for 12 weeks.
Coreg CR (carvedilol)	July 2007	Must use Coreg
Cymbalta (duloxetine)	July 2007	Failure of at least 2 SSRIs (first line includes Paxil, Prozac, Celexa, and Zoloft)



INLAND EMPIRE HEALTH PLAN

NEW RESTRICTION TO IEHP FORMULARY

Drug	Date Revised	Highlight
Tekturna (aliskiren)	July 2007	Failure of ACE Inhibitors and/or ARBs
Veramyst (fluticasone)	July 2007	Failure of Flonase (fluticasone).
Lexapro (escitalopram)	July 2007	Failure of at least 2 SSRI's (first line includes Paxil, Prozac, Celexa, and Zoloft)
Singulair (montelukast)	July 2007	Step therapy: Restricted to use as adjunct therapy for asthma only, concurrent inhaled corticosteroid required. Pharmacy will not be able to override this restriction