



May 25, 2009

Dear IEHP Provider,

We would like to inform you of the following changes to the 2009/2010 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in May 2009:

<b>FORMULARY CHANGES ADDITION(S) TO IEHP FORMULARY</b>		
<b>Drug</b>	<b>Therapeutic Class</b>	<b>Restriction</b>
Fenofibrate (Lofibra)	Anti-hyperlipidemic	Comment: Fenofibrate should be used if you would like to use Tricor (fenofibrate)
Fosamax (alendronate)	Osteoporosis	Comment: Use alendronate before other oral or IV bisphosphonates

<b>NEW NON-FORMULARY CLINICAL CRITERIA</b>		
<b>Drug</b>	<b>Therapeutic Class</b>	<b>Criteria</b>
Androgel, or other testosterone preparation (testosterone)	Hormone Replacement	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)	Dermatological	Use generic Dovonex
Kapidex (dexlansoprazole)	GI	Criteria: Use generic omeprazole. If omeprazole fails, use Prevacid.
Ulorice (febuxostat)	Renal/urological	Criteria: failure to achieve serum uric acid levels less than 6mg per dL or persistent symptoms associated with gout after using allopurinol.
Gelnique (oxybutynin) Gel	Renal/urological	Criteria: Use generic oxybutynin (oral). Must document the reason oral oxybutynin cannot be used.
Synvisc-One (hylan)	Biologics	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



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Tobradex ST (tobramycin, dexamethasone)	Ophthalmic	Criteria: Use Tobradex
Edluar (zolpidem)	Psychiatric	Criteria: Use Ambien (zolpidem)
Afinitor (everolimus)	Oncology	Criteria: Reserved for failure of treatment with Sutent or Nexavar
Simponi (golimumab)	Psychiatric	Criteria: Use of first line- Enbrel - same criteria as Enbrel
Abilify (aripiprazole), Geodon (ziprasidone), Invega (paliperidone), Seroquel (quetiapine), Zyprexa (olanzapine)	Psychiatric	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)	Osteoporosis	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)	Osteoporosis	Preferred product: Recombinant calcitonin-Fortical

**CLINICAL PRACTICE GUIDELINE UPDATE (AVAILABLE AT WWW.IEHP.ORG)**

<b>Clinical Practice Guideline</b>	<b>Therapeutic Class</b>	<b>Comment</b>
Hepatitis C	Anti-viral	In April 2009, the American Association For The Study Of Liver Diseases published the latest guideline on “Diagnosis, Management, and Treatment of Hepatitis C: An Update”. IEHP will evaluate all Anti-Viral HCV requests according to this guideline.



## INLAND EMPIRE HEALTH PLAN

Pain Management Program	Analgesic	This tool is developed based on the new Opioid Treatment Guidelines published by the American Academy of Pain Medicine. The evaluation tools and guidance will help our Providers to evaluate, document and monitor patients who are using narcotics. IEHP is seeking feedback from the physicians regarding this tool.
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### 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
- Pulmonary Arterial Hypertension
- Pain Management
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Sexually Transmitted Diseases - Summary of CDC Treatment Guidelines
- Smoking Cessation
- Synagis Criteria Season 2008/2009



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).

If you would like the Pharmacy and Therapeutics Subcommittee to consider adding or deleting a specific medication, please fill out the enclosed Request for Addition/Deletion form and send it to our Pharmaceutical Services Team, or fax it to (909) 891-1577.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Chan', is written above the printed name.

Chris Chan, Pharm.D.  
Director of Pharmaceutical Services