



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

March 17, 2008

Dear IEHP Provider,

We would like to inform you of the following changes to the 2008/2009 IEHP formulary that were approved by the Pharmacy and Therapeutics Subcommittee in February 2008 (Please see the table on the next page).

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 the Pharmaceutical Services, at IEHP, or fax it to (909) 890-2058.

We welcome any recommendations and comments regarding the formulary. Please call us at (909) 890-2067, with your questions and/or suggestions.

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Director, Pharmaceutical Services
Inland Empire Health Plan

Latest Formulary Changes

Drug	Status	Comments	Formulary Alternatives
Singulair	Non-Formulary (re-affirmed)	The latest NHLBI Asthma Guideline recommend inhaled corticosteroid as the first and the best treatment option. Leukotriene modifiers such as Singulair are alternative, but not preferred therapy for the treatment of mild persistent asthma.	Allergic Conjunctivitis: use nasal corticosteroids- <u>Flonase</u> (fluticasone) or antihistamines- <u>Claritin</u> (loratadine) Asthma: Use inhaled corticosteroid as the first line agent.
Lipitor	Removed from Code 1 medication list.	No differences in efficacy (LDL lowering) between the high potency statins. No significant differences in safety profiles or discontinuation rates among the high potency statins. Simvastatin, pravastatin and lovastatin have LDL-lowering capacity of up to 41% LDL reduction.	<u>Consider changing patients who are currently on Lipitor 10mg, 20mg, and 40mg to Simvastatin 20mg, 40mg, and 80mg.</u> (please see the reference table below) For patients who failed lovastatin or pravastatin, simvastatin may be used first.
Nasonex	Non-Formulary (re-affirmed)	No evidence that one nasal corticosteroid is superior to another.	Allergic Conjunctivitis: <u>Flonase</u> (fluticasone)
Lyrica (pregabalin)	Non-Formulary (re-affirmed)	No evidence that pregabalin is more effective than other treatment options. Trials of pregabalin excluded patients with a previous failure of gabapentin 1200mg/day, these patients may have a better response rate of pregabalin.	Neuropathic pain and fibromyalgia: <u>Neurontin (gabapentin), Elavil (amitriptyline), Norpramin (desipramine), Tofranil (imipramine), or Ultram (tramadol).</u>

		The latest fibromyalgia guideline recommends the use of TCAs and tramadol as appropriate treatment options.	
Cymbalta (duloxetine)	Non-Formulary (re-affirmed)	No one agent has been shown to be superior to another (across the drug classes). Trial of a second SSRI is recommended after failure of the first SSRI.	Depression: <u>SSRIs- Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Celexa (citalopram), Wellbutrin (bupropion), Remeron (mirtazapine)</u> Neuropathic Pain: <u>Neurontin (gabapentin), Elavil (amitriptyline), Norpramin (desipramine), Tofranil (imipramine), or Ultram (tramadol).</u>

Reference Chart for the HMG-CoA reductase inhibitors (Statins)

LDL Lowering % Desired	Formulary Status	Statin
Less than 35%	F F F	Simvastatin (Zocor) 5mg, 10mg Lovastatin (Mevacor) 10mg, 20mg, 40mg Pravastatin (Pravachol) 10mg, 20mg, 40mg
35-40%	F NF NF	Simvastatin (Zocor) 20mg, 40mg Lipitor 10mg Lescol XL 80mg
41-52%	F Code 1 Code 1 NF	Simvastatin (Zocor) 40mg, 80mg Vytorin 10/10mg, 10/20mg Crestor 5mg, 10mg Lipitor 20mg, 40mg