



INLAND EMPIRE HEALTH PLAN

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

November 30, 2011

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

IEHP FORMULARY ADDITIONS/DELETIONS			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Lotensin HCT (benazepril/HCT)	Blood Pressure	<b>Formulary</b>	Formulary
Kombiglyze XR (saxagliptan/metformin)	Diabetes	<b>Formulary</b>	<b>Formulary</b> (Eff. 1/1/12)
Juvisync (sitagliptan/simvastatin)	Diabetes/Cholesterol	<b>Formulary</b>	<b>Formulary</b> (Eff. 1/1/12)
Prevident 5000 Plus	Dental	<b>Formulary</b>	Non-formulary
Luvox (fluvoxamine)	Cholesterol	<b>Non-formulary</b>	Formulary
Zelboraf (vemurafenib)	Oncology Agent	Non-formulary	<b>Formulary; PA (new starts)</b>
Xalkori (crizotinib)	Oncology Agent	Non-formulary	<b>Formulary; PA (new starts)</b>
Adcetris (brentuximab)	Oncology Agent	Non-formulary	<b>Formulary; PA (new starts)</b>
Onfi (clobazam)	Anticonvulsant	Non-formulary	<b>Formulary; PA (new starts)</b>
Complera (emtricitabine/rilpivirine/ tenofovir)	HIV	Non-formulary, Carve out for Medi-Cal	<b>Formulary</b>
Pegasys SQ & Proclick (Peginterferon-alfa2A)	Hepatitis C	Non-formulary	<b>Formulary; PA</b>

**Please Note:** Generics are covered when available. Non-formulary agents may be requested through the Pharmacy Exception Request (PER) process

**Bolded Items:** formulary status change as of November 2011 P&T

<b>IEHP PRIOR AUTHORIZATION UPDATES</b>			
<b>Drug Name</b>	<b>Classification</b>	<b>Medi-Cal/HF/HK</b>	<b>DualChoice Formulary</b>
Zemaira, Aralast, Prolastin, Glassia	Alpha-1 Proteinase inhibitors	Documented Alpha-1-antitrypsin deficiency (labs), non-smoker, and clinically evident emphysema	Documented Alpha-1-antitrypsin deficiency (labs), non-smoker, and clinically evident emphysema
Exjade (deferasirox)	Heavy Metal Chelator	Chronic iron overload due to blood transfusion, baseline serum ferritin > 1000 mcg/L, and prescribed by hematologist	BvsD, FDA approved indication
Lupron, Lupron Depot, Lupron Depot-Ped (leuprolide)	GnRH Agonist	See GnRH criteria	FDA approved indication
Sensipar (cinacalcet)	Calcimimetic	Secondary hyperparathyroidism with CKD, PTH > 60 pg/ml, and failure/intolerance to calcitriol	N/A
Zelboraf (vemurafenib)	Oncology Agent	FDA approved indication, confirmation of genetic testing	PA for new start only, FDA approved indication, confirmation of genetic testing
Xalkori (crizotinib)	Oncology Agent	FDA approved indication, confirmation of genetic testing	PA for new start only, FDA approved indication, confirmation of genetic testing
Brilinta (ticagrelor)	Platelet Inhibitor	Failure of formulary alternative Plavix	Failure of formulary alternative Plavix
Anascorp (centuroides immune F)	Anti-venom	FDA approve indication	Part A or B covered drug, inpatient drug
Firazyr (icatibant)	Hereditary Angioedema	FDA approved indication, failure of Danazol, and severe/life threatening symptoms	FDA approved indication, failure of Danazol, and severe/life threatening symptoms
Adcetris (brentuximab)	Oncology Agent	FDA approved indication	PA for new start only, FDA approved indication
Onfi (clobazam)	Anticonvulsant	FDA approved indication	PA for new start only, FDA approved indication and failure of first line anticonvulsant
Soliris (eculizumab)		FDA approve indication	Part A or B covered

			drug, inpatient drug
Prolia (denosumab)	Osteoporosis	FDA approved indication and failure of formulary bisphosphonates	Failure of formulary bisphosphonates, BvsD determination, FDA approved indication
Cialis (tadalafil)	PDE-5	Confirmed diagnosis of BPH and failure of formulary BPH agents. <b>Erectile Dysfunction is <u>NOT</u> a covered indication.</b>	Confirmed diagnosis of BPH and failure of formulary BPH agents. <b>Erectile Dysfunction is <u>NOT</u> a covered indication.</b>
Gralise (gabapentin)	Analgesic	FDA approved indication and failure of gabapentin and TCA	FDA approved indication and failure of gabapentin and TCA
Xyntha Solofuse (Factor VIII)	Hemophilia	FDA approve indication	Part B covered drug, inpatient drug
Lazanda NS (fentanyl)	Analgesic	Failure of formulary opioids and must complete narcotic treatment plan	Failure of formulary opioids and must complete narcotic treatment plan

Full Prior Authorization table available at:

<http://ww2.iehp.org/IEHP/Providers/Pharmaceutical+Services/PADrugCriteria Guides.htm>

CLINICAL PRACTICE GUIDELINE UPDATE		
Clinical Practice Guideline	Therapeutic Class	Comment
American Academy of Pediatrics, Clinical Practice Guideline 2011	ADHD	New
AASLD, 2011 Practice Guideline	Hepatitis C	New
Anti-infection Therapy Guide (Adult, Pediatric) - IEHP	Antibiotic	No change
Diabetes Quick Reference Table - IEHP	Diabetes	No change
Pain Quick Reference - IEHP	Pain	No change

#### 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 Change 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.

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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
- Rheumatoid Arthritis
- Sexually Transmitted Diseases - Summary of CDC Treatment Guidelines
- Smoking Cessation
- Synagis Criteria Season 2010/2011

Please visit the IEHP website for safety resource links that include Drug Safety and Recalls published at the FDA's website: <http://ww2.iehp.org/IEHP/Providers/Pharmaceutical+Services/SafetyResources.htm>

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).

Sincerely,

IEHP Pharmaceutical Services