



Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

June 09, 2011

This letter provides important new safety information about AVANDIA, AVANDAMET, & AVANDARYL® (rosiglitazone containing medicines).

---Important Safety Information---

On 5/18/2011, the FDA released a new safety announcement detailing new restrictions to the prescribing and use of rosiglitazone containing products. Healthcare providers are now required to enroll patients who are currently on a rosiglitazone containing product (Avandia, Avandamet, or Avandaryl) in the Avandia-Rosiglitazone Medicine Access Program. The new Risk Evaluation and Mitigation Safety (REMS) program was designed to manage serious risk related to the elevated risk of heart attacks in patients taking rosiglitazone. More information regarding on how to enroll your patients can be found at: www.avandia.com.

The program limits access to:

- Patients already being successfully treated with these medicines
- Patients whose blood sugar cannot be controlled with other anti diabetic medicines and who, after consulting with their health care provider, do not wish to use pioglitazone containing medicines (Actos, Actoplus Met, Actoplus Met XR, or Duetact).

After November 18, 2011 rosiglitazone containing products will no longer be available through normal retail pharmacy networks. Access will be limited to special participating mail order pharmacies through the Avandia-Rosiglitazone Medicine Access Program.

---IEHP Formulary Criteria---

The current IEHP criteria was developed and reviewed by the IEHP Pharmacy and Therapeutics Subcommittee.

Avandia Criteria:

- Must be Continuation of Therapy
- Must be controlled on a rosiglitazone product (confirmed through HbA1c)
- Member must be compliant with therapy
- **Please Note:** Members who are currently on a rosiglitazone product will be allowed to switch to pioglitazone containing product

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Visit our web site at: www.iehp.org

A Public Entity

Preferred Diabetic Agents	Non-Preferred Diabetic Agents
<ul style="list-style-type: none"> • Metformin • Sulfonylureas (glipizide, glimepiride, glyburide) • Januvia (sitagliptin) • Janumet (sitagliptin/metformin) • Onglyza (saxagliptin) 	<ul style="list-style-type: none"> • Actos (pioglitazone) • Avandia (rosiglitazone)

If you have any questions or comments regarding this change, please call IEHP Pharmaceutical Services Department at 909-890-2067.