



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

August 17, 2009

IEHP Pharmacy & Therapeutics Subcommittee Changes August 2009

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 August 2009:

NEW NON-FORMULARY CLINICAL CRITERIA		
Drug	Therapeutic Class	Criteria
Daytrana (methylphenidate)	Psychostimulants	For patients who are unable to take oral medications
Strattera (atomoxetine)	Psychostimulants	Failure of two (2) stimulants (total of two (2) months duration)
Vyvanse (lisdexamfetamine)	Psychostimulants	For patients who have documented risk for substance abuse, 1 st line therapy must be used
Provigil (modafinil)	Psychostimulants	Will not be approved for ADHD based on “off-label” indication and limited evidence for efficacy. May be approved for narcolepsy, must provide sleep study.

303 E. Vanderbilt Way, Suite 400, San Bernardino, CA 92408
Tel (909) 890-2049 Fax (909) 890-2058
Visit our web site at: www.iehp.org

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Atypical Antipsychotics	Psychiatric	<p>Healthy Families/Healthy Kids/Medicare DualChoice Members:</p> <p>Will not be approved for ADHD based on “off-label” indication and limited evidence for efficacy</p> <p>Antipsychotic use as adjunct therapy for major depressive disorder will only be approved for Abilify (based on FDA indication). In order to receive Abilify, patient must document failure of two (2) formulary SSRIs and at least one (1) non-formulary SNRI for a duration of 6 weeks with each treatment (total duration of 4.5 months).</p>
Growth Hormone	Endocrinology	<p>Preferred Product: Omnitrope (somatropin)</p> <p>Must use Omnitrope for all approved growth hormone requests.</p>
Synagis (palivizumab)	Immunology	2009 AAP Guideline (Synagis Guideline will be distributed to the pediatricians separately)
Adcirca (tadalafil)	Pulmonary	Criteria: Confirmation of diagnosis- PAH (Group I). Cialis, Viagra or Revatio are allowed if used for PAH for non-Medicare Members.
Cetraxal (ciprofloxacin 0.2% otic)	Otic	Criteria: Use first line Otic antibiotic or Ciprodex/Cipro HC
Cycloset (bromocriptine)	Anti-Diabetics	Criteria: Failure of 1 st or 2 nd line anti-diabetic treatment including sulfonylurea, metformin and insulin; or when patient is contraindicated to the therapies listed above
Dysport (abobotulinumtoxin A)	Neuro muscular	Not covered (Cosmetics)
Exforge HCT (amlodipine, valsartan, and HCT)	Cardiac	Criteria: Failure of monotherapy- ACE Inhibitors, Calcium Channel Blockers, or ARBs.
Fanapt (iloperidone)	Psychiatric	<p>Healthy Families/Healthy Kids/Medicare DualChoice Members:</p> <p>Criteria: Confirmation of diagnosis- use risperidone as first line therapy</p>
Besivance (besifloxacin ophthalmic suspension)	Ophthalmic	Criteria: Use first line therapies-bacitracin, ciprofloxacin, erythromycin, gentamicin, ofloxacin
Cambia (diclofenac potassium)	Analgesics	Criteria: Use generic diclofenac

Lamictal XR (lamotrigine)	Anti-Convulsants	Criteria: Use generic lamotrigine
Zipsor (diclofenac potassium)	Analgesics	Criteria: Use generic diclofenac
Multaq (dronedarone)	Cardiac	Criteria: Candidate should have a recent episode of AF/AFL and associated CV risk factors, who are in sinus rhythm or who will be cardioverted. Associated CV risk factors include age over 70 years, HTN, diabetes, prior cerebrovascular accident, left atrial diameter greater than or equal to 50mm or left ventricular ejection fraction <40%
Feraheme (ferumoxytol)	Vitamin	Criteria: Generic IV iron product
Diabetic Test Strips and Meters	DME	Home Diagnostics: TRUEtrack, TRUE2go, TRUEresult

IMPORTANT CHANGES – COVERAGE OF GLUCOMETER AND TEST STRIPS

As of **August 17, 2009**, IEHP will implement a new preferred formulary for diabetes supplies, designating the following Home Diagnostics (HDI) meters and strips as sole preferred:

Current Preferred Product	Preferred Product after August 17, 2009
<p align="center">Aviva Compact</p> <p align="center">By AccuChek</p>	<p align="center">TRUEtest TRUEresult TRUE2go</p> <p align="center">By Home Diagnostics</p>

As a reminder, IEHP's quantity limitation for test strips:

Insulin-dependent diabetes:

Quantity Limit: 150 per month or 400 per 90 days supply

Non-insulin-dependent diabetes:

Quantity Limit: 50 per 90 days supply

All other meters and strips will require a prior authorization beginning November 1, 2009. We understand that in certain circumstances, there may be a medically necessary reason for your member to continue using his/her meter. In select cases, we will honor Prior Authorization requests from your office to continue use of their current testing system.

While we will cover any of the HDI products listed above, we anticipate that most members will choose TRUEtest, which offers the following key features and benefits:

- **No-coding**
- Tiny, 0.5 microliter sample size
- Results as fast as 4 seconds
- GoldSensor™ Laser Accuracy
- Patented TRUEfill™ technology
- Alarms and Data Management (with TRUEresult)
- TRUE2go meter fits on the cap of the TRUEtest test strips-- world's smallest meter!
- The ability to use both the TRUEresult and the TRUE2go meter with the same TRUEtest strips

For more product details on TRUEtest, see the attached flyer or visit www.homediagnostics.com.

IEHP diabetes members will be able to go to any network pharmacy to get a FREE HDI Meter and fill for their new HDI test strips. Some current meter users may need a new prescription to change meters and strips.

Thank you in advance for your help with updating any prescriptions as necessary. Enclosed is an optional form you may use with pharmacies for the HDI products.

Any patient questions regarding the use of their TRUEtest or TRUEtrack system can be directed to the Home Diagnostics Help Line at 1-800-803-6025. Assistance is available 24 hours a day, seven days a week, in both English and Spanish.

A TRUEresult, TRUE2go, and TRUEtrack demonstration meter, as well as literature and training materials in English and Spanish are available at no cost for your office. TRUEmanager software for the TRUEresult meter is also available at no cost to providers. Please contact Cathy Herman, MS, RD, Clinical Sales Specialist for HDI, at 800-342-7226, extension 4075, for more details.

Quick Reference Guide to prescribing test strips

Type of Patients	Glucometer and Test strip prescriptions
Insulin dependent	<p>TRUEtrack, TRUE2go, or TRUEresult or simply write "Any Meter"</p> <p>Qty: 150/month or 400/3 months (up to 4 times a day)</p>
Non-insulin dependent	<p>TRUEtrack, TRUE2go, or TRUEresult or simply write "Any Meter"</p> <p>Qty: 50/3 months (up to 4 times a week)</p>