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Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

August 22, 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 August 2011:

IEHP FORMULARY ADDITIONS/DELETIONS			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
Carbatrol ER (carbamazepine)	Anticonvulsant	Formulary	Formulary
Levaquin (levofloxacin)	Antibiotic	Formulary	Non-Formulary
Nasacort AQ (triamcinolone)	Nasal Steroid	Formulary	Non-Formulary

Please Note: Generics are covered when available

Bolded Items: formulary status change as of Aug P&T

IEHP PRIOR AUTHORIZATION UPDATES			
Drug Name	Classification	Medi-Cal/HF/HK	DualChoice Formulary
APAP –containing Combination Products (i.e. Norco, Lorcet, Vicodin)	Analgesics	Limit daily APAP intake to 4g/day. PERs can be submitted by Physicians only for all APAP-containing products.	No Change
Bepreve (bepotastine)	Ophthalmic	Failure of formulary alternatives- Zaditor/Alaway, Crolom, and Naphcon-A	Failure of formulary alternatives- Zaditor/Alaway, Crolom, and Naphcon-A
Blood Glucose Meter	Diabetic Testing Supplies	Nipro TRUEresult and TRUE2go are formulary products	Nipro TRUEresult and TRUE2go are formulary products
Edurant (rilpivirine)	HIV	DHCS Carve Out for Medi-Cal. Submit to FFS.	---
Humira (adalimumab)	TNF Inhibitors	See TNF Criteria	No change
Incivek (telaprevir)	Protease Inhibitors	See Protease Inhibitor Criteria	See Protease Inhibitor Criteria

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Jalyn (dutasteride/ tamsulosin)	BPH Agents	Failure of formulary alternatives finasteride and tamsulosin	Failure of formulary alternatives finasteride dutasteride, doxazosin, and terazosin
Lazanda (fentanyl)	Analgesic	Failure of first line formulary opioid alternatives and confirmation of diagnosis of cancer related pain	Failure of first line formulary opioid alternatives and confirmation of diagnosis of cancer related pain
Lipitor (atorvastatin)	Statins	See Statin Criteria	See Statin Criteria
Livalo (pitavastatin)	Statins	See Statin Criteria	See Statin Criteria
Oxceta (oxycodone)	Analgesic	Failure of formulary opioid alternatives. Must include trial and failure of immediate release oxycodone. Long acting oxycodone is recommended for chronic pain.	Failure of formulary opioid alternatives. Must include trial and failure of immediate release oxycodone. Long acting oxycodone is recommended for chronic pain.
Pataday (olopatadine)	Ophthalmic	Failure of formulary alternatives such as Alaway, Zaditor, Crolom, and Naphcon-A May be prescribed by ophthalmologist without restriction	Failure of formulary alternatives such as Alaway, Zaditor, Crolom, and Naphcon-A May be prescribed by ophthalmologist without restriction
Potiga (ezogabine)	Anticonvulsant	Failure of formulary anticonvulsants. Adoption of REMS requirement	PA for new start only. Adoption of REMS requirement and failure of formulary anticonvulsants.
PrandiMet (repaglinide and metformin)	Diabetic Agent	Failure of best combination of formulary anti-diabetic agents including; metformin, sulfonyleurea, Januvia, or Onglyza	Failure of best combination of formulary anti-diabetic agents including; metformin, sulfonyleurea, Actos, and Prandin
Rective (nitroglycerin)	Analgesic	FDA approved indication	FDA approved indication
Sprix (ketorolac NS)	Analgesic	Confirm dx of ocular pain, ocular pruritus, or postoperative ocular inflammation; AND Failure or intolerance to oral formulation If approved, restricted to 5 days supply for each episode	Confirm dx of ocular pain, ocular pruritus, or postoperative ocular inflammation; AND Failure or intolerance to oral formulation If approved, restricted to 5 days supply for each episode

Tradjenta (linagliptin)	Diabetic Agent	Failure of formulary alternatives (metformin, sulfonylurea, and Januvia or Onglyza) with HgA1C > 7 despite use of best combination for 3 months.	Failure of formulary alternatives (metformin, sulfonylurea, and Januvia or Onglyza) with HgA1C > 7 despite use of best combination for 3 months.
Victralis (boceprevir)	Protease Inhibitor	See Protease Inhibitor Criteria	See Protease Inhibitor Criteria
Vimovo (naproxen and esomeprazole)	Analgesic	Must use separate ingredients; naproxen and formulary PPI (omeprazole and pantoprazole)	Must use separate ingredients; naproxen and formulary PPI (omeprazole and lansoprazole)
Vyvanse (lisdexamfetamine)	ADHD	Failure of at least 2 long acting formulary stimulants; AND/OR Direct or indirect risk of substance abuse within the home	Failure of at least 2 long acting formulary stimulants; AND/OR Direct or indirect risk of substance abuse within the home
Zovirax crm/oint (acyclovir)	Herpes	Oral Herpes Simplex Infection: Documented failure or contraindication to Abreva 10% crm or acyclovir tablets	Oral Herpes Simplex Infection: Documented failure or contraindication to Abreva 10% crm or acyclovir tablets

Full Prior Authorization table available at:

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

CLINICAL PRACTICE GUIDELINE UPDATE		
Clinical Practice Guideline	Academy/Association	Comment
Diabetes & Gestational Diabetes	Joslin Clinic Guidelines	Added
ADHD	AACAP	Added
Rheumatoid Arthritis	Renew current guideline	-
Smoking Cessation	Renew current guideline	-

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.

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

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.

Sincerely,

IEHP Pharmaceutical Services