



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

September 5, 2008

IEHP Pharmacy & Therapeutic Subcommittee Changes- August 2008

We would like to inform you of the following changes to the 2008/2009 IEHP formulary/ IEHP Medicare DualChoice formulary that were approved by the Pharmacy and Therapeutics Subcommittee in August 2008:

ADDITION TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
Tylenol Infant Drops (acetaminophen)	Analgesic	1 Box per month

DELETION TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
Rizatriptan (Maxalt)	Autonomic Drugs: Migraine Treatments	Imitrex Nasal Spray and Injection- Non Formulary Zomig Nasal Spray- Non-Formulary
Sumatriptan (Imitrex)		Member must be on prophylactic treatment and failed oral or sublingual tablets (at least 1 month of use) before the approval of nasal spray or injections. Limit to 2 boxes per month.
Zolmitriptan (Zomig)		
Advair (fluticasone/Salmeterol)	Respiratory: Glucocorticosteroid Oral Inhaler	Removed from the Formulary (Formulary if prescribed by a pulmonologist) Use other inhaled corticosteroids such as Qvar, Flovent, Pulmicort, Aerobid, Azmacort, and Asmanex.

CLINICAL PRACTICE GUIDELINE UPDATE (AVAILABLE AT WWW.IEHP.ORG)		
Clinical Practice Guideline	Therapeutic Class	Restriction
Treatment of Dyslipidemia in Children	Cardiovascular	Added to the current Dyslipidemia guideline
Treatment of Tobacco Smoking and Dependence	Central Nervous System: Antidepressant	New Guideline and Criteria
Treatment of Rheumatoid Arthritis	Central Nervous System: Antidepressant	New Guideline and Criteria
Pulmonary Arterial Hypertension	Cardiovascular	New Guideline and Criteria
Depression	Nasal Corticosteroid	Updated Guideline
RSV Synagis		Updated Criteria

We would also like to remind you of the following changes that were made in the previous meetings:

MODIFICATION OF DRUG CRITERIA		
Drug	Therapeutic Class	New Restriction and Formulary Alternative
Crestor (Rosuvastatin)	Cardiac:	Non-Formulary
Lipitor (Atorvastatin)	Hyperlipidemics	Removed from Code 1 Status
Vytorin (Simvastatin/ ezetimib)		

Test Strip (AccuChek)	DME	Formulary – Preferred 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
Topamax (topiramate)	Anticonvulsant	Migraine Prophylaxis: Pediatric (18 year old or younger)- Formulary Adult (18 years old or above)- Non-Formulary For Migraine Prophylaxis: 1. Beta-blockers- propranolol, timolol 2. TCAs- amitriptyline, nortriptyline
Singular (montelukast)	Leukotriene Modifier	Allergic Rhinitis: Flonase (fluticasone) Nasarel (flunisolide) Claritin (loratadine) Zyrtec (cetirizine) Asthma: Use inhaled corticosteroid as the first line agent.
Nasonex (mometasone)	Nasal Corticosteroids	Use Flonase (fluticasone)
Lyrica (pregabalin)	Anticonvulsant	Neuropathic pain and fibromyalgia: Ultram (tramadol)-1 st line Neurontin (gabapentin) Elavil (amitriptyline) Norpramin (desipramine) Tofranil (imipramine)

<p>Cymbalta (duloxetine)</p>	<p>Antidepressants: SNRIs</p>	<p>Depression:</p> <p>Prozac (fluoxetine) Zoloft (sertraline) Paxil (paroxetine) Celexa (citalopram)</p> <p>Second-line therapies: Wellbutrin (bupropion) Remeron (mirtazapine)</p> <p>Neuropathic Pain: Neurontin (gabapentin) Elavil (amitriptyline) Norpramin (desipramine) Tofranil (imipramine) Ultram (tramadol)</p>
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