



INLAND EMPIRE HEALTH PLAN

November 21, 2008

Dear IEHP Provider,

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 November 2008:

DELETION TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
rosiglitazone (Avandia®)	Hormones: Antidiabetic Agents	Non-Formulary
oxycodone (Oxycontin®)	Pain: Narcotic Analgesics	Non-Formulary Morphine Sulfate SR should be used for patients who require around-the-clock analgesic control. Oxycontin is only available for Members who meet this criteria: <ol style="list-style-type: none">1. Diagnosis of Cancer or Non-malignant Chronic pain2. Require the use of Morphine Sulfate SR as the first line treatment option3. Low dose methadone or fentanyl patch may be considered4. If pain control is not adequate, consider adjusting MS dosing5. Non-opioid such as Neurontin or Ultram should be considered as part of the treatment approach

MODIFICATION OF DRUG CRITERIA

Drug	Therapeutic Class	Previous Restriction	New Restriction
sumatriptan (Imitrex®) rizatriptan (Maxalt®) zolmitriptan (Zomig®)	Autonomic Drugs: Migraine Treatments	Quantity limit	New Quantity Limit: Imitrex: 9 tablets in 30 days Maxalt: 6 tablets in 30 days Zomig: 6 tablets in 30 days If Member is required to use more than the quantity limit set above, Member should receive prophylactic treatment (beta-blockers, AED, or TCAs). For complete detail, please see below.
sitagliptin (Januvia®) exenatide (Byetta®) pramlintide (Symlin®)	Hormones: Antidiabetic Agents	Non-Formulary	Use as an adjunct therapy in type 2 diabetes patients who fail optimal therapy (metformin, sulfonylurea, or a combination of both). Basal Insulin therapy should also be tried before the initiation of exenatide. A history of HbA1C scores or blood glucose levels must be submitted for evaluation. An HbA1C score of >7% after at least 3 months of optimal therapy can be considered as failure of therapy. Exenatide is considered investigational when used for weight reduction in patients with or without diabetes.

IEHP Coverage for Anti-Migraine Treatment

Drug	Maximum allowed per month (cumulative)
almotriptan (Axert®)	6 tablets in 30 days
eletriptan (Relpax®)	6 tablets in 30 days
frovatriptan (Frova®)	9 tablets in 30 days
naratriptan (Amerge®)	9 tablets in 30 days
rizatriptan (Maxalt® or MLT)- Formulary	6 tablets in 30 days
sumatriptan (Imitrex®)- Formulary	Tablets: 9 tablets in 30 days Kits: 3 kits in 30 days Vials: 8 vials in 30 days Nasal spray: 4 sprays (2 boxes) in 30 days
zolmitriptan (Zomig®)- Formulary	6 tablets in 30 days Nasal spray: 4 sprays (2 boxes) in 30 days

For requests above the quantity limit, the following criteria will be applied:

- Documented diagnosis of migraine AND member is receiving prophylactic migraine therapy
- Approval of up to 2 times the maximum allowed may be approved
- Member must be on prophylactic treatment and failed oral or sublingual tablets (at least 1 month of use) before the approval of nasal spray, injections or refills
- If nasal spray or injection is approved, the quantity is limited to 3 boxes per month

If you would like the Pharmacy and Therapeutics Subcommittee to consider adding or deleting a specific medication, please fill out the enclosed Request for Addition/Deletion form and send it to the Pharmaceutical Services, at IEHP, or fax it to (909) 890-2058.

We welcome any recommendations and comments regarding the formulary. Please call us at (909) 890-2067, with your questions and/or suggestions.

Sincerely,



Chris Chan, Pharm.D.
Director of Pharmaceutical Services