



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

December 1, 2009

IEHP Pharmacy & Therapeutics Subcommittee Changes November 2009

We would like to inform you of the following changes to the 2010/2011 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in November 2009:

NEW NON-FORMULARY CLINICAL CRITERIA		
Drug	Therapeutic Class	Criteria
Effient (prasugrel)	Hematological	Use first line therapy- Plavix. Must be used according to FDA indication.
Plan B One-step (levonorgestrel) 1.5mg	Contraceptive	Generic Plan B is available. Members can take 2 regular Plan B at once.
Sotalol (injection)	Cardiac	Use first line therapy- oral sotalol.
Lipsovir (acyclovir/hydrocortisone)	Dermatological-Antiviral	Oral acyclovir or topical acyclovir as first line therapy option.
Colcrys (colchicine)	Immunological	Use generic colchicine .
Invega Sustenna (paliperidone)	Psychiatric	Generic risperdal should be used as first line therapy. Injection is reserved for unstable members.
Livalo (pitavastatin)	Hyperlipidemic	Failure of first line therapy statin- simvastatin, or pravastatin.

Onglyza (saxagliptin)	Antidiabetic	Failure of first line therapy- metformin and sulfonylurea; failure to achieve A1C <7% after 3 months of first line therapy.
Sculptra Aesthetic (poly-L-lactic acid)	Cosmetic	Not a covered benefit.
Embeda (morphine and naltrexone)	Narcotics	Use generic morphine sulfate. Allowed for patients with drug abuse history.
Extavia (interferon beta-1b)	Immunological	Refer to MS CPG; Avonex, Betaseron, Copaxone are available
Fibricor (fenofibric acid)-35, 105mg	Hyperlipidemic	Must use generic fenofibrate.
Sabril (vigabatrin)	Psychiatric	Confirmation of diagnosis- CCS referral. Adult- failure of first line therapy for CPS.
Saphris (asenapine)	Psychiatric	Failure of first line therapy- risperdal.
Tyvaso (treprostinil)-inhalation	Cardiac	NYHA 3 PAH; refer to PAH criteria.
Zenpep (pancrelipase)	GI	First line formulary pancrelipase available.
Bepreve (bepotastine)	Ophthalmic	Failure of first line therapy- Zaditor/Alaway
Folotylin (pralatrexate)	Cardiac	FDA approved indication- Treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL). Medicare: Formulary
Gammaplex (IVIG)	Immunological	FDA approved indication.
Intuniv (guanfacine)	Psychiatric	Failure of first line therapy- stimulants.
Metozolv ODT (metoclopramide)	GI	Failure of first line therapy- metoclopramide.

Stelara (ustekinumab)	Immunological	For Moderate to severe plaque psoriasis (total Psoriasis Area Severity Index score of 10 or more); Failure of conventional therapy including cyclosporin, MTX, or PUVA treatment and first line biologic therapy- TNF inhibitor-Enbrel. Stelara may be continued for 6 months, and failure is defined as less than 75% reduction in the PASI score from when treatment started by 16 weeks.
Valturna (aliskiren/valsartan)	Cardiac	Failure of first line therapy- ACE inhibitors and second line therapy- ARB.
Vibativ (televancin)	Anti-infective	FDA approved indication- vancomycin may be considered.
Zirgan (ganciclovir)	Antiviral	Oral acyclovir may be used as first line therapy.
Astepro (astelazine) 0.15%	Nasal	Must use Astelin.

ADDITION TO IEHP FORMULARY

Drug	Therapeutic Class	Restriction
Hiberix (Hib vaccine)	Vaccine	Per ACIP guidelines
Tamiflu (oseltamivir)	Antiviral	Formulary- per CDC guidelines

MODIFICATION OF DRUG CRITERIA

Drug	Therapeutic Class	Previous Restriction	New Restriction
Imitrex (sumatriptan)	Autonomic Drugs:	Formulary	<u>Formulary: Imitrex: 18 tablets in 30 days</u>
Maxalt (rizatriptan)	Migraine Treatments		Remove Maxalt and Zomig from the Formulary
Zomig (zolmitriptan)			

Albuterol HFA (Ventolin HFA) Proventil HFA Proair HFA	Asthma	Formulary	<u>Formulary: Ventolin HFA</u> Remove Proventil HFA and Proair HFA from the Formulary
Herceptin (trastuzumab)	Biologics	Non-Formulary	Non-Formulary Modified guideline to add HER-2 genetic testing.
Erbitux (cetuximab)	Biologics	Non-Formulary	Non-Formulary Modified guideline to add KRAS testing.
Vectibix (paniubmumab)	Biologics	Non-Formulary	Non-Formulary Modified guideline to add KRAS testing.
Prevacid OTC 15mg (lansoprazole)	GI	Non-Formulary	Available as the second PPI after Prilosec OTC/omeprazole.
IVIG	Immunological	Non-Formulary	Modified Criteria- please refer to IVIG criteria online.
Patanase (olopatadine)	Nasal	Non-Formulary	First line therapy: nasal corticosteroid-Flonase (fluticasone) Second line therapy: nasal antihistamine- Astelin (azelastine)
Astepro (azelastine)	Nasal	Non-Formulary	First line therapy: nasal corticosteroid-Flonase (fluticasone) Second line therapy: nasal antihistamine- Astelin (azelastine)
Genotropin (somatropin)	Growth Hormone	Non-Formulary	Omnitropin is the preferred Growth Hormone. Genotropin can be used for coverage not approved for Omnitropin.

DELETION TO IEHP FORMULARY		
Drug	Therapeutic Class	Restriction
Maxalt (rizatriptan) Zomig (zolmitriptan)	Autonomic Drugs: Migraine Treatments	Non-Formulary (Use Imitrex)
Proair HFA Proventil HFA	Asthma	Non-Formulary (Use Ventolin HFA)

IEHP Coverage for Anti-Migraine Treatment

Drug	Maximum allowed per month (cumulative)
Sumatriptan (Imitrex)- <u>Formulary</u>	Tablets: 18 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
Non-Formulary Triptans	
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)	6 tablets in 30 days
Zolmitriptan (Zomig)	6 tablets in 30 days Nasal spray: 4 sprays (2 boxes) in 30 days

1. Documented diagnosis of migraine AND member is receiving prophylactic migraine therapy
2. Approval of up to 2 times the maximum allowed may be approved
3. 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
4. If nasal spray or injection is approved, the quantity is limited to 2 boxes per month

Proton Pump Inhibitors (PPI)- Prevacid OTC

Step 1: Failure of Prilosec OTC (40 mg/day) is required for at least one (1) month; then
 Step 2: Failure of Prevacid OTC[†] (30 mg/day) is required for at least one (1) month; then
 Step 3: Failure of Prevacid OTC[†] (60 mg/day) is required for at least one (1) month; then
 Step 4: Failure of generic Protonix (pantoprazole) is required for at least one (1) month
 If member fails all steps (1-4), non-formulary PPI may be tried

[†] Restricted use after failure of Prilosec OTC. PER must be submitted for approval.