



A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

July 1, 2018

IEHP FORMULARY CHANGES: July 2018 P&T UPDATE

We would like to inform you of the following changes to the 2018 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in May 2018.

AF = Add to Formulary

BOLD = Brand Name

DS = Days Supply

QL = Quantity Limit

ST = Step Therapy

R-QL = Remove Quantity Limit

AR = Age Restriction

C1 = Code 1 drugs are restricted to certain medical conditions or specific circumstances

PA = Prior Authorization

RF = Remove from Formulary

R-PA = Remove Prior Authorization

NOTE: IEHP is a generic mandated health plan. Brand name drugs are not covered unless indicated or if generic is not available. The FDA recommended maximum dosage limit is applied.

IEHP MEDI-CAL FORMULARY UPDATES		
Drug Name	Strength & Dosage Form	Status Change
betaxolol	0.5% ophthalmic solution	• RF
betimol	0.25% ophthalmic solution 0.5% ophthalmic solution	• RF
ferrous gluconate	324 mg tablet	• AF
Ferretts (ferrous fumarate)	325 mg tablet	• AF
Fergon (ferrous gluconate)	27 mg tablet	• AF
Eliquis (apixaban)	5mg tablets (dose pack)	• C1
Qvar RediHaler (beclomethasone)	40 mcg/actuation HFA breath activated aerosol 80 mcg/actuation HFA breath activated aerosol	• AF

ondansetron	4 mg tablet 4 mg disintegrating tablet 8 mg tablet 8 mg disintegrating tablet	<ul style="list-style-type: none"> • QL = 90/30
Steglatro (ertugliflozin)	5 mg tablet 15 mg tablet	<ul style="list-style-type: none"> • AF • ST
Segluromet (ertugliflozin/metformin)	2.5 mg/500 mg tablet 2.5 mg/1000 mg tablet 7.5 mg/500 mg tablet 7.5 mg/1000 mg tablet	<ul style="list-style-type: none"> • AF • ST
Steglujan (ertugliflozin/sitagliptin)	5 mg/100 mg tablet 15 mg/100 mg tablet	<ul style="list-style-type: none"> • AF • ST

IEHP MEDICARE FORMULARY UPDATES		
Drug Name	Strength & Dosage Form	Status Change
Adacel Tdap (pertussis/acellular/reduced diphtheria toxoid/tetanus toxoid)	2.5 mcg-2 Lf U-5 Lf U/0.5 ml pre-filled syringe	<ul style="list-style-type: none"> • AF
Aliqopa (copanlisib di-hcl)	60 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Alunbrig (brigatinib)	180 mg tablet 90 mg tablet 90 mg-180 mg tablet dose pack	<ul style="list-style-type: none"> • AF • PA (New Starts)
aripiprazole	1 mg/ml solution	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 930ml/30
atazanavir sulfate	150 mg capsule 200 mg capsule 300 mg capsule	<ul style="list-style-type: none"> • AF • QL = 31/31 (150 mg) • QL = 62/31 (200 mg) • QL = 31/31 (300 mg)
bortezomib	3.5 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Bosulif (bosutinib)	400 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
Calquence (acalabrutinib)	100 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 124/31
Cancidas	50 mg vial 70 mg vial	<ul style="list-style-type: none"> • RF
casposfungin acetate	50 mg vial 70 mg vial	<ul style="list-style-type: none"> • AF • PA
Copaxone	40 mg/ml syringe	<ul style="list-style-type: none"> • RF

Cosmegen	0.5 mg vial	<ul style="list-style-type: none"> RF
dactinomycin	0.5 mg vial	<ul style="list-style-type: none"> AF PA (New Starts)
dihydroergotamine mesylate	1 mg/ml ampule	<ul style="list-style-type: none"> R-PA
efavirenz	50 mg capsule	<ul style="list-style-type: none"> AF QL = 93/31
Eliquis (apixaban)	5 mg tablets (dose pack)	<ul style="list-style-type: none"> AF QL = 74/30
Emflaza (deflazacort)	6 mg tablet 18 mg tablet 22.75 mg/ml oral suspension 30 mg tablet 36 mg tablet	<ul style="list-style-type: none"> AF PA (New Starts)
enoxaparin sodium	30 mg/0.3 ml syringe 40 mg/0.4 ml syringe 60 mg/0.6 ml syringe 80 mg/0.8 ml syringe 100 mg/ml syringe 120 mg/0.8 ml syringe 150 mg/ml syringe	<ul style="list-style-type: none"> Update QL = 10.2/31 (30 mg) Update QL = 13.6/31 (40 mg) Update QL = 20.4/31 (60 mg) Update QL = 27.2/31 (80 mg) Update QL = 34/31 (100 mg) Update QL = 27.2/31 (120 mg) Update QL = 34/31 (150 mg)
Estrace	0.01% cream applicator	<ul style="list-style-type: none"> RF
estradiol	0.01% cream applicator	<ul style="list-style-type: none"> AF
fosamprenavir calcium	700 mg tablet	<ul style="list-style-type: none"> AF QL = 124/31
Fosrenol	500 mg chewable tablet 750 mg chewable tablet 1000 mg chewable tablet	<ul style="list-style-type: none"> RF
glatiramer acetate	20 mg/ml syringe 40 mg/ml syringe	<ul style="list-style-type: none"> AF PA
Gocovri (amantadine)	68.5 mg extended release capsule 137 mg extended release capsule	<ul style="list-style-type: none"> AF PA (New Starts) QL = 31/31 (68.5 mg) QL = 62/31 (137 mg)
haloperidol decanoate	100 mg/ml vial	<ul style="list-style-type: none"> AF
Havrix (hepatitis A virus vaccine)	720 EL U/0.5ml vial 1440 EL U/ml syringe	<ul style="list-style-type: none"> AF

Herceptin (trastuzumab)	150 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Idhifa (enasidenib mesylate)	50 mg tablet 100 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 31/31
Invega Sustenna (paliperidone palmitate)	39 mg/0.25 ml syringe 78 mg/0.5 ml syringe 117 mg/0.75 ml syringe 156 mg/ml syringe 234 mg/1.5 ml syringe	<ul style="list-style-type: none"> • R-QL
Invega Trinza (paliperidone palmitate)	273 mg/0.875 ml syringe 410 mg/1.315 ml syringe 546 mg/1.75 ml syringe 819 mg/2.625 ml syringe	<ul style="list-style-type: none"> • R-QL
Invokamet XR (canaflozolin/metformin)	150 mg/1000 mg tablet 150 mg/500 mg tablet 50 mg/1000 mg tablet 50 mg/500 mg tablet	<ul style="list-style-type: none"> • AF
Juluca (dolutegravir/rilpivirine)	50 mg/25 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
Kadcyla (ado/trastuzumab emtansine)	160 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
lanthanum carbonate	500 mg chewable tablet 750 mg chewable tablet 1000 mg chewable tablet	<ul style="list-style-type: none"> • AF
Lartruvo (olaratumab)	190 mg/19 ml vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Lexiva	700 mg tablet	<ul style="list-style-type: none"> • RF
Lupron Depot-Ped (leuprolide acetate)	30 mg syringe kit	<ul style="list-style-type: none"> • AF • PA
Lynparza (olaparib)	100 mg tablet 150 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
Mavyret (glecaprevir/pibrentasvir)	100 mg/40 mg tablet	<ul style="list-style-type: none"> • AF • PA • QL = 93/31
medroxyprogesterone acetate	150 mg/ml syringe	<ul style="list-style-type: none"> • AF
meropenem	1 g vial	<ul style="list-style-type: none"> • AF
meropenem/0.9% nacl	1 g/50 ml piggyback	<ul style="list-style-type: none"> • AF
methotrexate sodium	25 mg/ml pre-filled vial	<ul style="list-style-type: none"> • PA (B vs D)
methylphenidate ER	30 mg cpbb 50-50	<ul style="list-style-type: none"> • AF • PA
moxifloxacin	0.5% drops	<ul style="list-style-type: none"> • AF

Mylotarg (gemtuzumab ozogamicin)	4.5 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
naloxone	0.4 mg/ml vial	<ul style="list-style-type: none"> • AF
Nerlynx (neratinib maleate)	40 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 186/31
Opdivo (nivolumab)	100 mg/10 ml vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
oseltamivir	6 mg/ml reconstituted suspension	<ul style="list-style-type: none"> • AF
oxaliplatin	100 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
PEG 3350-electrolyte (peg 3350/sodium sulfate/bicarbonate/cl/kcl)	240/22.72 g reconstituted solution	<ul style="list-style-type: none"> • AF
piperacillin/tazobactam	2.25 g vial port 2.25 g vial	<ul style="list-style-type: none"> • AF
Prevymis (letermovir)	240 mg/12 ml vial 240 mg tablet 480 mg/24 ml vial 480 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
Qvar (beclomethasone)	40 mcg aerosol w/adaptor 80 mcg aerosol w/adaptor	<ul style="list-style-type: none"> • R-QL
Radicava (edaravone)	30 mg/100 ml piggyback	<ul style="list-style-type: none"> • AF • PA (New Starts)
Rayaldee (calcifediol)	30 mcg capsule	<ul style="list-style-type: none"> • AF • PA • QL = 62/31
Renflexis (infliximab/abda)	100 mg vial	<ul style="list-style-type: none"> • AF • PA
Renvela	800 mg tablet	<ul style="list-style-type: none"> • RF
Reyataz	150 mg capsule 200 mg capsule 300 mg capsule	<ul style="list-style-type: none"> • RF
Risperdal Consta (risperidone microspheres)	12.5 mg/2 ml syringe 25 mg/2 ml syringe 37.5 mg/2 ml syringe 50 mg/2 ml syringe	<ul style="list-style-type: none"> • R-QL
Rituxan (rituximab)	10 mg/ml vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Rowepra XR (levetiracetam)	500 mg extended-release tablet 750 mg extended-release tablet	<ul style="list-style-type: none"> • AF
Sabril	500 mg powder pack	<ul style="list-style-type: none"> • RF
scopolamine	1 mg/3 day transdermal patch	<ul style="list-style-type: none"> • AF • QL = 10/30

Selzentry (maraviroc)	20 mg/ml solution	<ul style="list-style-type: none"> • AF • QL = 1860/31
sevelamer carbonate	800 mg tablet	<ul style="list-style-type: none"> • AF • PA
Shingrix (varicella/zoster ge/AS01b)	50 mcg/0.5 ml pre-filled kit	<ul style="list-style-type: none"> • AF
Solu-Medrol (methylprednisolone sodium)	1000 mg/8ml pre-filled vial	<ul style="list-style-type: none"> • PA (B vs D)
Steglatro (ertuglifozin pidolate)	5 mg tablet 15 mg tablet	<ul style="list-style-type: none"> • AF • ST
Steglujan (ertuglifozin/sitagliptin)	5 mg/100 mg tablet 15 mg/100 mg tablet	<ul style="list-style-type: none"> • AF • ST
Stelara (ustekinumab)	45 mg/0.5ml vial	<ul style="list-style-type: none"> • AF
Stiolto Respimat (tiotropium/olodaterol)	2.5 mcg/2.5 mcg mist inhaler	<ul style="list-style-type: none"> • AF • QL = 4/30
Sustiva	50 mg capsule	<ul style="list-style-type: none"> • RF
tenofovir disoproxil fumarate	300 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
testosterone	30 mg/1.5 ml solution pump	<ul style="list-style-type: none"> • AF • PA
Tracleer (bosentan)	32 mg tablet	<ul style="list-style-type: none"> • AF • PA • QL = 124/31
Transderm-Scopolamine	1 mg/3-day transdermal patch	<ul style="list-style-type: none"> • RF
Treanda (bendamustine)	25 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Trisenox (arsenic trioxide)	12 mg/6 ml vial	<ul style="list-style-type: none"> • AF • PA (B vs D)
Twinrix (hepatitis A and B vaccine)	720 EL U-20 mcg/1 ml pre-filled syringe	<ul style="list-style-type: none"> • AF
Vaqta (hepatitis A virus vaccine)	25 U/0.5ml pre-filled vial 50 U/ml pre-filled vial	<ul style="list-style-type: none"> • AF
Verzenio (abemaciclib)	50 mg tablet 100 mg tablet 150 mg tablet 200 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 62/31
vigabatrin	500 mg powder pack	<ul style="list-style-type: none"> • AF • PA (New Starts)
Vigamox	0.5% drops	<ul style="list-style-type: none"> • RF
Viread	300 mg tablet	<ul style="list-style-type: none"> • RF
Vosevi (sofosbuvir/velpatas/voxilaprev)	400 mg/100 mg tablet	<ul style="list-style-type: none"> • AF • PA • QL = 31/31

Vyxeos (daunorubicin/cytarabine lipos)	44 mg/100 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
Xatmep (methotrexate)	2.5 mg/ml solution	<ul style="list-style-type: none"> • AF • PA (New Starts)
Zenpep (lipase/protease/amylase)	20000 U/63000 U/84000 U delayed-release capsule 40000 U/126000 U/168000 U delayed-release capsule	<ul style="list-style-type: none"> • AF

NOTE: Listed below are **ONLY** revisions that were approved. For criteria details please reference the Prior Authorization Table.

IEHP PRIOR AUTHORIZATION REVISED CRITERIA	
Drug Name	Medi-Cal PA Criteria Revision
Auryxia (ferric citrate)	<p>Covered Use: Hyperphosphatemia in CKD on dialysis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet ALL of the following requirements:</p> <ol style="list-style-type: none"> a. Documented hyperphosphatemia (greater than 4.5 mg per dL) b. Failure or clinically significant adverse effects to formulary Renagel or Renvela tablet c. Must meet "1" of the following requirements: <ol style="list-style-type: none"> i. Trial and failure of calcium acetate ii. Elevated corrected calcium level greater than 9.5 mg per dL iii. Low iPTH level (below laboratory reference range) with normal or elevated serum calcium associated with adynamic bone disease iv. Documentation of vascular calcification. <p>Age Restriction: N/A</p> <p>Prescriber Restriction: Nephrologist (new start only)</p> <p>Coverage Duration: 365 days</p> <p>Covered Use: Iron deficiency anemia in chronic kidney disease not on dialysis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information:</p> <p>Must meet ALL of the following requirements:</p> <ol style="list-style-type: none"> a. Failure or clinically significant adverse effects to "2" of the following: <ol style="list-style-type: none"> i. Ferrous gluconate ii. Ferrous sulfate iii. Ferrous fumarate b. Documentation of low iron store (serum ferritin less than or equal to 500 ng per mL and serum transferrin saturation (TSAT) less than or equal to 30 percent) within the past 3 months (90 days). <p>Age Restriction: N/A</p> <p>Prescriber Restriction: Nephrologist (new start only)</p> <p>Coverage Duration: 365 days</p>
betaxolol	<p>Covered Use: Open-angle glaucoma or ocular hypertension</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p>

	<p>a. Failure or clinically significant adverse effects to “2” of the following:</p> <ul style="list-style-type: none"> i. Levobunolol ii. Metipranolol or iii. Formulary timolol product <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days Reauthorization Criteria:</p>
Betimol (timolol)	<p>Covered Use: Open-angle glaucoma or ocular hypertension Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to “2” of the following:</p> <ul style="list-style-type: none"> i. Levobunolol ii. Metipranolol or iii. Formulary timolol product <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
ezetimibe	<p>Covered Use: Hyperlipidemia or Hypercholesterolemia Exclusion Criteria: CCS eligible Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to “2” of the following:</p> <ul style="list-style-type: none"> i. Atorvastatin ii. Lovastatin iii. Pravastatin iv. Rosuvastatin v. Simvastatin <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p> <p>Covered Use: Homozygous Stitosterolemia or Homozygous Familial Hypercholesterolemia (HoFH) Exclusion Criteria: CCS eligible Required Medical Information: Confirmed diagnosis Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
ezetimibe-simivistatin	<p>Covered Use: Hyperlipidemia: Hypercholesterolemia or Dyslipidemia Exclusion Criteria: CCS eligible Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to “1” of the following:</p> <ul style="list-style-type: none"> i. Atorvastatin 40mg ii. Atorvastatin 80 mg iii. Rosuvastatin <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p> <p>Covered Use: Homozygous Familial Hypercholesterolemia</p>

	<p>Exclusion Criteria: CCS eligible Required Medical Information: Confirmed diagnosis Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
fluvastatin	<p>Covered Use: Hyperlipidemia: Hypercholesterolemia, Dyslipidemia or Heterozygous Familial, Hypercholesterolemia or Secondary prevention of Cardiovascular disease Exclusion Criteria: N/A Required Medical Information: Must meet the following requirements: a. Failure or clinically significant adverse effects to “2” of the following: i. Atorvastatin ii. Lovastatin iii. Pravastatin iv. Rosuvastatin v. Simvastatin Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
Livalo (Pitavastatin)	<p>Covered Use: Hyperlipidemia: Hypercholesterolemia or Dyslipidemia Exclusion Criteria: N/A Required Medical Information: Must meet the following requirements: a. Failure or clinically significant adverse effects to “2” of the following: i. Atorvastatin ii. Lovastatin iii. Pravastatin iv. Rosuvastatin v. Simvastatin Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
Radicava (edaravone)	<p>Covered Use: Treatment of Amyotrophic Lateral Sclerosis Exclusion Criteria: CCS eligible Required Medical Information: Must meet ALL of the following requirements: a. Documented disease duration of two years or less; b. Documentation of normal respiratory function (FVC percentage equal to or greater than 80 percent); c. Documentation that member has functionality for most activities of daily living [scores of 2 points or better on each item of the ALS Functional Rating Scale-Revised (ALSFRR-R)]; d. Concurrent use with riluzole or clinically significant adverse effects to riluzole e. Clinical review by IEHP pharmacist Age Restriction: 18 year of age or older Prescriber Restriction: Neurologist Coverage Duration: 180 days</p>
Welchol (colesevelam)	<p>Covered Use: Hyperlipidemia Exclusion Criteria: N/A Required Medical Information: Must meet ALL of the following</p>

	<p>requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the following: <ul style="list-style-type: none"> i. Cholestyramine b. Failure or clinically significant adverse effects to “1” of the following: <ul style="list-style-type: none"> i. Atorvastatin ii. Lovastatin iii. Pravastatin iv. Rosuvastatin v. Simvastatin <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p> <p>Covered Use: Diabetes Mellitus Type 2 Exclusion Criteria: N/A Required Medical Information: Must meet ALL of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the following: <ul style="list-style-type: none"> i. Metformin b. Failure or clinically significant adverse effects to “2” of the following: <ul style="list-style-type: none"> i. Acarbose ii. Glimepiride iii. Glipizide iv. Glipizide/metformin v. Glyburide vi. Glyburide/metformin vii. Januvia viii. Janumet ix. Invokana x. Invokamet xi. Alogliptin xii. Alogliptin/metformin xiii. Pioglitazone <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 365 days</p>
<p>Zigran (ganciclovir)</p>	<p>Covered Use: Herpetic keratitis Exclusion Criteria: N/A Required Medical Information: Must meet “1 of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to trifluridine b. Prescribed by an ophthalmologist or optometrist <p>Age Restriction: N/A Prescriber Restriction: N/A Coverage Duration: 30 days</p>

Prior Authorization table available at: www.iehp.org > For Providers > Pharmaceutical Services > Clinical Information > PA Drug Treatment Criteria

CLINICAL PRACTICE GUIDELINE UPDATES	
Clinical Practice Guideline	Academy/Association
Intravenous Immunoglobulin in the treatment of neuromuscular disorders	<ul style="list-style-type: none"> American Academy of Neurology (2012)
Nonpharmacologic and pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee	<ul style="list-style-type: none"> American College of Rheumatology (2012)
Pharmacologic treatment for episodic migraine prevention in adults	<ul style="list-style-type: none"> American Academy of Neurology (2012)

For any questions, suggestions, or if you would like a printed copy of the IEHP Formulary Book or Clinical Practice Guideline, please call us at (909) 890-2049. As a reminder, the updated formulary information and Clinical Practice Guidelines are available at www.iehp.org.

Sincerely,

IEHP Pharmaceutical Services