



A Public Entity

Inland Empire Health Plan

<h1>PHARMACY TIMES</h1> <p>BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT</p> <p>October 1, 2018</p>
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IEHP FORMULARY CHANGES: October 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 August 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
Admelog	100 Unit/mL Vial	• AF
Admelog Solostar	100 unit/mL	• AF
Alomide	0.1 % eye drops	• RF
azelastine	0.05 % eye drops	• AF
cefuroxime axetil	250 mg tablet 500 mg tablet	• AF
DeVilbliss	compact compressor pulmo-aide compressor pulmo-mate compressor	• AF • QL = 1/365

ezetimibe	10 mg tablet	<ul style="list-style-type: none"> • AF
flecainide	50 mg tablet 100 mg tablet 150 mg tablet	<ul style="list-style-type: none"> • AF
fluoxetine	10 mg tablet 20 mg tablet	<ul style="list-style-type: none"> • RF
fluvoxamine	25 mg tablet 50 mg tablet 100 mg tablet	<ul style="list-style-type: none"> • AF
ibandronate sodium	150 mg tablet	<ul style="list-style-type: none"> • AF • QL = 1/30
Kadian	200 mg capsule, extended release	<ul style="list-style-type: none"> • RF
levetiracetam	ER 500 mg tablet 24 hr. ER 750 mg tablet 24 hr.	<ul style="list-style-type: none"> • AF
methylphenidate	ER 20 mg capsule biphasic 50-50 ER 30 mg capsule biphasic 50-50 ER 40 mg capsule biphasic 50-50	<ul style="list-style-type: none"> • AF • QL = 30/30
methylphenidate	LA 10 mg capsule biphasic 50-50 LA 20 mg capsule biphasic 50-50 LA 30 mg capsule biphasic 50-50 LA 40 mg capsule biphasic 50-50 LA 60 mg capsule biphasic 50-50	<ul style="list-style-type: none"> • AF • QL = 30/30
morphine sulfate	5 mg rectal suppository 10 mg rectal suppository 20 mg rectal suppository 30 mg rectal suppository	<ul style="list-style-type: none"> • RF
morphine sulfate	ER 10 mg capsule pellets ER 20 mg capsule pellets ER 50 mg capsule pellets ER 60 mg capsule pellets ER 80 mg capsule pellets ER 100 mg capsule pellets	<ul style="list-style-type: none"> • RF
morphine sulfate	ER 45 mg capsule 24 hr. multiphase ER 75 mg capsule 24 hr. multiphase ER 90 mg capsule 24 hr. multiphase	<ul style="list-style-type: none"> • RF

	ER 120 mg capsule 24 hr. multiphase	
multi-vitamin with fluoride	0.5 mg/mL oral drops	• AF
oxycodone-aspirin	4.8355 mg-325 mg tablet	• RF
Ozempic	0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector 1 mg/0.75 mL (2 mg/1.5 mL) subcutaneous pen injector	• AF • ST • QL= 3ml/28 (1mg) • QL=1.5ml/28 (0.25mg or 0.5mg)
pedia tri-vite	750 unit-35 mg-400 unit/mL oral drops	• AF
Poly-Vi-Sol with Iron	750 unit-400 unit-10 mg/mL oral drops	• AF
Pulmo-aide	compressor	• AF • QL = 1/365
rizatriptan	5 mg disintegrating tablet 10 mg disintegrating tablet	• AF • QL = 12/30
Sunrise	compressor-nebulizer	• AF • QL = 1/365
tacrolimus	0.5 mg capsule 1 mg capsule 5 mg capsule	• AF
torseamide	5 mg tablet 10 mg tablet 20 mg tablet 100 mg tablet	• AF

IEHP MEDICARE FORMULARY UPDATES		
Drug Name	Strength & Dosage Form	Status Change
abacavir sulfate	20 mg/ml solution	• AF • QL = 930/31
Abilify Maintena	400 mg suser vial	• AF • PA (New Starts) • QL = 1/28
Alimta	100 mg vial	• AF • PA (New Starts)
benznidazole	12.5 mg tablet 100 mg tablet	• AF • PA (New Starts)
Biktarvy	50/200/25 tablet	• AF • QL = 31/31
ciprofloxacin hcl	0.002 droperette	• AF

colesevelam hcl	625 mg tablet	<ul style="list-style-type: none"> • AF
Daliresp	250 mcg tablet	<ul style="list-style-type: none"> • AF • PA
Digox	125 mcg tablet 250 mcg tablet	<ul style="list-style-type: none"> • AF • PA
efavirenz	200 mg capsule 600 mg tablet	<ul style="list-style-type: none"> • AF • QL=124/31(capsule) • QL=31/31 (tablet)
Endari	5 g powder pack	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 180/30
Fabrazyme	5 mg vial	<ul style="list-style-type: none"> • AF • PA
flavoxate hcl	100 mg tablet	<ul style="list-style-type: none"> • AF
Gabitril	12 mg tablet 16 mg tablet	<ul style="list-style-type: none"> • RF
Gentak	0.003 ointment (g)	<ul style="list-style-type: none"> • AF
Glatopa	40 mg/ml syringe	<ul style="list-style-type: none"> • AF • PA
Haegarda	2000-unit vial 3000-unit vial	<ul style="list-style-type: none"> • AF • PA
Humira	40 mg/0.4 ml pen injection kit 10 mg/0.1 ml syringe kit 20 mg/0.2 ml syringe kit 40 mg/0.4 ml syringe kit	<ul style="list-style-type: none"> • AF • PA
Humira Pediatric Crohn's	80 mg /40 mg syringe kit 80 mg/0.8 ml syringe kit	<ul style="list-style-type: none"> • AF • PA
ibandronate sodium	150 mg tablet	<ul style="list-style-type: none"> • AF • QL = 1/28
ibuprofen	600 mg tablet 800 mg tablet	<ul style="list-style-type: none"> • AF
Ilaris	150 mg/ml vial	<ul style="list-style-type: none"> • AF • PA
Imbruvica	70 mg tablet 140 mg tablet 280 mg tablet 420 mg tablet 560 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 31/31
Intron A	10 mm/ml vial	<ul style="list-style-type: none"> • AF
Isentress HD	600 mg tablet	<ul style="list-style-type: none"> • AF • QL = 62/31
isotretinoin	10 mg capsule 20 mg capsule 30 mg capsule	<ul style="list-style-type: none"> • AF • PA

	40 mg capsule	
Jynarque	45 mg/15 mg tablet seq 60 mg/30 mg tablet seq 90 mg/30 mg tablet seq	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 56/28
levoleucovorin calcium	50 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
loxapine succinate	5 mg capsule 10 mg capsule	<ul style="list-style-type: none"> • AF
Makena	275 mg/1.1 ml auto injector	<ul style="list-style-type: none"> • AF • PA (New Starts)
memantine hcl er	7 mg capsule sprinkle 24 hr 14 mg capsule sprinkle 24 hr 21 mg capsule sprinkle 24 hr 28 mg capsule sprinkle 24 hr	<ul style="list-style-type: none"> • AF • ST • QL = 31/31
methotrexate sodium	25 mg/ml vial	<ul style="list-style-type: none"> • AF • PA (B vs D)
methylphenidate hcl er	10 mg Cpbp 50/50	<ul style="list-style-type: none"> • AF • PA
naloxone hcl	0.4 mg/ml syringe	<ul style="list-style-type: none"> • AF
Namenda XR	7 mg capsule sprinkle 24 hr 14 mg capsule sprinkle 24 hr 21 mg capsule sprinkle 24 hr 28 mg capsule sprinkle 24 hr	<ul style="list-style-type: none"> • RF
neomycin sulfate/bacitracin/polymyxin	3.5 mg/400 ointment (g)	<ul style="list-style-type: none"> • AF
Norvir	100 mg tablet	<ul style="list-style-type: none"> • RF
Norvir	100 mg powder pack	<ul style="list-style-type: none"> • AF • QL = 372/31
Orfadin	20 mg capsule	<ul style="list-style-type: none"> • AF • PA (New Starts)
Qvar RediHaler	40 mcg hfa 80 mcg hfa	<ul style="list-style-type: none"> • AF • QL = 21.2/30
ritonavir	100 mg tablet	<ul style="list-style-type: none"> • AF • QL = 372/31
rosuvastatin calcium	5 mg tablet 10 mg tablet 20 mg tablet 40 mg tablet	<ul style="list-style-type: none"> • AF
Rubraca	250 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
Segluromet	2.5/1000 mg tablet 2.5/500 mg tablet 7.5/1000 mg tablet 7.5/500 mg tablet	<ul style="list-style-type: none"> • AF • ST
Sustiva	200 mg capsule 600 mg capsule	<ul style="list-style-type: none"> • RF

Sylvant	400 mg vial	<ul style="list-style-type: none"> • AF • PA (New Starts)
Symdeko	100/150 mg tablet seq	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 56/28
Symfi	600/300 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
Symfi Lo	400/300 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
Synagis	100 mg/ml vial	<ul style="list-style-type: none"> • AF • PA
Syprine	250 mg capsule	<ul style="list-style-type: none"> • RF
Tasigna	50 mg capsule	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 124/31
Tavalisse	100 mg tablet 150 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts)
testosterone	25 mg (1%) gel packet 50 mg (1%) gel packet	<ul style="list-style-type: none"> • AF • PA
tiagabine hcl	12 mg tablet 16 mg tablet	<ul style="list-style-type: none"> • AF
trientine hcl	250 mg capsule	<ul style="list-style-type: none"> • AF • PA
tropium chloride	20 mg tablet	<ul style="list-style-type: none"> • AF
valsartan	40 mg tablet 80 mg tablet 160 mg tablet 320 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
valsartan/hydrochlorothiazide	80/12.5 mg tablet 160/12.5 mg tablet 320/12.5 mg tablet 160/25 mg tablet 320/25 mg tablet	<ul style="list-style-type: none"> • AF • QL = 31/31
Videx	125 mg capsule dr	<ul style="list-style-type: none"> • AF • QL = 31/31
Viramune	50 mg/5 ml oral suspension	<ul style="list-style-type: none"> • AF • QL = 1240/31
Welchol	625 mg tablet	<ul style="list-style-type: none"> • RF
Zenpep	25K/79K/105K capsule dr 5K/17K/24K capsule dr 10K/32K/42K capsule dr	<ul style="list-style-type: none"> • AF
Ziagen	20 mg/ml solution	<ul style="list-style-type: none"> • RF

Zytiga	500 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL = 62/31
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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/Drug Class	Medi-Cal PA Criteria Revision
Abstral	REAUTHORIZATION CRITERIA <ul style="list-style-type: none"> • For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
almotriptan	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised formulary alternatives to include rizatriptan ODT
Antineoplastic Drug Class	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> • Added criteria of NCCN recommended regimen of category 2B or above
Antivert	REMOVING INDICATION <ul style="list-style-type: none"> • Removed the indication of management of nausea and vomiting, and dizziness associated with motion sickness, per FDA
Aptiom	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised covered uses and list of formulary alternatives • Updated prescriber restriction to neurologist for new start only
Aubagio	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised NF preferred: preferred is glatiramer
Austedo	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Remove off label alternative • Revised PA criteria for Huntington chorea to prefer tetrabenazine
Avonex	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised NF preferred: preferred is glatiramer
Banzel	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised covered use to seizure • Updated prescriber restriction to neurologist for new start only
Betaseron	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> • Revised NF preferred: preferred is glatiramer

Botox	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added new criteria for the indication of Bladder dysfunction
Briviact	NEW DRUG INDICATION AND PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> New indication: For the treatment of partial onset seizures (POS) to include patients 4 years to 15 years of age Revised covered uses and list of formulary alternatives Updated prescriber restriction to neurologist for new start only
Bydureon	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added Ozempic to formulary alternative requirement
Byetta	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added Ozempic to formulary alternative requirement
Cimzia	NEW DRUG INDICATION <ul style="list-style-type: none"> Indicated for treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy
Daytrana	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added methylphenidate LA and methylphenidate ER to list of formulary alternatives
desvenlafaxine ER	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised prescriber restriction to psychiatrist for new start only
Dificid	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Updated criteria per IDSA guidelines: removed metronidazole trial requirement
eletriptan	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised formulary alternatives to include rizatriptan ODT
Euflexxa	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised document heading to indicate medical benefit for Medi-Cal only
Extavia	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised NF preferred: preferred is glatiramer
fentanyl	REAUTHORIZATION CRITERIA (only on quantity limits greater than 10 patches per 30 days) <ul style="list-style-type: none"> Revised reauthorization criteria for chronic severe non-malignant, non-palliative pain to include all of the following requirements: <ol style="list-style-type: none"> Member is currently on a stable regimen and on target with treatment plan to achieve pain goals (e.g. improved function, ability to work or ability to perform daily living activities or reduced sleep disturbance or as needed medication use, etc.)

	<ul style="list-style-type: none"> b. Documentation that the pain contract terms are met, and CURES was reviewed in the last month c. Documentation that a random drug screen has been performed within the past 12 months
fentanyl lozenge	<p>REAUTHORIZATION CRITERIA</p> <ul style="list-style-type: none"> • For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
Fentora	<p>REAUTHORIZATION CRITERIA</p> <ul style="list-style-type: none"> • For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
Fetzima	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised prescriber restriction to psychiatrist for new start only
frovatriptan	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised formulary alternatives to include rizatriptan ODT
Fycompa	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised covered uses and list of formulary alternatives • Updated prescriber restriction to neurologist for new start only
Gel-One	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised document heading to indicate medical benefit for Medi-Cal only
Gel-Syn	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised document heading to indicate medical benefit for Medi-Cal only
Genvisc 850	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised document heading to indicate medical benefit for Medi-Cal only
Gilenya	<p>NEW DRUG INDICATION AND PRIOR AUTHORIZATION CRITERIA UPDATE</p>

	<ul style="list-style-type: none"> • New indication: relapsing forms of multiple sclerosis in pediatric patients 10 years of age and above • Revised Non-preferred: preferred is glatiramer
glatiramer	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised NF preferred: preferred is glatiramer
Glatopa	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised NF preferred: preferred is glatiramer
Hyalgan	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised document heading to indicate medical benefit for Medi-Cal only
Hymovis	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Revised document heading to indicate medical benefit for Medi-Cal only
Ingrezza	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • Remove off label alternative • Revised PA criteria for Huntington chorea to prefer tetrabenazine
IVIG, SCIG	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> • For acute or chronic inflammatory demyelinating neuropathy: rapidly progressive form of the disease needs to be substantiated by “1” of the following: deterioration pulmonary function test, severe disease requiring aid to walk or significant functional disability • Added covered use a criteria for bone marrow transplant, solid organ transplant and multiple sclerosis • For ITP: added documentation of platelet counts persistently at or below 20,000 per cubic millimeter
Lazanda	<p>REAUTHORIZATION CRITERIA</p> <ul style="list-style-type: none"> • For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
Lyrica	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> • Indicated for adjunctive therapy in the treatment of partial onset seizures (POS) to include pediatric patients 4 years to 16 years of age • Extended indication for patients aged 4 years to 16 years • No change to current criteria

Monovisc	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised document heading to indicate medical benefit for Medi-Cal only
naratriptan	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised formulary alternatives to include rizatriptan ODT
Neupro	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added new criteria for Restless Leg Syndrome
Onfi	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised covered use to seizure Updated prescriber restriction to neurologist for new start only
Onsolis	REAUTHORIZATION CRITERIA <ul style="list-style-type: none"> For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
Orthovisc	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised document heading to indicate medical benefit for Medi-Cal only
Pazeo	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Adjusted formulary alternative to include formulary azelastine and requiring trial and failure of 2 formulary alternatives for all providers
Plegridy	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised NF preferred: preferred is glatiramer
Quillichew ER	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added methylphenidate LA and methylphenidate ER to list of formulary alternatives
Quillivant XR	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added methylphenidate LA and methylphenidate ER to list of formulary alternatives
Rebif	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised NF preferred: preferred is glatiramer
Rituxan	NEW DRUG INDICATION

	<ul style="list-style-type: none"> For the treatment of adult patients with moderate to severe pemphigus vulgaris (PV) <p>PRIOR AUTHORIZATION UPDATE</p> <ul style="list-style-type: none"> Added criteria for Idiopathic Thrombocytopenia Purpura (ITP)
Sabril	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Revised covered uses and list of formulary alternatives Updated prescriber restriction to neurologist for new start only
Signifor LAR	<p>NEW DRUG INDICATION AND PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Indicated for the treatment of patients with Cushing’s disease for whom pituitary surgery is not an option or has not been curative Updated PA criteria by adding new FDA indication of Cushing Syndrome
Soliqua	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Added Ozempic to formulary alternative requirement
Spinraza	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Revised criteria per latest CCS Policy Revised documentation of clinical signs of SMA to include: (e.g. failure to meet motor milestones, level of function necessary to preserve communication, for instance finger or eye movements in response to prompt by examiner) Added additional neuromotor assessment for sitters: Revised Upper Limb Module (RULM)
Subsys	<p>REAUTHORIZATION CRITERIA</p> <ul style="list-style-type: none"> For the indication of management of breakthrough pain in cancer patients undergoing chemotherapy, the reauthorization criteria was revised from the standard reauthorization criteria to include confirmation of diagnosis, documentation of pain contract terms are met, and CURES was reviewed in the last month and documentation that a random drug screen has been performed within the past 12 months
sumatriptan injectable	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Revised formulary alternatives to include rizatriptan ODT
Synagis	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Updated years to 2018-2019, ad RSV season duration to November 1, 2018 through March 31, 2019
Tecfidera	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Revised NF preferred: preferred is glatiramer
tetrabenazine	<p>PRIOR AUTHORIZATION CRITERIA UPDATE</p> <ul style="list-style-type: none"> Remove off label alternative Revised PA criteria for Huntington chorea to prefer tetrabenazine

Trintellix	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised prescriber restriction to psychiatrist for new start only
Trulicity	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added Ozempic to formulary alternative requirement
vancomycin oral capsule	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Updated criteria per IDSA guidelines: removed metronidazole trial requirement
Victoza	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added Ozempic to formulary alternative requirement
Viibryd	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised prescriber restriction to psychiatrist for new start only
Vimpat	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised covered uses and list of formulary alternatives Updated prescriber restriction for new start only
Vytorin	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised formulary alternative to include ezetimibe
Vyvanse	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added methylphenidate LA to the list of formulary alternatives due to methylphenidate LA being added to the formulary
Xeomin	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Added new criteria for sialorrhea due to new drug indication
Xyrem	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised criteria of documentation of sleep study (e.g. MSLT) confirming the diagnosis of narcolepsy and excluding other causes of chronic daytime sleepiness Added documentation of functional impairment due to narcolepsy which may include limitation of daily living activities Removed off labeled dexmethylphenidate
zolmitriptan	PRIOR AUTHORIZATION CRITERIA UPDATE <ul style="list-style-type: none"> Revised formulary alternatives to include rizatriptan ODT

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	Status
ADHD Adult	National Institute for Health and Care Excellence- 2008	Retired
ADHD Pediatric	American Academy of Pediatrics (2011)	Renew
Depression- Pediatric	American Academy of Pediatrics (2010)	Renew
Episodic Migraine- Prevention in Adults	The American Academy of Neurology (2012)	Renew
Fibromyalgia	European League Against Rheumatism (2016)	Retired
Hepatitis C	American Association for the Study of Liver Diseases and Infectious Diseases Society of America (2018)	Update
Immunoglobulin	American Academy of Allergy, Asthma & Immunology (2017)	Update
Major Depressive Disorder	American Psychiatric Association (2010)	Renew
Multiple Sclerosis	American Academy of Neurology (2018)	Update
Osteoarthritis	American College of Rheumatology (2012)	Renew
Pain Management	Centers for Disease Control and Prevention (2016) Medical Board of California (2013)	Renew
Psychotropic Medication- Pediatrics	California Department of Social Services and Department of Health Care Services (2015)	Renew
Respiratory Syncytial Virus	American Academy of Pediatrics (2014)	Renew
Rheumatoid Arthritis	American College of Rheumatology (2015)	Renew
Sexually Transmitted Diseases	Centers for Disease Control and Prevention (2015)	Renew
Smoking Cessation	U.S. Department of Health and Human Services (2008)	Renew

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