A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

April 1, 2019

IEHP FORMULARY CHANGES: April 2019 P&T UPDATE

We would like to inform you of the following changes to the 2019 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in February 2019.

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
R-C1 = Remove Code 1 restriction

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 Effective April 1, 2019 Please note certain medications have different effective dates.		
Drug Name	**Strength & Dosage Form**	**Status Change**
albuterol sulfate HFA	90 mcg/inhalation	• AF • QL = 36 grams/30 ds
amiloride	5 mg tablet	• AF
amiloride/hydrochlorothiazide	5 mg/50 mg tablet	• AF
amlodipine/valsartan	5 mg/160 mg tablet 5 mg/320 mg tablet 10 mg/160 mg tablet 10 mg/320 mg tablet	• AF • QL = 30/30 ds

Anoro Ellipta (umeclidinium/vilanterol) **(Effective 05/01/2019)**	62.5 mcg/1 actuation-25 mcg/1 actuation inhalation powder	• AF • QL = 60 blisters/30 ds • ST
Asmanex Twisthaler (mometasone furoate)	110 mcg/1 inhalation powder (30) 220 mcg/1 inhalation powder (30) 220 mcg/1 inhalation powder (60) 220 mcg/1 inhalation powder (120)	• QL = 1 device/30 days
Aspercreme (lidocaine)	4% topical patch	• QL = 30/30 ds
Brilinta (ticagrelor)	60 mg tablet 90 mg tablet	• AF • PA • QL = 60/30 ds
Brovana (arformoterol) **(Effective 05/01/2019)**	15 mcg/2 mL inhalation solution	• AF • ST
Corlanor (ivabradine)	5 mg tablet 7.5 mg tablet	• AF • PA
desmopressin	0.1 mg tablet 0.2 mg tablet	• R-C1
Eliquis (apixaban) **(Effective 05/01/2019)**	2.5 mg tablet 5 mg tablet 5 mg tablet starter pack	• R-C1 • QL = 60/30 ds (2.5 mg, 5mg) • QL = 1 pack/30 ds (starter pack)
enalapril/hydrochlorothiazide	5 mg/12.5 mg tablet 10 mg/25 mg tablet	• AF
ethacrynic acid	25 mg tablet	• RF
fexofenadine	30 mg/5 mL oral suspension 60 mg tablet 180 mg tablet	• AF • QL = 60/30 ds (60 mg) • QL = 30/30 ds (180 mg)
fluticasone/salmeterol **(Effective 05/01/2019)**	100/50 inhalation disk 250/50 inhalation disk 500/50 inhalation disk	• AF • QL = 60/30 ds • ST
fosinopril	10 mg tablet 20 mg tablet 40 mg tablet	• AF
Glyxambi (empagliflozin/linagliptin) **(Effective 05/01/2019)**	10 mg/5 mg tablet 25 mg/5 mg tablet	• AF • ST • QL = 30/30 ds
hydrocodone bitartrate/homatropine methylbromide **(Effective 05/01/2019)**	5 mg-1.5 mg/5 mL syrup	• AR – less than 18 years of age

hydroxyprogesterone caproate	250 mg/mL PF vial	• AF • PA
Invokamet (canagliflozin/metformin) **(Effective 05/01/2019)**	50 mg/1000 mg tablet 50 mg/500 mg tablet 150 mg/500 mg tablet 150 mg/1000 mg tablet	• RF
Invokamet XR (canagliflozin/metformin xr) **(Effective 05/01/2019)**	50 mg/1000 mg XR tablet 50 mg/500 mg XR tablet 150 mg/500 mg XR tablet 150 mg/1000 mg XR tablet	• RF
Invokana (canagliflozin) **(Effective 05/01/2019)**	100 mg 300 mg	• RF
Jardiance (empagliflozin)	10 mg tablet 25 mg tablet	• AF • PA
levocetirizine	5 mg tablet	• AF • QL = 30/30 ds
misoprostol	100 mcg tablet 200 mcg tablet	• R-C1
montelukast	4 mg/1 pack granules	• AF • QL = 30/30 ds
omega-3-acid ethyl esters	1 GM capsule	• AF • PA
prasugrel	5 mg tablet 10 mg tablet	• AF • QL = 30/30 ds
progesterone	100 mg capsule 200 mg capsule	• AF
promethazine/codeine **(Effective 05/01/2019)**	6.25 mg-10 mg/5 mL syrup	• AR – less than 18 years of age
promethazine/phenylephrine/codeine **(Effective 05/01/2019)**	6.25 mg-5 mg-10 mg/5 mL syrup	• AR – less than 18 years of age
quinapril	5 mg tablet 10 mg tablet 20 mg tablet 40 mg tablet	• AF
QVAR Redihaler (beclomethasone dipropionate) **(Effective 05/01/2019)**	40 mcg inhalation 80 mcg inhalation	• QL = 10.6/30 ds
raloxifene	60 mg tablet	• AF
ramipril	1.25 mg capsule 2.5 mg capsule 5 mg capsule 10 mg capsule	• AF
Repatha (evolocumab)	140 mg/mL sureclick 140 mg/mL syringe 420 mg/3.5 mL pushtronex	• AF • PA

sildenafil	20 mg tablet	• AF • PA
somatropin	5.8 mg vial	• AF • PA
Synjardy (empagliflozin/metformin) **(Effective 05/01/2019)**	5 mg/500 mg tablet 5 mg/1000 mg tablet 12.5 mg/500 mg tablet 12.5 mg/1000 mg tablet	• AF • ST • QL = 60/30 ds
Synjardy XR (empagliflozin/metformin xr) **(Effective 05/01/2019)**	5 mg/1000 mg tablet 10 mg/1000 mg tablet 12.5 mg/1000 mg tablet 25 mg/1000 mg tablet	• AF • ST • QL = 60/30 ds (5 mg/1000 mg • QL = 30/30 ds (10 mg/1000 mg) • QL = 60/30 ds (12.5 mg/1000 mg) • QL = 30/30 ds (25 mg/1000 mg)
testosterone	12.5 mg/1.25 GM gel pump 25 mg (1%) gel packet 50 mg (1%) gel packet 50 mg (1%) gel (gram)	• AF • PA
testosterone cypionate	100 mg/mL vial 200 mg/mL vial	• R-C1
testosterone enanthate	200 mg/mL vial	• AF
triamterene	50 mg capsule	• RF
Victoza (liraglutide) **(Effective 05/01/2019)**	18 mg/3 mL pen (3 pack)	• AF • ST
Xarelto (rivaroxaban) **(Effective 05/01/2019)**	10 mg tablet 15 mg tablet 20 mg tablet 15 mg-20 mg tablet starter pack	• R-C1 • QL = 30/30 ds (10 mg) • QL = 60/30 ds (15 mg) • QL = 30/30 ds (20 mg) • QL = 1 pack/30 ds (starter pack)

IEHP MEDICARE FORMULARY UPDATES		
Drug Name	**Strength & Dosage Form**	**Status Change**
abiraterone acetate	250 mg tablet	• AF • PA (New Starts) • QL = 93/31 ds

Ampyra (dalfampridine)	10 mg tablet ER 12 hour	• RF
Androgel (testosterone)	20.25 mg/1.25 mL gel md pump	• RF
Arikayce (amikacin liposomal/nebulizer accessory)	590 mg/8.4 mL vial-nebulizer	• AF • PA (New Starts) • QL = 260.4/31 ds
Braftovi (encorafenib)	50 mg capsule 75 mg capsule	• AF • PA (New Starts) • QL = 186/31 ds
clindamycin phosphate	150 mg/mL vial 300 mg/2 mL vial port 900 mg/6 mL vial port	• AF
clobazam	2.5 mg/mL oral suspension 10 mg tablet 20 mg tablet	• AF • PA (New Starts) • QL = 496/31 ds (2.5mg/mL) • QL = 62/31 ds (10 & 20 mg)
colesevelam	3.75 G powder pack	• AF
Copiktra (duvelisib)	15 mg capsule 25 mg capsule	• AF • PA (New Starts) • QL = 56/28 ds
Cyred (desogestrel/ethinyl estradiol)	0.15 mg/0.03 mg tablet	• AF
Cyred EQ (desogestrel/ethinyl estradiol)	0.15 mg/0.03 mg tablet	• AF
dalfampridine er	10 mg tablet ER 12 hour	• AF • PA (New Starts)
Delstrigo (doravirine/lamivudine/tenovir disoproxil fumarate)	100 mg/300 mg/300 mg tablet	• AF • QL = 31/31 ds
Epidiolex (cannabidiol (CDB) extract)	100 mg/mL solution	• AF • PA (New Starts)
Ertapenem	1 G vial	• AF • PA
Invanz (ertapenem sodium)	1 G vial 1 G vial port	• RF
Itraconazole	10 mg/mL solution	• AF • PA
ledipasvir/sofosbuvir	90 mg/400 mg tablet	• AF • PA • QL = 31/31 ds
Lenvima (lenvatinib)	4 mg capsule 8 mg/day capsule 12 mg/day capsule 18 mg/day capsule	• AF • PA (New Starts) • QL = 30/30 ds (4 mg)

		• QL = 60/30 ds (8 mg) • QL = 90/30 ds (12 & 18 mg)
Lorbrena (lorlatinib)	25 mg tablet 100 mg tablet	• AF • PA (New Starts) • QL = 93/31 ds (25 mg) • QL = 31/31 ds (100 mg)
Mektovi (binimetinib)	15 mg tablet	• AF • PA (New Starts) • QL = 186/31 ds
molindone	5 mg tablet 10 mg tablet 25 mg tablet	• AF • PA (New Starts) • QL = 124/31 ds (5 & 10 mg) • QL = 279/31 ds (25 mg)
morphine sulfate er	40 mg capsule ER pellets	• AF • QL = 62/31 ds
nafcillin	2 G vial 2 G vial port 2 G/100 mL froz. Piggy	• AF
Nuplazid (pimavanserin)	10 mg tablet 34 mg capsule	• AF • PA (New Starts) • QL = 31/31 ds
Onfi (clobazam)	2.5 mg/mL oral suspension 10 mg tablet 20 mg tablet	• RF
Orkambi (lumacaftor/ivacaftor)	100 mg/125 mg granule pack 150 mg/188 mg granule pack	• AF • PA (New Starts) • QL = 3472/31 ds
Pifeltro (doravirine)	100 mg tablet	• AF • QL = 31/31 ds
sofosbuvir/velpatasvir	400 mg/100 mg tablet	• AF • PA • QL = 31/31 ds
sotalol	120 mg tablet	• AF
Sporanox (itraconazole)	10 mg/mL solution	• RF
Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)	800 mg/150 mg/200 mg/10 mg tablet	• AF • QL = 31/31 ds
Takhzyro (landelumab/flyo)	300 mg/2 mL vial	• AF • PA (New Starts) • QL = 4/28 ds
Talzenna (talazoparib)	0.25 mg capsule 1 mg capsule	• AF • PA (New Starts)

		• QL = 93/31 ds (0.25 mg) • QL = 31/31 ds (1 mg)
testosterone	20.25/1.25 G gel md pump	• AF • PA
Tibsovo (ivosidenib)	250 mg tablet	• AF • PA (New Starts) • QL = 62/31 ds
vancomycin	250 mg vial 750 mg vial	• AF • PA (B vs D)
Vizimpro (dacomitinib)	15 mg tablet 30 mg tablet 45 mg tablet	• AF • PA (New Starts) • QL = 31/31 ds
Xarelto (rivaroxaban)	2.5 mg tablet	• AF • QL = 62/31 ds
Zortress (everolimus)	1 mg tablet	• AF • PA (B vs D)
Zytiga (abiraterone)	250 mg tablet	• RF

*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**
Adempas (riociguat)	**PRIOR AUTHORIZATION UPDATE** • Removed alternative: tadalafil
Brilinta 60 mg (ticagrelor)	**PRIOR AUTHORIZATION UPDATE** • Added required medical information that Member has taken 12 months of dual oral antiplatelet therapy (i.e. concurrent aspirin with clopidogrel, prasugrel or Brilinta 90 mg)
Bydureon, Bydureon Bcise (exenatide)	**PRIOR AUTHORIZATION UPDATE** • Tried or clinically significant adverse effects to formulary alternatives: metformin and Ozempic
dihydroergotamine	**PRIOR AUTHORIZATION UPDATE** • Removed formulary alternatives for migraine prophylaxis: gabapentin and verapamil
Esbriet (pirfenidone)	**PRIOR AUTHORIZATION UPDATE** • Revised the following coverage use criteria: a. Required Medical Information: Must meet all of the following requirements: i. The indicated diagnosis (including any applicable labs an/or tests) and medication usage must be supported by documentation from the patient's medical record ii. Clinically diagnosed with idiopathic pulmonary fibrosis iii. Patient has a forced vital capacity (FVC) greater than or equal to 50% of predicted

	iv. Baseline percent predicted diffusing capacity of the lung for carbon monoxide (DLCO) is between 30-90% v. Confirmation that the patient is a non-smoker or has abstained from smoking for at least 6 weeks b. Re-authorization criteria: i. Patient responding to treatment ii. Patient tolerating treatment iii. Patient has less than 10% annual decrease in FVC
Forteo (teriparatide)	**PRIOR AUTHORIZATION UPDATE** • Added Additional criteria to demonstrate high risk fractures • Added requirement to try or clinically significant adverse effects to intravenous bisphosphonate per guideline • Updated the combined duration of treatment for all parathyroid hormone analogs not exceeding lifetime maximum of 24 months per package insert • Removed OB-GYN specialist requirement
Glyxambi (empagliflozin/linagliptin)	**STEP THERAPY** • Tried or clinically significant adverse effects to formulary empagliflozin and linagliptin
Jardiance (empagliflozin)	**PRIOR AUTHORIZATION UPDATE** • Added criteria to allow coverage if there is presence of comorbidities CKD, HF and need for weight management
Kalydeco (ivacaftor)	**PRIOR AUTHORIZATION UPDATE** • Revised the age restrictions: Must be age of one year or older
Letairis (ambrisentan)	**PRIOR AUTHORIZATION UPDATE** • Removed alternative: tadalafil
Nucala (mepolizumab)	**PRIOR AUTHORIZATION UPDATE** • Added *Subject to review by a clinical pharmacist • Revised the following coverage criteria: a. Required Medical Information: Added documentation of inadequate control with a high dose ICS and LABA plus an as-needed reliever therapy b. Prescriber restrictions: Added Immunologist
Ofev (nintedanib)	**PRIOR AUTHORIZATION UPDATE** • Adding prior authorization criteria: a. Required Medical Information: Must meet all of the following requirements: i. The indicated diagnosis (including any applicable labs and/or tests) must be confirmed by the presence of unspecified interstitial pneumonia (UIP) via high-resolution computer tomography (HRCT) and/or surgical lung biopsy ii. Clinically diagnosed with idiopathic pulmonary fibrosis iii. Baseline percent predicted forced vital capacity (FVC) greater than or equal to 50% of predicted iv. Baseline percent predicted diffusing capacity of the lung for carbon monoxide (DLCO) is between 30-79%

	v. Confirmation that the patient is a non-smoker or has abstained from smoking for at least 6 weeks b. Prescriber restrictions: Pulmonologist c. Re-authorization criteria: Must meet all of the requirements: i. Documentation that Ofev is effective as evidenced by improvement of maintenance of disease (<10% annual decrease in FVC or <200 mL decrease in FVC) ii. Confirmation that the patient has remained a non-smoker
Omnitrope vial, Nutropin, Serostim, Humatrope, Norditropin, Saizen, Zomacton, Zorbtive, Genotropin (somatropin)	**PRIOR AUTHORIZATION UPDATE** • Removed criteria for Noonan syndrome and short bowel syndrome
Opsumit (macitentan)	**PRIOR AUTHORIZATION UPDATE** • Removed alternative: tadalafil
Orenitram (treprostnil ER)	**PRIOR AUTHORIZATION UPDATE** • Additional Required Medical Information: Failure or clinically significant adverse effect to Letairis, Opsumit or Tracleer
Orkambi (lumacaftor/ivacaftor)	**PRIOR AUTHORIZATION UPDATE** • Revised the following coverage use criteria: a. Required Medical Information: i. Documentation confirming that the member is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene b. Age restrictions: Must be age of 2 years or older
Praluent (alirocumab)	**PRIOR AUTHORIZATION UPDATE** • Revised the following coverage use criteria: a. Clinical atherosclerotic cardiovascular disease: i. Documentation of very high risk ASCVD including history of multiple major ASCVD events or 1 major ASCVD event with multiple high-risk condition ii. Treated LDL greater than or equal to 70 or non-HDL greater than or equal to 100 on maximal statin and ezetimibe therapy b. Familial hypercholesterolemia: i. Treated LDL greater than or equal to 70 with ASCVD or LDL greater than or equal to 100 without ASCVD on maximal statin and ezetimibe therapy • Repatha is the preferred, formulary PCSK9 product
Pulmozyme (dornase alfa)	**PRIOR AUTHORIZATION UPDATE** • Revised the exclusion criteria: CCS eligible
Repatha (evolocumab)	**PRIOR AUTHORIZATION UPDATE** • Revised the following coverage use criteria: c. Clinical atherosclerotic cardiovascular disease:

	iii. Documentation of very high risk ASCVD including history of multiple major ASCVD events or 1 major ASCVD event with multiple high-risk condition iv. Treated LDL greater than or equal to 70 or non-HDL greater than or equal to 100 on maximal statin and ezetimibe therapy d. Familial hypercholesterolemia: ii. Treated LDL greater than or equal to 70 with ASCVD or LDL greater than or equal to 100 without ASCVD on maximal statin and ezetimibe therapy • Repatha is the preferred, formulary PCSK9 product
Saxenda (liraglutide)	**PRIOR AUTHORIZATION UPDATE** • Removed alternative: diethylpropion
sumatriptan injectable and intranasal	**PRIOR AUTHORIZATION UPDATE** • Removed formulary alternatives for migraine prophylaxis: gabapentin and verapamil
Synjardy (empagliflozin/metformin)	**STEP THERAPY** • Tried or clinically significant adverse effects to formulary metformin and empagliflozin
Tracleer (bosentan)	**PRIOR AUTHORIZATION UPDATE** • Removed alternative: tadalafil
Tymlos (abaloparatide)	**PRIOR AUTHORIZATION UPDATE** • Added Additional criteria to demonstrate high risk fractures • Added requirement to try or clinically significant adverse effects to intravenous bisphosphonate per guideline • Updated the combined duration of treatment for all parathyroid hormone analogs not exceeding lifetime maximum of 24 months per package insert
Uptravi (selexipag)	**PRIOR AUTHORIZATION UPDATE** • Additional Required Medical Information: Failure or clinically significant adverse effect to Letairis, Opsumit or Tracleer
Victoza (liraglutide)	**STEP THERAPY** • Tried or clinically significant adverse effects to formulary metformin
Xarelto 2.5 mg (rivaroxaban)	**PRIOR AUTHORIZATION UPDATE** • Removed specialist requirement
Xolair (omalizumab)	**PRIOR AUTHORIZATION UPDATE** • Added *Subject to review by a clinical pharmacist • Revised the following coverage criteria for chronic idiopathic urticaria to include the following: a. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to at least a 2-week trial of "2" different second generation H1-antihistamines (e.g. fexofenadine, cetirizine, loratadine) at maximally tolerated dose ii. Failure or clinically significant adverse effects to a combination of "1" second generation H1-antihistamine with "1" of the following: 1. H2-antihistamine (e.g. famotidine, ranitidine)

	2. Leukotriene modifier (e.g. montelukast) b. Documentation of continued use of a second generation H1-antihistamine, unless intolerant or contraindicated

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

CLINICAL PRACTICE GUIDELINE UPDATES		
Clinical Practice Guideline	**Academy/Association**	**Status**
Asthma	2018 Global Initiative for Asthma	Added
Asthma Care Quick Reference – NHLBI EPR 3	2012 National Heart, Lung and Blood Institute	Retired
Behavioral Health Integration and Complex Care Initiative- Cholesterol Screening and Monitoring	American College of Cardiology/American Heart Association- 2013 US Preventive Services Task Force- 2014	Retired
Behavioral Health Integration and Complex Care Initiative (BHICCI) - Diabetes Mellitus II	American Diabetes Association. Standards of medical care in diabetes—2017	Retired
Behavioral Health Integration and Complex Care Initiative- Hypertension Screening and Monitoring	U.S. Preventive Services Task Force- 2015 Eighth Joint National Committee (JNC 8)- 2014	Retired
Cardiovascular Health and Risk Reduction in Children and Adolescents	American Academy of Pediatrics - 2011	Renewed
Chronic Kidney Disease	Kidney Disease Outcomes Quality Initiative (KDOQI) - 2012	Renewed
Chronic Kidney Disease and Diabetes	Kidney Disease Outcomes Quality Initiative (KDOQI) - 2012	Renewed
Chronic Obstructive Lung Disease COPD	2019 Global Initiative for Chronic Obstructive Lung Disease	Updated
Diabetes Pregnancy	American Diabetes Association. Standards of medical care in diabetes — 2019	Retired; To be combined with Diabetes Mellitus CPG
Diabetes Mellitus	American Diabetes Association. Standards of medical care in diabetes – 2019	Updated

Hyperlipidemia	American College of Cardiology/American Heart Association- 2018	Updated
Hypertension	American College of Cardiology- 2017 Eighth Joint National Committee (JNC 8)- 2014	Renewed
Pulmonary Arterial Hypertension	American College of CHEST Physicians- 2014	Renewed

IEHP Pharmacy Policies	
Policy	**Medicaid Policy**
Drug Trial and Failure	**Addition** • A Prescriber's statement will be accepted for both trial and failure of a medication if supported by chart notes, documentations, and lab results as appropriate.

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