A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

January 3, 2018

IEHP FORMULARY CHANGES: January 2017 P&T UPDATE

We would like to inform you of the following changes to the 2017 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in November 2017.

AF = Add to Formulary
BOLD = Brand Name
DS = Days Supply
QL = Quantity Limit
PA = Prior Authorization required
ST = Step Therapy

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

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**
Afluria 2017-2018	(pre-filled) 45 mcg/15 mcg x 3/0.5 ml intramuscular syringe 45 mcg/15 mcg x 3/0.5 ml intramuscular suspension	• AF • AR • QL= 1/365 ds
Afluria Quad 2017-2018	(pre-filled) 60 mcg/0.5 ml intramuscular syringe 60 mcg/0.5 ml intramuscular suspension	• AF • AR • QL=1/365 ds
celecoxib	50 mg capsule 100 mg capsule 200 mg capsule	• QL=60/30 ds
doxepin	50 mg capsule	• QL=90/30 ds

drospirenone/ethinyl estradiol/levomefolate calcium and levomefolate calcium	3 mg/0.02 mg/0.451 mg(24)/0.451 mg(4) tablet	• AF
enoxaparin	30 mg/0.3 ml subcutaneous syringe 40 mg/0.4 ml subcutaneous syringe 60 mg/0.6 ml subcutaneous syringe 80 mg/0.8 ml subcutaneous syringe 100 mg/ml subcutaneous syringe 120 mg/0.8 ml subcutaneous syringe 150 mg/ml subcutaneous syringe	• QL=10.2/30 ds (30mg) • QL=13.6/30 ds (40mg) • QL=20.4/30 ds (60mg) • QL=27.2/30 ds (80mg) • QL=34/30 ds (100mg) • OL=27.2/30 ds (120mg) • QL=34/30 ds (150mg)
esomeprazole	20 mg capsule, delayed release 40 mg capsule, delayed release	• AF • QL=30/30 ds
Fluad 2017- 2018 65yr up	(pre-filled) 45 mcg/15 mcgx3/0.5 ml intramuscular syringe	• AF • AR • QL=1/365 ds
Flublok 2017-2018	(pre-filled) 135 mcg/45 mcg x 3/0.5 ml intramuscular solution	• AF • AR • QL=1/365 ds
Flublok Quad 2017-2018	(pre-filled) 180 mcg/45 mcg x 4/0.5 ml intramuscular syringe	• AF • AR • QL=1/365 ds
Flucelvax Quad 2017-2018	(pre-filled) 60 mcg/15 mcg x 4/0.5 ml intramuscular syringe 60 mcg/15 mcg x 4/0.5 ml intramuscular suspension	• AF • AR • QL=1/365 ds
Flulaval Quad 2017-2018	(pre-filled) 60 mcg/15 mcg x 4/0.5 ml intramuscular syringe 60 mcg/15 mcg x 4/0.5 ml intramuscular suspension	• AF • AR • QL=1/365 ds
Fluvirin 2017-2018	(pre-filled) 45 mcg/15 mcg x3/0.5 ml intramuscular syringe 45 mcg/15 mcg x 3/0.5 ml intramuscular suspension	• AF • AR • QL=1/365 ds
Fluzone High-Dose 2017-2018	(pre-filled) 180 mcg/0.5 ml intramuscular syringe	• AF • AR • QL=1/365 ds

Fluzone Intraderm Quad 2017-2018	(pre-filled) 36 mcg/0.1 ml intradermal syringe	• AF • AR • QL=0.2/365 ds
Fluzone Quad 2017-2018	(pre-filled) 60 mcg/15 mcgx4/0.5 ml intramuscular syringe (pre-filled) 60 mcg/15 mcg x 4/0.5 ml intramuscular suspension	• AF • AR • QL=1/365 ds
Fluzone Quad Pedi 2017- 2018	(pre-filled) 30 mcg/7.5 mcg x4/0.25 ml intramuscular syringe	• AF • AR • QL=0.5/36 ds
lansoprazole	15 mg capsule, delayed release 30 mg capsule, delayed release	• QL=30/30 ds
Menactra	(pre-filled) 4 mcg/0.5 ml intramuscular solution	• Remove QL
Menomune - A/C/Y/W-135	(pre-filled) 50 mcg subcutaneous solution 50 mcg subcutaneous solution	• Remove QL
norethindrone/ethinyl estradiol/iron	0.8 mg/25 mcg/75 mg chewable tablet 1 mg/20 mcg/75 mg chewable tablet 1 mg/20 mcg/75 mg tablet	• AF
norgestimate/ethinyl estradiol	0.18 mg/0.215 mg/0.25 mg/25 mcg tablet	• AF
omeprazole	10 mg capsule, delayed release 20 mg capsule, delayed release	• QL=30/30 ds (10mg) • QL=60/30 ds (20mg)
phenazopyridine	100 mg tablet 200 mg tablet	• QL=12/30 ds
Prevacid 24Hr	15 mg capsule, delayed release	• QL=30/30 ds
Prilosec OTC	20 mg tablet, delayed release	• QL=30/30 ds
pyridostigmine bromide ER	180 mg tablet, extended release	• ST
rabeprazole	20 mg tablet, delayed release	• QL=30/30 ds
Restasis	0.05 % eye dropperette 0.05 % eye drops MultiDose	• AF • PA • QL=60/30 ds (dropperette) • QL=5.5/30 ds (multidose)

Rivelsa	0.15 mg/20 mcg/0.15 mg/25 mcg tablets/3 month dose pack	• AF

IEHP MEDICARE FORMULARY UPDATES		
Drug Name	**Strength & Dosage Form**	**Status Change**
atomoxetine	10 mg capsule 18 mg capsule 25 mg capsule 40 mg capsule 60 mg capsule 80 mg capsule 100 mg capsule	• AF • QL = 124/31ds (10 mg) • QL = 124/31 ds (18 mg) • QL = 124/31 ds (25 mg) • QL = 62/31 ds (40 mg) • QL = 31/31 ds (60 mg) • QL = 31/31 ds (80 mg) • QL = 31/31 ds (100 mg)
Busulfex (busulfan)	60 mg/10 ml vial	• Remove from Formulary
caspofungin acetate	50 mg vial 70 mg vial	• AF • PA
desogestrel/ethinyl estradiol	0.15 mg/0.03 mg tablet	• AF
Diastat (diazepam)	2.5 mg kit	• AF
Diastat Acudial (diazepam)	5 mg/7.5 mg/10 mg kit 12.5 mg/15 mg/ 20 mg kit	• AF
diazepam	5 mg/7.5 mg/10 mg kit	• AF
Idhifa (enasidenib mesylate)	50 mg tablet 100 mg tablet	• AF • PA (New Starts) • QL = 31/31 ds
Invokamet XR (canaglifozin/metformin)	50 mg/500 mg tablet 50 mg/1000 mg tablet 150 mg/500 mg tablet 150 mg/1000 mg tablet	• AF • ST
Isentress HD (raltegravir potassium)	600 mg tablet	• AF • QL = 62/31 ds
Isibloom (desogestrel/ethinyl estradiol)	0.15 mg/0.03 mg tablet	• AF
Janumet XR (sitagliptin/metformin)	50 mg/500 mg tablet 50 mg/1000 mg tablet 100 mg/1000 mg tablet	• AF
Kisqali Femara Co-Pack (ribociclib/letrozole)	200 mg/2.5 mg tablet 400 mg/2.5 mg tablet 600 mg/2.5mg tablet	• PA (New Starts) • Remove QL
Lynparza (olaparib)	100 mg tablet 150 mg tablet	• AF • PA (New Starts)

Mavyret (glecaprevir/pibrentasvir)	100 mg/40 mg tablet	• AF • PA • QL = 93/31 ds
meropenem	1 G vial	• AF
meropenem 0.9% sodium chloride	1 G/50 ml piggyback	• AF
moxifloxacin	0.5% drops	• AF
naloxone	0.4 mg/ml vial	• AF
Nerlynx (neratinib)	40 mg tablet	• AF • PA (New Starts) • QL = 186/31 ds
olopatadine	0.02% drops	• AF
Orencia (abatacept)	50 mg/0.4 ml syringe 87.5 mg/0.7 ml syringe	• AF • PA • QL = 1.6/28 ds (50mg/0.4ml) • QL = 2.8/28 ds (87.5mg/0.7ml)
Orfadin (nitisinone)	20 mg capsule	• AF • PA (New Starts)
Radicava (edaravone)	30 mg/100 ml piggyback	• AF • PA (New Starts)
Rayaldee (calcifediol)	30 mcg capsule	• AF • PA • QL = 62/31 ds
Renflexis (infliximab/abda)	100 mg vial	• AF • PA
sevelamer carbonate	800 mg tablet	• AF
Tazorac (tazarotene)	0.1% cream	• Remove from Formulary
tigecycline	50 mg vial	• AF • PA
Tremfya (guselkumab)	100 mg/ml syringe	• AF • PA
Varizig (varicella/zoster ig/maltose)	125 IU/1.2 ml vial	• AF
vigabatrin	500 mg powder pack	• AF • PA (New Starts) • QL = 1860/31 ds
Vyxeos (daunorubicin/cytarabineliposome)	44 mg/100 mg vial	• AF • PA (New Starts)
Xatmep (methotrexate)	2.5 mg/ml solution	• AF • PA (New Starts)
Zytiga (abiraterone)	500 mg tablet	• AF • PA (New Starts) • QL = 62/31 ds

*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**
Actemra (tocilizumab)	**Diagnosis:** Chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome **Specialist:** No restriction **Criteria:** **a)** Medical Benefit
Austedo (deutetrabenazine)	**Diagnosis:** Tardive Dyskinesia **Specialist:** Neurologist or Psychiatrist **Criteria:** **a)** Clinical review by IEHP pharmacist **b)** Age 18 years or older **c)** Documentation of tardive dyskinesia with both of the following: i. Baseline Abnormal Involuntary Movement Scale (AIMS) ≥ 10; AND ii. ii. Tardive dyskinesia secondary to antipsychotic or dopamine receptor blocking agents (e.g. haloperidol, fluphenazine, etc.) for at least 3 months **d)** Failure or clinically significant adverse effects to ALL of the alternatives: clonazepam AND tetrabenazine **e)** No concomitant use of a MAOI (e.g. isocarboxazid, phenelzine, selegiline, etc.) **Quantity Limit:**120/30 (48mg/day) **Re-authorization only:** **a)** Documented positive clinical response as demonstrated by improvement of AIMS scores (decrease from baseline by at least 2 points) **b)** Requested dosage is within quantity limit
Baraclude (entecavir)	**Diagnosis:** Chronic hepatitis B virus infection **Quantity Limit:** 30/30 **Diagnosis:** Acute symptomatic hepatitis B **Quantity Limit:** 30/30
benznidazole	**Diagnosis:** Chagas disease **Specialist:** Infectious Disease **Criteria**: **a)** Confirmed diagnosis **b)** Must follow CDC guideline for weight-based dosing
CAYSTON (aztreonam inhalation)	**Diagnosis:** Cystic Fibrosis **Quantity Limit:** 84/28

Cyltezo (adalimumabadbm)	**Diagnosis:** Ankylosing Spondylitis **Specialist:** Rheumatologist **Criteria:** **a)** Failure or clinically significant adverse effects to at least one-month treatment course of one NSAID at maximal recommended dose or maximally tolerated dose **Diagnosis:** Plaque psoriasis **Specialist:** Dermatologist, Rheumatologist **Criteria:** **a)** Documented psoriasis involvement of at least 10% of the body surface area; **OR** Documented psoriasis involvement of the face, ears, hands, feet or genitalia; **OR** Documented significant functional disability (i.e. unable to do daily activities) **AND** **b)** Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, cyclosporine, azathioprine, etc.) **Diagnosis:** Crohn's Disease **Specialist:** Gastroenterologist **Criteria:** **a)** Failure or clinically significant adverse effects to an adequate course of corticosteroids (e.g. oral budesonide 9mg/day, prednisone 40-60mg daily); **OR** Documentation that patient has been unable to taper corticosteroid therapy without experiencing worsening of disease; **AND** **b)** Treatment with at least a two-month course of DMARD (e.g. azathioprine, mercaptopurine or methotrexate) was not effective or not tolerated, unless all are contraindicated; **Diagnosis:** Psoriatic arthritis **Specialist:** Dermatologist, Rheumatologist **Criteria:** **a)** Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, leflunomide, sulfasalazine, etc.) **Diagnosis:** Rheumatoid Arthritis **Specialist:** Rheumatologist **Criteria:** **a)** Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, hydroxychloroquine, leflunomide, sulfasalazine, etc.) **Diagnosis:** Ulcerative colitis **Specialist:** Gastroenterologist **Criteria:** **a)** Failure or clinically significant adverse effects to at least two of the conventional therapies: i. An adequate course of corticosteroids (e.g. oral budesonide 9mg/day, prednisone 40-60mg daily or budesonide rectal)

	ii. At least one aminosalicylates (e.g. mesalamine, balsalazide, sulfasalazine) iii. Treatment with at least a two-month course of DMARD (e.g. azathioprine, mercaptopurine, methotrexate, sulfasalazine) was not effective or not tolerated, unless all are contraindicated **Re-authorization Criteria:** **a)** Documentation of meeting therapeutic goal (e.g. disease stability, improvement and/or reduction in frequency of disease attacks); **AND** **b)** Requested dosage and administration are consistent with the FDA recommendations
Duzallo (lesinurad/allopurinol)	**Diagnosis:** Gout **Specialist:** No restriction **Criteria:** **a)** Documented uric acid level of 6.5mg/dL or greater **b)** Inadequate response or clinically significant adverse effects to ALL of the alternatives: allopurinol **AND** Uloric
Endari (l-glutamine)	**Diagnosis:** Sickle-cell disease **Specialist:** Hematologist **Criteria:** **a)** Documentation of concurrent use of hydroxyurea **b)** Documentation of two or more painful crisis within the past 12 months
Epclusa (sofosbuvir/velpatasvir)	**Diagnosis:** Chronic hepatitis C **Specialist:** IEHP Hepatitis Center of Excellence Specialist **Criteria:** **a)** Age 18 years of age or older; **AND** **b)** Confirmed diagnosis of chronic hepatitis C and genotype; **AND** **c)** Documented baseline quantitative HCV RNA test; **AND** **d)** Must meet treatment criteria in Section I: Identifying treatment candidates; i. If debilitating fatigue is the only treatment criteria, IEHP clinical pharmacist review required. **AND** **e)** Requested drug must be used in an antiviral treatment regimen and duration recommended by the AASLD (please see Section II: HCV Treatment Regimen); **AND** **f)** Failure, contraindication, clinically significant adverse effects to preferred agents: Mavyret. Requests will be reviewed by IEHP pharmacist. **Re-authorization Criteria:** **a)** Re-treatment request with history of failing to achieve a SVR, or relapse after achieving a SVR with a prior completed

	treatment regimen consisting of Sovaldi or Harvoni, will be reviewed by IEHP pharmacist in accordance to the AASLD recommendations.
Faslodex (fulvestrant)	**Diagnosis:** Breast cancer, advanced or metastatic **Specialist:** Oncologist **Criteria:** **a)** Documented hormone receptor positive (HR-positive) **AND** i. Documented HER2-negative ii. No previous history of antiestrogen therapy that included ONE of the following: anastrozole, tamoxifen, letrozole or exemestane **OR** i. Documented HER2-negative ii. Documented concurrent treatment with palbociclib iii. Failure or clinically significant adverse effects to antiestrogen therapy that included ONE of the following: anastrozole, tamoxifen, letrozole or exemestane **OR** iv. Documentation that disease has progressed following prior antiestrogen therapy that included ONE of the following: anastrozole, tamoxifen, letrozole or exemestane **OR** **b)** NCCN guideline approved regimen
Fiasp (insulin aspart (rDNA origin))	**Diagnosis:** Diabetes Mellitus Type 1 **Specialist:** No restriction **Criteria:** **a)** Must use concurrently with ONE of the following: Humalog Mix, Lantus, Levemir, NovoLog Mix OR Toujeo **b)** Failure or clinically significant adverse effects to TWO of the rapid-acting insulin alternatives: Apidra, Humalog OR NovoLog **c)** Must have a HbA1c > 7% after 3 months of treatment with the tried alternatives **Diagnosis:** Diabetes Mellitus Type 2 **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to TWO of the alternatives: acarbose, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Invokana, Invokamet, alogliptin, metformin OR pioglitazone **b)** Failure or clinically significant adverse effects to TWO of the rapid-acting insulin alternatives: Apidra, Humalog OR NovoLog **c)** Must have a HbA1c > 7% after 3 months of treatment with the tried alternatives

Fycompa (perampanel)	**Diagnosis:** Tonic-clonic seizure, partial onset seizure **Specialist:** Neurologist **Criteria:** **a)** Tonic-clonic seizure: i. Failure or clinically significant adverse effects to TWO of the alternatives: carbamazepine, divalproex, ethosuximide, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate OR zonisamide ii. Must use concurrently with at least ONE other anticonvulsant medication **b)** Partial onset seizure: i. Failure or clinically significant adverse effects to TWO of the alternatives: carbamazepine, divalproex, ethosuximide, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate OR zonisamide **Reauthorizations Only:** **a)** Documented positive clinical response
Gelnique (oxbutynin gel)	**Diagnosis:** Overactive bladder **Specialist:** No Restriction **Criteria:** **a)** Failure or clinically significant adverse effects to TWO of the alternatives: oxybutynin, oxybutynin ER, tolterodine OR tolterodine ER **b)** Failure or clinically significant adverse effects to ONE of the alternatives: trospium OR trospium XR **c)** Documentation of difficulty swallowing
Idhifa (enasidenib)	**Diagnosis:** Relapsed or refractory acute myeloid leukemia **Specialist:** Oncologist **Criteria:** **a)** Documentation of an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA approved test **OR** **b)** NCCN guideline approved regimen
Imbruvica (ibrutinib)	**Diagnosis:** Chronic graft versus host disease (cGVHD) **Specialist:** Hematologist, Oncologist or Transplant Specialist **Criteria:** **a)** Confirmed diagnosis
Keytruda (pembrolizumab)	**Diagnosis:** Recurrent locally advanced or metastatic gastric or gastroesophageal junction adenocarcinoma **Specialist:** Dermatologist, Hematologist, Oncologist **Criteria:** **a)** Documentation of PD-L1 expression **b)** Documented that disease has progressed following treatment with two or more prior lines of therapy containing: fluoropyrimidine, platinum or HER2/neu targeted therapy **OR** NCCN guideline approved regimen

	c) Review by an IEHP pharmacist.
Lynparza (olaparib)	**Diagnosis:** Recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer **Specialist:** Oncologist **Criteria:** **a)** Documented complete or partial response to platinum-based chemotherapy **OR** **b)** NCCN guideline approved regimen
Mavyret (glecaprevir/pibrentasvir)	**Diagnosis:** Chronic hepatitis C **Specialist:** IEHP Hepatitis Center of Excellence Specialist **Criteria:** **a)** Age 18 years of age or older; **AND** **b)** Confirmed diagnosis of chronic hepatitis C and genotype; **AND** **c)** Documented baseline quantitative HCV RNA test; **AND** **d)** Must meet treatment criteria in Section I: Identifying treatment candidates; i. If debilitating fatigue is the only treatment criteria, IEHP clinical pharmacist review required. **AND** **e)** Requested drug must be used in an antiviral treatment regimen and duration recommended by the AASLD (please see Section II: HCV Treatment Regimen). **Re-authorization Criteria:** **a)** Re-treatment request with history of failing to achieve a SVR, or relapse after achieving a SVR with a prior completed treatment regimen consisting of Sovaldi or Harvoni, will be reviewed by IEHP pharmacist in accordance to the AASLD recommendations.
Natroba (spinosad)	**Diagnosis:** Head lice **Specialist:** No restriction **Criteria:** **a)** Failure or significant adverse effects to ONE OTC formulary alternatives: permethrin 1% topical liquid, RID (pyrethrin plus piperonyl butoxide) **b)** Failure or significant adverse effects to ONE prescription formulary alternatives: Ulesfia Lotion (benzyl alcohol 5%), malathion 0.5% lotion **c)** Requests for non-formulary medications will be limited to quantities based on standard treatment.

Nerlynx (neratinib)	**Diagnosis:** Extended adjuvant treatment of patients with early stage HER2-overexpressed breast cancer **Specialist:** Oncologist **Criteria:** **a)** Documentation of completion of trastuzumab-based therapy AND concurrent use of anti-diarrhea agents **OR** **b)** NCCN guideline approved regimen
Nikita (pitavastatin sodium)	**Diagnosis:** Hyperlipidemia: hypercholesterolemia, dyslipidemia **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to TWO of the alternatives: atorvastatin, lovastatin, pravastatin OR simvastatin
Nityr (nitisinone)	**Diagnosis:** Hereditary tyrosinemia type 1 (HT-1) **Specialist:** No restriction **Criteria:** **a)** Documentation of concurrent dietary restriction of tyrosine and phenylalanine
Ocaliva (obeticholic acid)	**Diagnosis:** Primary biliary cholangitis **Specialist:** No restriction **Criteria:** **a)** Documented inadequate response to ursodiol for ≥ 1 year **b)** Use in combination with ursodiol **c)** Documentation of healthy liver condition as evidenced by: Child-Pugh Class A OR liver panel (AST, ALT) within normal limits
Opdivo (nivolumab)	**Diagnosis:** Hepatocellular carcinoma **Specialist:** Dermatologist, Hematologist, or Oncologist **Criteria:** **a)** Documentation that disease has progressed following prior chemotherapy with a sorafenib **OR** **b)** NCCN guideline approved regimen **c)** Review by an IEHP pharmacist
Orfadin (nitisinone)	**Eligibility criteria:** Check CCS eligibility **Diagnosis:** Hereditary tyrosinemia type 1 (HT-1) **Specialist:** No restriction **Criteria:** **a)** Clinical review by IEHP pharmacist **b)** Confirmed diagnosis by specialist
oxycodone ER	**Diagnosis:** Chronic severe non-malignant, non-palliative pain; OR Pain in active cancer patients undergoing chemotherapy **Specialist:** Oncologist, Pain Specialist or Palliative Care Specialist **Criteria:** **a)** Chronic severe non-malignant, non-palliative pain: i. The member has tried and failed conservative pain management treatments such as non pharmacologic

	therapy and non-opioid pharmacologic therapy within the past 3 months; **AND** ii. Documentation of pain assessment, pain contract, CURES reviewed within 1 month and urine drug screen reviewed at least annually; **AND** iii. Failure or clinically significant adverse effects to morphine ER or fentanyl patch as evidenced by one of the following: i. Documented hypersensitivity or intolerable adverse effects (e.g. hives) that necessitate alternate opioid medication; **OR** ii. Documented optimal dosage titration of current opioid regimen as tolerated over a period of 3 months **b)** Pain in active cancer patients undergoing chemotherapy: i. Confirmed diagnosis **Re-authorization Criteria:** **a)** Chronic severe non-malignant, non-palliative pain: i. 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.); **AND** ii. Documentation that the pain contract terms are met, and CURES was reviewed in the last month; **AND** iii. Documentation that a random drug screen has been performed within the past 12 months
Oxytrol (oxybutynin patch)	**Diagnosis:** Overactive bladder **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to TWO of the alternatives: oxybutynin, oxybutynin ER, tolterodine or tolterodine ER **b)** Failure or clinically significant adverse effects to ONE of the alternatives: trospium or trospium XR **c)** Documentation of difficulty swallowing
QVAR Redihaler (beclomethasone dipropionate inhalation)	**Diagnosis:** Asthma **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to TWO of the alternatives: Asmanex Twisthaler, Flovent, Pulmicort or QVAR
Relistor (methylnaltrexone)	**Diagnosis:** Opioid-induced constipation **Specialist**: No restriction **Criteria:**

	a) Failure or clinically significant adverse effects to the alternative: Amitiza and Movantik **b)** Failure or clinically significant adverse effects to ONE of the alternatives: fiber, polyethylene glycol powder or psyllium **c)** Failure or clinically significant adverse effects to ONE of the alternatives: bisacodyl, lactulose or senna
Renagel (sevelamer)	**Diagnosis:** Chronic kidney disease (CKD): stage 3 to 5 **Specialist:** No restriction **Criteria:** **a)** Documented high phosphate levels (>4.5 mg/dL) **b)** One of the following: i. Documentation of difficulty swallowing ii. Documentation of administration via feeding tube iii. Patient has difficulty with adherence due to pill burden after trial of calcium acetate, Renagel tablet or Renvela tablet **Quantity Limit:** 270/30
Sculptra (poly/l/lactic/acid injection)	**Diagnosis:** Facial lipodystrophy syndrome **Specialist:** HIV Specialist, Dermatologist, Plastic Surgeon, or an Otolaryngologist **Criteria:** **a)** Confirmed HIV infection **Quantity Limit:** One treatment regimen can be approved per year
Sklice (ivermectin)	**Diagnosis:** Head lice **Specialist:** No restriction **Criteria:** **a)** Failure or significant adverse effects to ONE OTC formulary alternatives: permethrin 1% topical liquid, RID (pyrethrin plus piperonyl butoxide) **b)** Failure or significant adverse effects to ONE prescription formulary alternatives: Ulesfia Lotion (benzyl alcohol 5%), malathion 0.5% lotion **c)** Requests for non-formulary medications will be limited to quantities based on standard treatment.
Solosec (secnidazole)	**Diagnosis:** Bacterial vaginosis **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to ONE of the alternatives: clindamycin vaginal cream, metronidazole tablet or metronidazole vaginal gel
Sporanox (itraconazole)	**Diagnosis:** Coccidioidomycosis **Specialist:** No restriction **Criteria:** **a)** Confirmed diagnosis **Diagnosis:** Esophageal candidiasis **Specialist:** HIV Specialist or Infectious Disease Specialist **Criteria:**

	a) Failure or clinically significant adverse effects to ALL of the formulary alternatives: nystatin AND fluconazole
topical nitroglycerin 0.2% compound	**Diagnosis:** Chronic anal fissure **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to ONE of the alternatives: bisacodyl, fiber, lactulose, polyethylene glycol powder, psyllium OR senna **OR** **b)** Documentation that patient is a candidate for surgical repair such as: lateral internal sphincterotomy **Reauthorizations Criteria:** **a)** Documentation of improvement on current therapy OR medical justification for additional treatment
Tremfya (guselkumab)	**Diagnosis:** Plaque psoriasis **Specialist:** Dermatologist **Criteria:** **a)** Documented psoriasis involvement of at least 10% of the body surface area; **OR** Documented psoriasis involvement of the face, ears, hands, feet or genitalia; **OR** Documented significant functional disability (i.e. unable to do daily activities) **AND** **b)** Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, cyclosporine, azathioprine, etc.) **AND** **c)** Failure or inadequate response to at least a 3-month treatment course of the two preferred biologic therapies: Enbrel and Humira, unless each was not tolerated or was contraindicated.
vancomycin oral	**Diagnosis:** Clostridium difficile-associated diarrhea **Specialist:** No restriction **Criteria:** **a)** Failure of therapy after treatment of at least 10 days or clinically significant adverse effects to the alternative: metronidazole **OR** **b)** Documentation of severe or recurrent Clostridium difficile associated diarrhea; **OR** **c)** Prescribed by a gastroenterologist or infectious disease specialist **Quantity Limit:** For 125mg strength: 56/30
Verzenio (abemaciclib)	**Diagnosis:** Advanced or metastatic breast cancer, HR positive, HER-2 negative **Specialist:** Oncologist **Criteria:**

	a) Confirmed diagnosis **OR** **b)** NCCN guideline approved regimen
Viberzi (eluxadoline)	**Diagnosis**: Irritable bowel syndrome with diarrhea **Specialist:** Gastroenterologist **Criteria:** **a)** Failure or clinically significant adverse effects to ALL the alternatives: loperamide and dicyclomine
Videx EC (didanosine)	**Diagnosis:** HIV infection **Specialist**: HIV Specialist or Infectious Disease Specialist **Criteria:** **a)** Confirmed diagnosis
Vosevi (sofosbuvir/velpatasvir/ voxilaprevir)	**Diagnosis:** Chronic hepatitis C **Specialist:** IEHP Hepatitis Center of Excellence Specialist **Criteria:** **a)** Age 18 years of age or older; **AND** **b)** Confirmed diagnosis of chronic hepatitis C and genotype; **AND** **c)** Documented baseline quantitative HCV RNA test; **AND** **d)** Must meet treatment criteria in Section I: Identifying treatment candidates; i. If debilitating fatigue is the only treatment criteria, IEHP clinical pharmacist review required. **AND** **e)** Requested drug must be used in an antiviral treatment regimen and duration recommended by the AASLD (please see Section II: HCV Treatment Regimen); **AND** **f)** Failure, contraindication, clinically significant adverse effects to preferred agents: Mavyret. Requests will be reviewed by IEHP pharmacist.
Xifaxan (rifaximin)	**Diagnosis:** Irritable bowel syndrome with diarrhea **Specialist:** Gastroenterologist **Criteria:** **a)** Failure or clinically significant adverse effects to ALL of the following alternatives: loperamide and dicyclomine**.** **Diagnosis:** Traveler's diarrhea **Specialist:** No restriction **Criteria:** **a)** Failure or clinically significant adverse effects to ciprofloxacin
Zyvox (linezolid)	**Diagnosis:** MRSA (methicillin-resistant staph aureus) **Specialist:** No restriction **Criteria:**

	a) Failure or clinically significant adverse effects to ONE of the alternatives: clindamycin, doxycycline, minocycline or sulfamethoxazole-trimethoprim **Quantity Limit:** 60/30 **Diagnosis:** **a)** VRSA (vancomycin-resistant staph aureus) **b)** VRE (vancomycin-resistant enterococcus) **Specialist**: No restriction **Criteria:** **a)** Confirmed diagnosis **Quantity Limit:** 60/30

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**
Joslin Clinical Guideline for Adults with Diabetes (Rev. 05/17/17)	• Joslin Diabetes Center 05/2017
Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults	• 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

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