



A Public Entity

Inland Empire Health Plan

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

July 1, 2019

## IEHP FORMULARY CHANGES: July 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 May 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 July 1, 2019

Please note certain medications have different effective dates.

Drug Name	Strength & Dosage Form	Status Change
<b>Aranesp</b> (darbepoetin alfa)	25 mcg/ml vial 60 mcg/ml vial 100 mcg/ml vial 150 mcg/0.75 ml vial 200 mcg/ml vial 300 mcg/ml vial 10 mcg/0.4 ml syringe 40 mcg/0.4 ml syringe 25 mcg/0.42 ml syringe 40 mcg/0.4 ml syringe 60 mcg/0.3 ml syringe 100 mcg/0.5 ml syringe 150 mcg/0.3 ml syringe	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA</li> </ul>

	200 mcg/0.4 ml syringe 300 mcg/0.6 ml syringe 500 mcg/1 ml syringe	
<b>Blephamide</b> (sulfacetamide/ prednisolone)	10 %-0.2 % Eye Drops 10 %-0.2 % Ointment	• RF
<b>Cipro HC</b> (ciprofloxacin/hydrocortisone)	0.2 %-1 % Otic Suspension	• RF
cyclopentolate HCl	0.5%, 2% Drops	• RF
<b>Epogen</b> (epoeitin alfa)	2,000 units/ml vial 3,000 units/ml vial 4,000 units/ml vial 10,000 units/ml vial 20,000 units/ml vial	• RF • R-C1
<b>Exjade</b> (deferasirox)	125 mg tablet 250 mg tablet 500 mg tablet	• AF • PA
<b>Firazyr</b> (icatibant acetate)	30 mg/3 ml syringe	• AF • PA
glatiramer acetate	20 mg/ml syringe 40 mg/ml syringe	• AF • PA
<b>Glatopa</b> (glatiramer acetate)	20 mg/ml syringe 40 mg/ml syringe	• AF • PA
<b>Granix</b> (tbo-filgrastim)	300 mcg/ml vial 480 mcg/1.6 ml vial 300 mcg/0.5 ml syringe 480 mcg/0.8 ml syringe 300 mcg/0.5 ml safe syringe 480 mcg/0.8 ml safe syringe	• RF • R-C1
<b>Haegarda</b> (C1 esterase inhibitor, recomb)	2,000 unit vial 3,000 unit vial	• AF • PA
<b>Lovenox</b> (enoxaparin sodium)	40 mg/0.4 ml syringe 60 mg/0.6 ml syringe 100 mg/ ml syringe 150 mg/ ml syringe 300 mg/3 ml vial	• QL
<b>Lovenox</b> (enoxaparin sodium) <b>(Effective 08/01/2019)</b>	30 mg/0.3 ml syringe 80 mg/0.8 ml syringe 120 mg/0.8 ml syringe	• QL
metipranolol	0.3% Eye Drops	• RF
<b>Nivestym</b> (filgrastim-aafi)	300 mcg/ml vial 480 mcg/1.6 ml vial 300 mcg/0.5 ml syringe 480 mcg/0.8 ml syringe	• AF
<b>Pataday</b> (olopatadine) <b>(Effective 08/01/2019)</b>	0.2% Eye Drops	• AF • ST

<b>Patanol</b> (olopatadine) <b>(Effective 08/01/2019)</b>	0.1% Eye Drops	<ul style="list-style-type: none"> <li>• AF</li> <li>• R-C1</li> <li>• ST</li> </ul>
<b>Pazeo</b> (olopatadine) <b>(Effective 08/01/2019)</b>	0.7% Eye Drops	<ul style="list-style-type: none"> <li>• AF</li> <li>• ST</li> </ul>
potassium Cl	10% (20 mEq/15ml)	<ul style="list-style-type: none"> <li>• RF</li> </ul>
potassium Cl	20% (40 mEq/15ml)	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>SPS</b> (sodium polystyrene sulfon/sorb)	15 gm/60 ml suspension	<ul style="list-style-type: none"> <li>• AF</li> </ul>
tropicamide	0.5% Eye Drops 1% Eye Drops	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>Zarxio</b> (filgrastim-sndz)	300 mcg/0.5 ml syringe 480 mcg/0.8 ml syringe	<ul style="list-style-type: none"> <li>• R-C1</li> </ul>

<b>IEHP MEDICARE FORMULARY UPDATES</b>		
<b>Drug Name</b>	<b>Strength &amp; Dosage Form</b>	<b>Status Change</b>
<b>Adcirca</b> (tadalafil)	20 mg tablet	<ul style="list-style-type: none"> <li>• RF</li> </ul>
albendazole	200 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> </ul>
<b>Albenza 200 mg tablet</b> (albendazole)	200 mg tablet	<ul style="list-style-type: none"> <li>• RF</li> </ul>
albuterol sulfate HFA	90 mcg/actuation aerosol inhaler	<ul style="list-style-type: none"> <li>• AF</li> <li>• QL = 36/31ds</li> </ul>
<b>Alyq</b> (tadalafil)	20 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA</li> <li>• QL = 62/31ds</li> </ul>
<b>Biltricide</b> (praziquantel)	600 mg tablet	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>Canasa</b> (mesalamine)	1, 000 mg rectal suppository	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>Daurismo</b> (glasdegib)	25 mg tablet 100 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA (new starts)</li> <li>• QL = 62/31 ds (25 mg)</li> <li>• QL = 31/31 ds (100 mg)</li> </ul>
<b>Elidel</b> (pimeocrolimus)	1 % topical cream	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>Fareston</b> (toremifene)	60 mg tablet	<ul style="list-style-type: none"> <li>• RF</li> </ul>

<b>Firvanq</b> (vancomycin hcl)	25 mg/mL oral solution 50 mg/mL oral solution	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA</li> <li>• QL = 385/28 ds (25 mg/ml)</li> <li>• QL = 192.5/28 ds (50 mg/ml)</li> </ul>
<b>Hailey FE 24</b> (norethindrone-ethinyl estradiol-iron)	1 mg-20 mcg (24)/75 mg (4) tablet	<ul style="list-style-type: none"> <li>• AF</li> </ul>
hydroxyzine HCl	10 mg tablet 25 mg tablet 50 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA</li> </ul>
IBU	600 mg tablet 800 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> <li>• ST</li> </ul>
<b>Jasmiel (28)</b> (ethinyl estradiol-drospirenone)	3 mg-0.02 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> </ul>
<b>Lenvima</b> (lenvatinib)	8 mg/day (4 mg x 2) capsule 18 mg/day (10 mg x 1 and 4 mg x 2) capsule	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA (New Starts)</li> <li>• QL = 60/30 ds (8 mg/day)</li> <li>• QL = 90/30 ds (18 mg/day)</li> </ul>
mesalamine	1,000 mg rectal suppository	<ul style="list-style-type: none"> <li>• AF</li> </ul>
nevirapine	50 mg/5 ml oral suspension	<ul style="list-style-type: none"> <li>• AF</li> <li>• QL = 1240/31 ds</li> </ul>
pimeocrolimus	1% topical cream	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA</li> </ul>
potassium chloride	20 mEq oral packet	<ul style="list-style-type: none"> <li>• AF</li> </ul>
praziquantel	600 mg tablet	<ul style="list-style-type: none"> <li>• AF</li> </ul>
<b>Promacta</b> (eltrombopag)	12.5 mg oral powder packet	<ul style="list-style-type: none"> <li>• PA</li> </ul>
<b>Rapamune</b> (sirolimus)	1 mg/ml oral solution	<ul style="list-style-type: none"> <li>• RF</li> </ul>
<b>Retacrit</b> (epoetin alfa-epbx)	2,000 unit/ml injection solution 3,000 unit/ml injection solution 4,000 unit/ml injection solution 10,000 unit/ml injection solution 40,000 unit/ml injection solution	<ul style="list-style-type: none"> <li>• PA</li> </ul>
<b>Sabril</b> (vigabatrin)	500 mg tablet	<ul style="list-style-type: none"> <li>• RF</li> </ul>
sirolimus	1 mg/ml oral solution	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA (B vs D)</li> </ul>
sumatriptan	6 mg/0.5 ml subcutaneous syringe	<ul style="list-style-type: none"> <li>• AF</li> <li>• QL = 4/28 ds</li> </ul>
<b>Sympazan</b> (clobazam)	5 mg oral film 10 mg oral film 20 mg oral film	<ul style="list-style-type: none"> <li>• AF</li> <li>• PA (New Starts)</li> <li>• QL = 62/31 ds</li> </ul>

toremifene	60 mg tablet	<ul style="list-style-type: none"> <li>AF</li> </ul>
<b>Toujeo SoloStar U-300 Insulin</b> (insulin glargine injection)	300 unit/ml (1.5 ml) subcutaneous pen	<ul style="list-style-type: none"> <li>AF</li> <li>ST</li> <li>QL = 45/31 ds</li> </ul>
<b>Toujeo Max U-300 SoloStar</b> (insulin glargine injection)	300 unit/ml (3 ml) subcutaneous insulin pen	<ul style="list-style-type: none"> <li>AF</li> <li>ST</li> <li>QL = 45/31 ds</li> </ul>
<b>Tri-Estarylla</b> (norgestimate-ethinyl estradiol)	(28) 0.18 mg (7)/0.215 mg (7)/0.25 mg(7)-35 mcg tablet	<ul style="list-style-type: none"> <li>AF</li> </ul>
<b>Tri-VyLibra Lo</b> (norgestimate-ethinyl estradiol)	0.18/0.215/0.25 mg-25 mcg tablet	<ul style="list-style-type: none"> <li>AF</li> </ul>
<b>Udenyca</b> (pegfilgrastim-cbqv)	6 mg/0.6 ml subcutaneous syringe	<ul style="list-style-type: none"> <li>AF</li> <li>PA</li> </ul>
vigabatrin	500 mg tablet	<ul style="list-style-type: none"> <li>AF</li> <li>PA (New Starts)</li> <li>QL = 186/31 ds</li> </ul>
<b>Viramune</b> (nevirapine)	50 mg/5 ml oral solution	<ul style="list-style-type: none"> <li>RF</li> </ul>
<b>Vitrakvi</b> (larotrectinib)	25 mg capsule 100 mg capsule 20 mg/ml oral solution	<ul style="list-style-type: none"> <li>AF</li> <li>PA (New Starts)</li> <li>QL = 186/31 ds (25 mg)</li> <li>QL = 62/31 ds (100 mg)</li> <li>QL = 310/31 ds (20 mg/ml)</li> </ul>
<b>Wixela Inhub</b> (fluticasone propionate and salmeterol)	100 mcg-50 mcg/dose powder for inhalation 250 mcg-50 mcg/dose powder for inhalation 500 mcg-50 mcg/dose powder for inhalation	<ul style="list-style-type: none"> <li>AF</li> <li>QL = 60/30 ds</li> </ul>
<b>Xospata</b> (gliteritinib)	40 mg tablet	<ul style="list-style-type: none"> <li>AF</li> <li>PA (New Starts)</li> <li>QL = 93/31 ds</li> </ul>

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
<b>Aranesp</b> (darbepoetin alfa)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>Remove criteria for off-labeled indications: myeloblastic syndrome</li> </ul>
<b>Auryxia</b> (ferric citrate)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>Revise covered use per Micromedex</li> <li>Trial and failure of calcium acetate AND either Renvela or Renagel</li> <li>Retire criteria regarding hypercalcemia</li> </ul>

<b>Firazyr</b> (icatibant acetate)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Add age restriction per package insert</li> </ul>
lanthanum carbonate	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Revise covered use per Micromedex</li> <li>• Trial and failure of calcium acetate AND either Renvela or Renagel</li> <li>• Retire criteria regarding hypercalcemia</li> </ul>
<b>Lovenox</b> (enoxaparin sodium)	<b>QUANTITY LIMIT UPDATE</b> <ul style="list-style-type: none"> <li>• Revise all formulary Lovenox syringes QL to allow for twice daily dosing for cancer</li> </ul>
<b>Pataday 0.2% Eye Drops</b> (olopatadine)	<b>STEP THERAPY UPDATE</b> <ul style="list-style-type: none"> <li>• Step Therapy through Patanol</li> </ul>
<b>Patanol 0.1% Eye Drops</b> (olopatadine)	<b>STEP THERAPY UPDATE</b> <ul style="list-style-type: none"> <li>• Step Therapy through azelastine and Zaditor products</li> </ul>
<b>Pazeo 0.7% Eye Drops</b> (olopatadine)	<b>STEP THERAPY UPDATE</b> <ul style="list-style-type: none"> <li>• Step Therapy through Patanol</li> </ul>
<b>Promacta</b> (eltrombopag)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Retired rarely used criteria for aplastic anemia, treatment of thrombocytopenia in patients with Hepatitis C</li> </ul>
<b>Takhzyro</b> (lanadelumab-flyo)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Add new criteria for Takhzyro same as Haegarda's criteria for prophylaxis treatment of HAE</li> </ul>
<b>Uloric</b> (febuxostat)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Revise criteria to include chronic kidney disease</li> </ul>
<b>Velphoro</b> (sucroferric oxyhydroxide)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Revise covered use per Micromedex</li> <li>• Trial and failure of calcium acetate AND either Renvela or Renagel</li> <li>• Retire criteria regarding hypercalcemia</li> </ul>

Veltassa (patiromer)	<b>PRIOR AUTHORIZATION UPDATE</b> <ul style="list-style-type: none"> <li>• Trial and failure of formulary Kionex or SPS</li> </ul>
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*Prior Authorization table available at: [www.iehp.org](http://www.iehp.org) > For Providers > Pharmacy Services > Clinical Information > Prior Authorization Drug Treatment Criteria*

CLINICAL PRACTICE GUIDELINE UPDATES		
Clinical Practice Guideline	Academy/Association	Status
BHICCI Major Depression	American Psychiatric Association	Retire

IEHP PHARMACY POLICIES	
Policy	Medicaid Policy
<b>Automatic Blood Pressure Monitor</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Removed preferred products, added cost criteria of \$99 or less</li> <li>• Removed Preveon as preferred provider</li> </ul>
<b>Brand Name Drug Request</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Add “Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy”</li> </ul>
<b>Nebulizer</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Removed preferred contracted Pharmacy provider for nebulizer products</li> </ul>
<b>Non-Formulary Drug</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Add “Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy”</li> <li>• Add “All formulary alternatives that are FDA approved or supported by standard pharmacopeias”</li> </ul>
<b>Off-Label Indication Policy</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Add: “Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy”</li> <li>• Change title from Off Label Indications of Non-Formulary to “Off-Label Indication Policy”.</li> </ul>
<b>Quantity Limit Policy</b>	<b>UPDATED</b> <ul style="list-style-type: none"> <li>• Add FDA label indications to bullet 1</li> <li>• Add: “Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy”</li> </ul>

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](http://www.iehp.org).

Sincerely,  
IEHP Pharmaceutical Services