



A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

October 4, 2019

IEHP FORMULARY CHANGES: August 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 August 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 November 1, 2019

Drug Name	Strength & Dosage Form	Status Change
acetaminophen with codeine	<ul style="list-style-type: none"> 120-12mg/5ml solution 300mg-15mg tablet 300mg-30mg tablet 300mg-60mg tablet 	<ul style="list-style-type: none"> QL = 473/30 ds (120-12mg/5ml) QL = 120/30 ds (300mg-15mg, 300mg-30mg, 300mg-60mg)
baclofen	<ul style="list-style-type: none"> 5mg tablet 10mg tablet 20mg tablet 	<ul style="list-style-type: none"> AF (5mg) QL = 120/30 ds (5mg, 10mg, 20mg)
chlordiazepoxide HCl	<ul style="list-style-type: none"> 5mg capsule 10mg capsule 25mg capsule 	<ul style="list-style-type: none"> AF QL = 20/5 ds (5mg, 10mg, 25mg)

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choline and magnesium salicylate	<ul style="list-style-type: none"> • 500mg/5mL oral liquid 	<ul style="list-style-type: none"> • RF
diclofenac sodium	<ul style="list-style-type: none"> • 1 % gel 	<ul style="list-style-type: none"> • QL = 500/30 ds
doxorubicin HCl	<ul style="list-style-type: none"> • 2mg/ml intravenous solution • 10mg/5ml intravenous solution • 20mg/10ml intravenous solution • 50mg/25ml intravenous solution 	<ul style="list-style-type: none"> • PA
Enbrel (etanercept)	<ul style="list-style-type: none"> • 25mg vial • 25mg/0.5ml syringe • 50mg/ml syringe • 50mg/ml pen injctr • 50mg/ml cartridge 	<ul style="list-style-type: none"> • AF • PA
gabapentin	<ul style="list-style-type: none"> • 600 mg tablet • 800 mg tablet 	<ul style="list-style-type: none"> • QL = 180/30 (600 mg) • QL = 120/30 (800 mg)
glycopyrrolate	<ul style="list-style-type: none"> • 1mg tablet • 2mg tablet 	<ul style="list-style-type: none"> • AF
Herceptin (trastuzumab)	<ul style="list-style-type: none"> • 150mg/vial • 440mg/vial 	<ul style="list-style-type: none"> • RF
Herceptin Hylecta (trastuzumab)	<ul style="list-style-type: none"> • 600mg-10,000units/5ml vial 	<ul style="list-style-type: none"> • AF • PA
Humira (adalimumab)	<ul style="list-style-type: none"> • 10mg/0.1ml syringe kit • 10mg/0.2ml syringe kit • 20mg/0.2ml syringe kit • 20mg/0.4ml syringe kit • 40mg/0.4ml syringe kit • 40mg/0.4ml pen ij kit • 40mg/0.8ml syringe kit • 40mg/0.8ml pen ij kit • 80mg/0.8ml syringe kit • 80mg/0.8ml pen ij kit • 80mg-40mg syringe kit • 80mg-40mg pen ij kit 	<ul style="list-style-type: none"> • AF • PA
ifosfamide	<ul style="list-style-type: none"> • 3gm/60ml intravenous solution 	<ul style="list-style-type: none"> • PA
irinotecan	<ul style="list-style-type: none"> • 40mg/2ml intravenous solution • 100mg/5ml intravenous solution • 500mg/25ml intravenous solution 	<ul style="list-style-type: none"> • PA
methocarbamol	<ul style="list-style-type: none"> • 500mg tablet • 750mg tablet 	<ul style="list-style-type: none"> • QL = 240/30 ds (500mg)

		<ul style="list-style-type: none"> • QL = 180/30 (750mg)
pilocarpine	<ul style="list-style-type: none"> • 5mg tablet • 7.5mg tablet 	<ul style="list-style-type: none"> • AF
pregabalin	<ul style="list-style-type: none"> • 25mg capsule • 50mg capsule • 75mg capsule • 100mg capsule • 150mg capsule • 200mg capsule • 225mg capsule • 300mg capsule 	<ul style="list-style-type: none"> • AF • QL = 120/30 (25mg, 50mg, 75mg, 100mg) • QL = 90/30 (150 mg, 200 mg) • QL = 60/30 (225mg, 300mg)
tizanidine HCl	<ul style="list-style-type: none"> • 4mg tablet 	<ul style="list-style-type: none"> • QL = 270/30 ds
vinblastine	<ul style="list-style-type: none"> • 1mg/ml intravenous solution 	<ul style="list-style-type: none"> • PA
Vyvanse (lisdexamfetamine)	<ul style="list-style-type: none"> • 10mg capsule • 10mg tab chewable • 20mg capsule • 20mg tab chewable • 30mg capsule • 30mg tab chewable • 40mg capsule • 40mg tab chewable • 50mg capsule • 50mg tab chewable • 60mg capsule • 60mg tab chewable • 70mg capsule 	<ul style="list-style-type: none"> • AF • ST

IEHP MEDICARE FORMULARY UPDATES

Drug Name	Strength & Dosage Form	Status Change
Advair Diskus (fluticasone-salmeterol)	<ul style="list-style-type: none"> • 100mcg-50mcg/dose powder for inhalation • 250mcg-50mcg/dose powder for inhalation • 500mcg-50mcg/dose powder for inhalation 	<ul style="list-style-type: none"> • RF
ambrisentan	<ul style="list-style-type: none"> • 5mg tablet • 10mg tablet 	<ul style="list-style-type: none"> • AF • PA
Balversa (erdafitinib)	<ul style="list-style-type: none"> • 3mg tablet • 4mg tablet • 5mg tablet 	<ul style="list-style-type: none"> • AF • PA (NS) • QL = 62/31 ds (3mg, 4mg) • QL = 31/31 ds (5mg)

bosentan	<ul style="list-style-type: none"> 62.5mg tablet 125mg tablet 	<ul style="list-style-type: none"> AF PA QL = 62/31 ds
cinacalcet	<ul style="list-style-type: none"> 30mg tablet 60mg tablet 90mg tablet 	<ul style="list-style-type: none"> AF PA (B vs D) QL = 124/31 ds
deferasirox	<ul style="list-style-type: none"> 125mg dispersible tablet 250mg dispersible tablet 500mg dispersible tablet 	<ul style="list-style-type: none"> AF PA
Delzicol (mesalamine)	<ul style="list-style-type: none"> 400mg capsule (DR tablets inside) 	<ul style="list-style-type: none"> RF
erlotinib	<ul style="list-style-type: none"> 25mg tablet 100mg tablet 150mg tablet 	<ul style="list-style-type: none"> AF PA (NS) QL = 31/31 ds
Exjade (deferasirox)	<ul style="list-style-type: none"> 125mg dispersible tablet 250mg dispersible tablet 500mg dispersible tablet 	<ul style="list-style-type: none"> RF
fluticasone-salmeterol	<ul style="list-style-type: none"> 100mcg-50mcg/dose blister powder for inhalation 250mcg-50mcg/dose blister powder for inhalation 500mcg-50mcg/dose blister powder for inhalation 	<ul style="list-style-type: none"> AF QL = 60/30 ds
Fulphila (pegfilgrastim-jmdb)	<ul style="list-style-type: none"> 6mg/0.6ml subcutaneous syringe 	<ul style="list-style-type: none"> AF PA
Humalog U-100 Insulin (Insulin lispro (U-100))	<ul style="list-style-type: none"> 100unit/ml subcutaneous solution 	<ul style="list-style-type: none"> RF
Ingrezza (valbenazine)	<ul style="list-style-type: none"> Initiation Pack – 40mg (7)-80mg (21) capsules in a dose pack 40mg capsule 80mg capsule 	<ul style="list-style-type: none"> AF PA
insulin lispro (U-100)	<ul style="list-style-type: none"> 100unit/ml subcutaneous solution 100unit/ml subcutaneous pen 	<ul style="list-style-type: none"> QL = 40/31 ds (vial) QL = 12/31 ds (pen)
Kalydeco (ivacaftor)	<ul style="list-style-type: none"> 25mg oral granules in packets 	<ul style="list-style-type: none"> AF PA (NS)
Letairis (ambrisentan)	<ul style="list-style-type: none"> 5mg tablet 10mg tablet 	<ul style="list-style-type: none"> RF
mesalamine	<ul style="list-style-type: none"> 400mg capsule (with delayed release tablets inside) 	<ul style="list-style-type: none"> AF
Nivestym (filgrastim-aafi)	<ul style="list-style-type: none"> 300mcg/ml injection solution 480mcg/1.6ml injection solution 	<ul style="list-style-type: none"> AF
Ranexa (ranolazine ER)	<ul style="list-style-type: none"> 500mg tablet, extended release 1,000mg tablet, extended release 	<ul style="list-style-type: none"> RF
ranolazine ER	<ul style="list-style-type: none"> 500mg tablet, extended release 	<ul style="list-style-type: none"> AF PA

	<ul style="list-style-type: none"> 1,000mg tablet, extended release 	
Sensipar (cinacalcet)	<ul style="list-style-type: none"> 30mg tablet 60mg tablet 90mg tablet 	<ul style="list-style-type: none"> RF
sevelamer HCl	<ul style="list-style-type: none"> 400mg tablet 	<ul style="list-style-type: none"> AF
tadalafil (antihypertensive)	<ul style="list-style-type: none"> 20 mg tablet 	<ul style="list-style-type: none"> AF PA QL = 62/31 ds
Tarceva (erlotinib)	<ul style="list-style-type: none"> 25mg tablet 100mg tablet 150mg tablet 	<ul style="list-style-type: none"> RF
Tarina 24 Fe (norethindrone-ethyl estradiol-iron)	<ul style="list-style-type: none"> 1 mg-20 mcg (24)/75 mg (4) tablet 	<ul style="list-style-type: none"> AF
Tracleer (bosentan)	<ul style="list-style-type: none"> 62.5mg tablet 125mg tablet 	<ul style="list-style-type: none"> RF
Versacloz (clozapine)	<ul style="list-style-type: none"> 50mg/mL oral suspension 	<ul style="list-style-type: none"> AF PA (NS) QL = 558/31 ds
Zykadia (ceritinib)	<ul style="list-style-type: none"> 150mg tablet 	<ul style="list-style-type: none"> AF PA (NS) QL = 31/31 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/Drug Class	Medi-Cal PA Criteria Revision
Dantrolene (Effective 10/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Retire rarely used PA criteria for malignant hyperthermia
doxorubicin HCl (Effective 11/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Standard criteria for all antineoplastic agents
Herceptin Hylecta (trastuzumab) (Effective 11/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Standard criteria for all antineoplastic agents
Humira (adalimumab) (Effective 10/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Retired non-infectious uveitis criteria; added hidradenitis suppurativa criteria.
Ifosfamide (Effective 11/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Standard criteria for all antineoplastic agents
irinotecan HCl (Effective 11/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Standard criteria for all antineoplastic agents

Oxtellar XR (oxcarbazepine) (Effective 10/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Removed required documentation for adjunctive therapy
Synagis (palivizumab) (Effective 10/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Updated RSV season duration according to CDC regional surveillance data.
vinblastine sulfate (Effective 11/01/2019)	PRIOR AUTHORIZATION UPDATE <ul style="list-style-type: none"> Standard criteria for all antineoplastic agents
Vyvanse (lisdexamfetamine) (Effective 11/01/2019)	STEP THERAPY UPDATE <ul style="list-style-type: none"> Tried or clinically significant adverse effects to two formulary stimulant alternatives

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
Depression – Adolescent	American Academy of Pediatrics	Updated
Depression – Adolescent Tool Kit	American Academy of Pediatrics	Updated
Fibromyalgia	American Pain Society	Updated
IVIG	American Academy of Allergy, Asthma & Immunology	Retired
Psychotropic Medication Use with Children and Youth in Foster Care	California Department of Social Services	Retired
Smoking Cessation	United States Preventative Services Task Force	Updated

IEHP PHARMACY POLICIES	
Policy	Medicaid Policy
Pharmacy Drug Management Program for Pain	UPDATED <ul style="list-style-type: none"> Revised Member identification method according to OMS criteria for both Lines of Business Removed SPI/ER Reports

Synagis Form	UPDATED <ul style="list-style-type: none">• Updated RSV season to be determined by the CDC surveillance: NREVSS
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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