

Dear KHS Provider:

We have released the new 2008-2009 Drug Formulary for Kern Family Health Care.

The following is a summary of the changes since the last version.

Additions:

- **Zofran (ondansetron)** - will be allowed without prior authorization for management of nausea and vomiting, will allow up to 3 days of therapy per month/treatment. All forms will be covered: tablets, ODT, solution, and injection.
- **Singulair Granules (montelukast)** - will be added with the same restrictions as the tablets. Part of the step therapy based on NHLBI guidelines. Over age 5, needs inhaled steroids first. Allowed for asthma diagnosis only.
- **Hydrocortisone 2.5% cream/ointment**
- **Apidra (insulin glulisine)** - vials only
- **Ambien (zolpidem)** - will allow #15 per 30 days

Modifications:

- **Glucophage ER (metformin)** - now available first line
- **Restoril (temazepam)** - allow #15 per 30 days
- **Vicodin (hydrocodone/apap)** - will allow #60 per month. Fills not to exceed 3 times in 75 days.
- **Sular** - new strengths are available; both the old and new formulations will be available.
- **Meloxicam** - available as formulary, no prior authorization needed.
- **Tizanidine** - generic tablets only. The capsules will not be formulary.
- **Cetirizine** - liquid allowed up to age 5, tablets up to age 12. This applies to the prescription formulation. OTC is still not formulary.
- **Flecainide** - available only to plan cardiologists without a prior authorization.



- **Lamotrigine** - involving the 25mg only. The oral 25 mg tablet will no longer be covered. Only the generic chewable version will be on formulary in this strength. All other strengths remain the same.
- **Pulmicort respule** - removing the requirement of nebulized beta-agonists. The medication will be available only to members up to age 5.
- **Miralax** - was available for colonoscopies only. Restriction will be removed, available as formulary.
- **Augmentin (amoxicillin/clavulanate)** - will retain the current restrictions. It will be allowed for ENT's without prior authorization regardless of age or condition.
- **Ketoconazole cream** - will be allowed as first line agent, not requiring prerequisite therapy.

Deletions:

- **Quinine** - FDA removed generic versions from market.
- **DDAVP** - FDA changed the allowed indications. Our current formulary would effectively eliminate it as a covered medication, as the allowable indication, diabetes insipidus, is a covered CCS condition.
- **Dalmane (flurazepam)**
- **Halcion (triazolam)**
- **Sulfonylureas** - Chlorpropramide, tolazamide, tolbutamide
- **NSAIDS** - Fenoprofen, diflusal, flubiprofen, tolmetin
- **Muscle relaxants** - dantrolene