

November 25, 2008

Dear Provider:

The following changes will go into effect December 1, 2008, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

Additions:

none

Deletions:

Beta-blockers—Blocarden (timolol)

Alpha-blockers—Wytensin (guanabenz)

Ophthalmics—Iopidine (apraclonidine), Isopto-Carbachol (carbachol), Phospholine Iodide (echothiophate iodide), Optipranolol (metpranolol), P-E (pilocarpine & epinephrine),

Modifications:

Griseofulvin tablets—will no longer be Formulary, the suspension will continue to be covered for members under the age of 12. For adults with tinea infections, we prefer the use of Lamisil (terbinafine).

Lamisil (terbinafine)—Will be allowed up to 12 weeks therapy. Onychomycosis of the fingers utilizes a 6 week therapy, toes is 12 week. Not approved for cosmetic purposes, and should have KOH or positive culture.

Macrochantin—nitrofurantoin in the regular release will no longer be Formulary. The time released version (Macrobid) will be Formulary.

Phenergan/Codeine—will be limited to 240 mls per member per month.

Diabetic guidelines update—New guidelines have been issued by the American Diabetic Association. KHS encourages these concepts as well. Lifestyle modifications will be the standard first step. Often medication management is needed. Metformin would be the first pharmacological agent of choice. The ADA divides pharmaceutical agents into tiers. The first tier is evidence supported, the second is less backed by evidence. The KHS Formulary allows for the medications in tier one, both first and second steps.





PROVIDER *bulletin*

Modifications (continued):

Mental health—Many medications used in mental health are carved out of the plan. However, for Healthy Families, they are still a benefit from our health plan. Some of these medications require prior authorization or step therapy. In the past this has not been rigorously enforced. We will implement this requirement going forward. The following are a list of meds that will require a prior authorization: Abilify, Marplan, Symbyax, Invega, Nardil, Orap, Parnate, Geodon, Zyprexa.

Antibiotic utilization. Please note the following state collaborative. **Project AWARE** (Alliance Working for Antibiotic Resistance Education) is a statewide collaborative project designed to promote appropriate antibiotic utilization and reduce resistance and inappropriate use. Other provider materials and information may be accessed at www.aware.md or by calling 916-551-2550.

CFC inhalers. Please note that beginning January 1, 2009 all inhalers using CFC propellants will no longer be allowed. This is based off Federal mandates. Instead, inhalers will need to utilize the HFA formulation. Please be sure to be ready for this switch. The main inhaler which could be problematic is the generic albuterol. After January 1, 2009 please consider our Formulary options, ProAir HFA and Ventolin HFA. Other medications with CFC formulations will be affected as well.

Sincerely,

Bruce Wearda, R.Ph.
Corporate Pharmacist

