



PROVIDER *bulletin*

January 11, 2008

Dear Provider:

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

Additions:

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 years, 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

Deletions:

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)

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.

Azithromycin is considered secondary to failure of first line formulary antibiotics for Kern Family Health Care. Please consider erythromycin, Bactrim, or Pediazole prior to the use of azithromycin.

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.

Sincerely,

Bruce Wearda, R.Ph.
Corporate Pharmacist

