PHARMACY NEWS - 4/22/09

TO: MEDICAL STAFF

FROM: FHCP PHARMACY SERVICES

The FHCP Pharmacy and Therapeutics Committee reviewed the following therapeutic classes of drugs at the last meeting, held March 31st, 2009; antihistamines (040000) thru peripheral vasodilators (241204). Listed below are the Additions and Deletions made to the FHCP Drug Formulary as a result of the P & T Committee and the Performance Improvement Council, held 4/15/09. (PPI's are attached for all new Brand name drug additions)

ADDITIONS	**DELETIONS**
CITALOPRAM (TIER 1) generic Celexa	NONE

NEW GENERICS NOW AVAILABLE: **ADDERALL-XR (AMPHETAMINE SALTS-ER)**
CYTOMEL (LIOTHYRONINE)
TOPAMAX (TOPIRAMATE)

FHCP $4.00 AND $9.00 GENERIC PROGRAMS - see attached list

FHCP implemented a $4 per month and a $9 mail order generic drug program on 9/28/08. Many members are not aware of the FHCP benefit so we appreciate you getting the word out and ordering from our FHCP pharmacies. The $9 FHCP program is less for your patients than the $10 program retailers are offering. The $4 FHCP program does not have the same quantity limits on medications that are taken more than once daily compared to what the retailers offer. Please monitor those patients on narrow therapeutic range medications such as thyroid, digoxin and warfarin. If you find a significant difference in the blood levels of these medications related to the purchase location, please let us know. You can call or fax our Quality department or enter a Quantros report. We would be pleased to provide these medications through FHCP.

FHPC will no longer dispense brand name Minitran at a generic copay, FHCP will be dispensing the generic for Minitran, Nitroglycerin Patches. FYI

Cost saving Measures to Help Medicare Patients in the Donut Hole.

- When possible use an ACE inhibitor to replace an ARB. If a PT is on combo ACE +ARB only to reduce UMAL, reconsider risk/benefit of combination therapy based on the On TARGET study results.
- Use Alendronate in place of Actonel
- Use Simvastatin for patients on Lipitor 40mg or less, or Crestor 10mg or less (if no drug interactions).
- Reduce Tricor dose 145→ 48mg in patients with renal insufficiency and eGFR <50 ml/min ($100 Vs $30/month)
- Use Crestor ½ tablet when possible and patient willing ($100 vs $50/month)
- For patients on Januvia with renal insufficiency; use ½ tablet of Januvia 100mg if eGFR 50-30ml/min, use ½ tab 50mg if eGFR <30ml/min, patients will save $70/month)
- For post PTCI/CABG patients on Plavix +ASA and >12-24 months since procedure, have cardiology reevaluate continuation of Plavix.
- Use Omeprazole BID if ineffective at QD dose vs switching to branded PPI.

Thanks for caring for FHCP members.