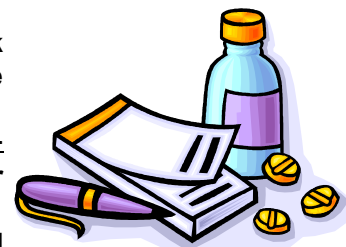


Inside this issue: Subsidy Changes

CareLink Subsidy Changes

1. **Budesonide/formoterol powder for oral inhalation (Symbicort®)**- CareLink will subsidize Symbicort® pending the obtainment through a medication assistance program (MAP) and for patients who do not qualify for a MAP.
2. **Carbamazepine (generic, Carbatrol®, Tegretol®)**- CareLink will subsidize all formulary dosage forms and strengths without restrictions (extended-release capsule 200 mg, 300 mg, 100 mg/5 mL oral suspension, 200 mg tablet, 100 mg chewable tablet).
3. **Etonogestrel implant (Implanon™)**- Implanon™ is reimbursed by CareLink when the insertion procedure is performed by certified OB/GYN physicians in the UHS Women's Health Clinic.
4. **Formoterol solution for nebulization (Perforomist™) and arformoterol solution for nebulization (Brovana™)**- CareLink will not subsidize formoterol or arformoterol for nebulization. Brovana™ is available through a MAP.
5. **Formoterol powder for oral inhalation (Foradil® Aerolizer)**- CareLink will subsidize Foradil® pending the obtainment through a MAP and for patients who do not qualify for a MAP.
6. **Hepatitis A, inactivated/Hepatitis B, recombinant (Twinrix®)**- The combination vaccine is covered by CareLink for adults when one of following conditions are met for each component of the vaccine (per the Center for Disease Control revised 2008 Immunization Recommendations).
 - Hepatitis A:
 1. Medical conditions: persons with chronic liver disease and persons who receive clotting factor concentrates
 2. Behavioral conditions: men who have sex with men and persons who use illegal drugs
 - Hepatitis B:
 1. Persons with end-stage renal disease, persons seeking evaluation for a sexually transmitted disease, persons with HIV, persons with chronic liver disease
 2. Behavioral indications: sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); current or recent injection drug users; and men who have sex with men.
 3. Other indications: household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities
7. **Hepatitis B immune globulin (HepaGam® B)**- HepaGam® B will be subsidized for the prevention of hepatitis B virus recurrence after liver transplantation in HBsAg-positive transplant patients.
8. **Ibandronate injection (Boniva®)**- Ibandronate will only be subsidized for patients who do not qualify for MAPs or Medicare, when written by Endocrinology (and according to Medicare guidelines).
9. **Levothyroxine, generic**- per P & T Pharmacy will carry only the generic, Mylan brand of levothyroxine. The generic Mylan levothyroxine is AB rated to both Levoxyl® and Synthroid® brand name drugs. By definition, AB rating is one of a number of "therapeutic equivalent evaluation codes" used by the FDA to denote therapeutic equivalence to other pharmaceutically equivalent drug products, when "actual or potential bioequivalence problems have been resolved with adequate *in vivo* and/or *in vitro* evidence supporting bioequivalence." **CareLink will only subsidize the Mylan brand of levothyroxine.**



Subsidy Changes Cont.

10. **Maraviroc tablets (Selzentry™)**- Maraviroc is available through a program from the Texas Department of Health (TDH); CareLink patients not covered by TDH require prior authorization (358-3224). .
11. **Mometasone powder for oral inhalation (Asmanex®)**- **CareLink will subsidize Asmanex®** pending the obtainment through a MAP and for patients who do not qualify for a MAP.
12. **Pamidronate injection, generic**- CareLink will subsidize generic pamidronate injections without restrictions.
13. **Raltegravir tablets (Isentress™)**- Raltegravir is available through a program from the TDH; CareLink patients not covered by TDH require prior authorization (358-3224).
14. **Zoledronic acid 5 mg injection (Reclast®)**- **Reclast® will only be subsidized for patients who do not qualify for MAPs or Medicare, when written by Endocrinology (and according to Medicare guidelines).**

Clostridium difficile Management Pathway: A pathway for the treatment of new onset diarrhea associated with antibiotic use has been approved by P & T and will be available via the UHS Clinical Pathways/Guidelines website.

Inhaled corticosteroid restrictions: The restriction requiring Pulmonary and/or Allergy/Immunology Services to initiate therapy for high dose inhaled steroids (fluticasone 220 mcg metered-dose inhaler, fluticasone/salmeterol 500 mcg/50 powder for oral inhaler for adults, fluticasone/salmeterol 250 mcg/50 mcg for children) has been **removed**.



Congratulations to Lucinda Rangel, CPhT, Registered, CareLink's Pharmacy Reimbursement Specialist. She was named the UHS employee of the quarter (technical category). CareLink appreciates all of the great work she does and we are proud to have her on our team!