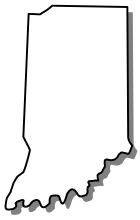
Indiana Health Coverage Programs



P R O V I D E R B U L L E T I N

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To: All Pharmacy Providers and Practitioners Prescribing and Dispensing Medications

Subject: Preferred Drug List—New Additions (Phase 7)

> *Note:* *The information in this bulletin regarding prior authorization payment methodology does not apply to practitioners and providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.*

Overview

This bulletin announces the Indiana Health Coverage Programs (IHCP) Preferred Drug List (PDL) Phase 7 implementation. The PDL is scheduled for completion in April 2003. A complete list of current preferred drugs is available on the Web at www.Indianapbm.com. At the Drug Utilization Review (DUR) Board meeting December 20, 2002, the following medications were recommended by the Therapeutics Committee and approved by the DUR Board:

- Medications used in treating osteoporosis (Selective Estrogen Receptor Modulators – SERMs/Bone Resorption Suppression Agents)
- Heparin and related preparations
- Antiemetic/Antivertigo Agents

The approvals from the DUR Board meeting are contained in this bulletin and constitute the seventh group of drugs subject to the PDL.

The Therapeutics Committee was concerned about the morbidity associated with osteoporosis. The committee felt that Evista® was an important agent for patients intolerant to biphosphonates. Additionally, the committee acknowledged that biphosphonates did have clinical merit but no clinical difference has been established between the agents. Actonel® was chosen as the drug of choice to treat Paget's disease of bone because patients respond to this therapy more quickly. The Therapeutics Committee felt that the clinical merits and prevention of further clinical and economic burdens outweighed the cost of this drug class.

The Therapeutics Committee considered the clinical efficacy, safety, and cost of the heparin, and related products. The committee felt the selected products are the most clinically and cost effective agents and commented on the importance of encouraging the use of Fragmin® where indicated because the agent is dosed once daily.

The committee also reported on the clinical significance of the antiemetic/antivertigo agents. Anzemet® was not selected because of the adverse cardiac risk profile and lack of utilization. Furthermore, the committee suggested that limits could help facilitate appropriate use of this drug class, and suggested a utilization review in six months.

The Therapeutics Committee recommends drugs for the PDL after extensive clinical review. The IHCP anticipates that prescribers and pharmacists will support and encourage the use of the PDL as it is implemented or further developed. The IHCP recognizes and appreciates the clinical and cost effectiveness that the PDL brings . It is important to note that the cost savings realized from the PDL program will enable the OMPP to fund other critically needed services under the IHCP .

Phase 7 PDL Additions

The following PDL Phase 7 additions are effective **February 26, 2003:**

Table 1 – SERMS/Bone Resorption Suppression Agents

Preferred Drug List (SERMs/Bone Resorption Suppression Agents)	**Non-Preferred Drug List (SERMs/Bone Resorption Suppression Agents)**
Actonel® (risedronate) all formulations	Didronel® brand products
Evista® (raloxifene)	Fosamax® QD formulations
Etidronate disodium generic products	Miacalcin® (calcitonin-salmon)
Fosamax® (alendronate) weekly formulations	Skelid® (tiludronate)

Table 2 – Heparin and Related Products

Preferred Drug List (Heparin and related products)	**Non-Preferred Drug List (Heparin and related products)**
Fragmin® (dalteparin): pre-filled syringes only	Arixtra® (fondaparinux)
Heparin: all generic formulations	Fragmin® (dalteparin): formulations other than pre-filled syringes
Lovenox® (enoxaparin): pre-filled syringes only	Innohep® (tinzaparin)
	Lovenox® (enoxaparin): formulations other than pre-filled syringes

Table 3 – Antiemetic/Antivertigo Agents

Preferred Drug List (Antiemetic/Antivertigo Agents)	**Non-Preferred Drug List (Antiemetic/Antivertigo Agents)**
Kytril® (granisetron): limited to 10 tablets per prescription	Anzmet® (dolasetron): limited to 10 tablets per prescription
Zofran® (ondansetron): limited to 10 tablets per prescription for all tablet formulations and 1 bottle of oral solution per prescription	

*Note: *When a brand name drug having generic equivalents is included in the "Non-Preferred Drug List" listing, please note that the generic equivalents for the brand name drug are considered as being ON PDL and therefore do not require prior approval.*

Effective **February 26**, **2003**, SERMs/Bone Resorption Suppression Agents, Heparin (and related products) and Antiemetic/Antivertigo Agents not on the PDL will require prior authorization from ACS State Health Care at *1-866-879-0106*. Additionally, any antiemetic/antivertigo agents (PDL or non-PDL) exceeding quantity limits will also require a prior authorization.

> *Note: Prior authorization will be required for all non-preferred drugs in a class and requests for quantities of preferred drugs in a class that exceed the stated limit.*

Table 4 – Contact List

Edit Code	Description	Contact Name	Contact Number
3017	PDL / Non-PDL Brand Med Necessary associated with PDL / Non-PDL	ACS	1-866-879-0106
3002	IRDP – Indiana Rational Drug Program	HCE	(317) 347-4511 1-800-457-4518
4026	NDC/ Days Supply Limits	HCE	(317) 347-4511 1-800-457-4518
0570	Refill too Soon	HCE	(317) 347-4511 1-800-457-4518
6806	IRDP Therapy exceeds limitation	HCE	(317) 347-4511 1-800-457-4518

The following classes of drugs were reviewed by the Therapeutics Committee at the January 3 meeting: leukocyte (WBC) stimulants, hematinics, and smoking deterrent agents. As the Therapeutics Committee reviews additional drug categories and recommendations are made to the DUR Board, providers will be given 30 days notice of additions to the PDL in future banner page articles or bulletins.

Additional Information

Notice of the Therapeutics Committee meetings and agendas for the meetings are posted in accordance with public notice requirements on the FSSA Web site, http://www.state.in.us/fssa, by clicking on Calendar and News. Additional information about the Therapeutics Committee and the PDL can be accessed at http://www.indianapbm.com.

Direct questions about this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. Direct questions about prior authorization to Health Care Excel Prior Authorization Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518. D**irect questions about the PDL and prior authorization needed for non-PDL drugs to ACS State Health Care at 1-866-879-0106.**