



PROVIDER BULLETIN

BT200342

JUNE 23, 2003

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Preferred Drug List—New Additions (Phase 10)

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

Overview

As stated in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200247*, dated September 9, 2002, a Preferred Drug List (PDL) is being implemented for the fee-for-service benefits within the IHCP. A complete list of current preferred drugs is being compiled and will be made available on the Web at www.indianapbm.com. The Drug Utilization Review (DUR) Board, at the April 25, 2003 and the May 23, 2003, meetings, approved PDL recommendations from the Therapeutics Committee for the following drug classes and drugs:

- Antiviral (Influenza) Agents
- Antiviral (Antiherpetic) Agents
- Topical Antifungals
- Oral Antifungals
- Vaginal Antimicrobials
- Topical Estrogen Agents
- Anti-Ulcer/H. Pylori Agents
- Cipro HC®
- Alphagan P®

Notice of meetings of the DUR Board and agendas are posted on the Indiana Family and Social Services Administration (IFSSA) Web site at <http://www.state.in.us/fssa/> under the heading **Calendar**. Information about the Therapeutics Committee and the PDL can be accessed at <http://www.indianapbm.com>.

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 and further developed, as well as recognize and appreciate the clinical and cost effectiveness that it will bring to the IHCP. It is important to note that the cost savings to be realized from the PDL program will enable the OMPP to fund other critically needed services under the IHCP at a time when every possible means of conserving program costs is being explored.

Important Note: Other existing authorizations such as Early Refill, High Dose, 34-day Supply, and so forth will not be grandfathered and ProDUR edits will still apply when appropriate.

Phase 10 PDL Additions

Important: In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and “cross indicated” drugs are considered as being on the PDL.

Table 1 – POS Edit Codes

Codes	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 Limitations	HCE	(317) 347-4511 1-800-457-4518
0573	Drug-Drug Interaction Severity Level 1	HCE	(317) 347-4511 1-800-457-4518
0571	High Dose	HCE	(317) 347-4511 1-800-457-4518
70	Medical Supply Billed POS to ACS	EDS	1-800-577-1278
41	Third Party Liability	EDS	1-800-577-1278

Important: The brand products on the non-preferred drug list with generic equivalents are considered non-preferred on the PDL. The generic equivalents do not require prior authorization for non-PDL edits, unless noted otherwise.

The following drugs are effective August 6, 2003

Table 2 – Antiviral (Influenza) Agents

Preferred Drug List	Non-Preferred Drug List
Amantidine (generic products)	Relenza®
Rimantidine (generic products)	Tamiflu®
	Symmetrel®
	Flumadine®

Table 3 – Antiviral (Antiherpetic) Agents

Preferred Drug List	Non-Preferred Drug List
Acyclovir (generic products)	Famvir®
Valtrex®	Zovirax® 600mg tablets
Zovirax® 200mg capsules	Zovirax® 800mg tablets
Zovirax® 400mg tablets	
Zovirax® Suspension	

Table 4 – Topical Antifungals

Preferred Drug List	Non-Preferred Drug List	
All generic products	Exelderm®	Nilstat®
Clotrimazole	Lamisil AT®	Nizoral®
Miconazole	Loprox®	Oxistat®
Econazole	Lotrimin®	Penlac®
	Mentax®	Spectazole®
	Micatin®	Tinactin®
	Naftin®	

Table 5 – Oral Antifungals*

Preferred Drug List	Non-Preferred Drug List	
Diflucan® all doses and all formulations; (Diflucan® 150mg is limited to 2 tablets every 14 days) (Phase 6)	Nizoral® (Phase 6)	
Ketoconazole (generic products) (Phase 6)	Sporanox® (Phase 6)	
Grifulvin® V (Phase 10)	Lamisil® (Phase 6)	
Griseofulvin tablets (generic products) (Phase 10)	Vfend® (Phase 6)	
	Fulvicin® (Phase 10)	
	Grisactin® (Phase 10)	
	Gris-PEG® (Phase 10)	

*The DUR Board moved to add Grifulvin®, and griseofulvin to the PDL and Fulvicin®, Grisactin®, and Gris-PEG® to Non-PDL under the oral antifungals previously reviewed as Phase 6 for the Preferred Drug List.

Table 6 – Vaginal Antimicrobials

Preferred Drug List	Non-Preferred Drug List	
All generic products	Cleocin® Vaginal cream/ovules	Metrogel® Vaginal
Clotrimazole	Terazol®	Mycelex®
Miconazole	Gynazole® 1	Monistat®
Tioconazole	Gyne-Lotrimin®	Vagistst-1®

Table 7 – Topical Estrogen Agents

Preferred Drug List	Non-Preferred Drug List
Estrace Vaginal Cream®	Not applicable
Vagifem®	
Estring®	
Premarin® Vaginal Cream	
Ortho-Dienestrol®	
Ogen®	

Table 8 – Antiulcer / H. Pylori Agents

Preferred Drug List	Non-Preferred Drug List
Not Applicable	PrevPac®
	Helidac®

Due to the loss of quorum at the April 25, 2003, DUR Board, Cipro HC® and Alphagan P® were reviewed at the May 23, 2003, meeting and assigned the following status on the PDL.

Table 9 – Otic Antibiotics (Addition from Phase 9)

Preferred Drug List	Non-Preferred Drug List
Cipro HC® (preferred for patients 12 and under)	Cipro HC® (patients age 13 and over)
See provider bulletin <i>BT200333</i> Phase 9 for other PDL agents	

Table 10 – Miotics/Other Intraocular Pressure Reducers (Addition from Phase 9)

Preferred Drug List	Non-Preferred Drug List
See provider bulletin <i>BT200333</i> Phase 9 for other PDL agents	Alphagan P® (grandfathered for one year for patients receiving therapy prior to phase 10 of the PDL)

Prior authorization is required for all non-preferred drugs and/or requests for quantities of drugs that exceed the State limit.

Additional Information

Direct questions about the PDL and prior authorization needed for non-PDL drugs to the ACS-State Health Care Clinical Call Center at 1-866-879-0106. Direct any questions about the Indiana Rational Drug Program (IRDP) or ProDUR prior authorizations to the Health Care Excel (HCE) Prior Authorization Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518. Direct questions about this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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