



PROVIDER BULLETIN

BT200351

JULY 28, 2003

To: All Pharmacy Providers and Practitioners Prescribing and Dispensing Medications

Subject: Preferred Drug List – Re-review of Proton Pump Inhibitors and Thiazolidinediones

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

This bulletin announces that at the June 20, 2003, Drug Utilization Review (DUR) Board meeting, the board approved the re-reviewed Preferred Drug List (PDL) recommendations from the Therapeutics Committee for the following drug classes:

- Proton Pump Inhibitors
- Thiazolidinediones

As stated in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200247*, dated September 9, 2002, a PDL was developed and implemented for the fee-for-service benefits within the IHCP. A complete list of current preferred drugs is available on the Web at www.indianapbm.com.

The DUR Board also approved the Therapeutics Committee recommendation to limit the H2 Receptor Blockers to 60 tablets every 30 days.

Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) 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 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 Office of Medicaid Policy and Planning (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.

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

PDL Re-Review

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

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.

Table 2 lists drugs on the PDL effective September 12, 2003:

Table 2 – Proton Pump Inhibitors

Preferred Drug List* This class is limited to 30 units every 30 days.	Non-Preferred Drug List
Protonix®	Aciphex®
Omeprazole (generic products)	Nexium®
	Prevacid®
	Prevacid Solutab®
	Prilosec®

***This class must go through the H2 Receptor Blocker step edit process. Patients must fail an H2 Receptor Blocker within the previous six months. All patients with a proton pump inhibitor prior authorization are not subject to the step edit.**

Table 3 – Thiazolidinediones

Preferred Drug List* This class is limited to 30 units every 30 days.	Non-Preferred Drug List
Actos® 15, 30 and 45 mg	Avandia® 2mg
Avandia® 4 and 8 mg	

***This class must go through the metformin step edit process. Patients must fail metformin within the previous six weeks. All patients currently taking a thiazolidinedione are not subject to the step edit.**

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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