



PROVIDER BULLETIN

BT 200359

SEPTEMBER 5, 2003

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Preferred Drug List—Re-review

Overview

This bulletin announces that at the August 15, 2003, Drug Utilization Review (DUR) Board meeting, the board approved the re-reviewed Preferred Drug List (PDL) recommendations from the August 1, 2003, Therapeutics Committee meeting. The complete PDL lists can be found in the tables contained in this bulletin.

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 IHCP. A complete list of current preferred drugs is available on the Internet at www.indianapbm.com. The next re-review of the PDL will occur at the November 7, 2003, Therapeutics Committee meeting.

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.

Note: Other existing authorizations such as Early Refill, High Dose, 34-day Supply, and so forth, will not be grandfathered and Prospective DUR (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	Indiana Rational Drug Program (IRDP)	HCE	(317) 347-4511 1-800-457-4518
4026	National Drug Code (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 point of sale (POS) to ACS	EDS	1-800-577-1278
41	Third Party Liability	EDS	1-800-577-1278

Preferred Drug List

Important: In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and cross indicated drugs are considered to be 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.

The following tables contain the Preferred Drug List effective October 20, 2003:

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Ace Inhibitors, A4D	
Preferred Drugs	
captopril 12.5mg tabs	12 years and younger
captopril 25mg tabs	12 years and younger
captopril 50mg tabs	12 years and younger
captopril 100mg tabs	12 years and younger
enalapril	All strengths
lisinopril	All strengths
Lotensin 10mg tabs	

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Lotensin 20mg tabs	
Lotensin 40mg tabs	
Mavik 1mg tabs	
Mavik 2mg tabs	
Mavik 4mg tabs	
Monopril 10mg tabs	
Monopril 20mg tabs	
Monopril 40mg tabs	
moexepiril	All strengths
Non Preferred Drugs	
Accupril 5mg tabs	
Accupril 10mg tabs	
Accupril 20mg tabs	
Accupril 40mg tabs	
Aceon 2mg tabs	
Aceon 4mg tabs	
Aceon 8mg tabs	
Altace 1.25mg caps	
Altace 2.5mg caps	
Altace 5mg caps	
Altace 10mg caps	
Capozide*	
captopril 12.5mg tabs	Older than 12 years old
captopril 25mg tabs	Older than 12 years old
captopril 50mg tabs	Older than 12 years old
captopril 100mg tabs	Older than 12 years old
Prinivil*	
Univasc 7.5mg tabs*	
Univasc 15mg tabs*	
Vasotec*	
Zestril*	

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Ace Inhibitors with Calcium Channel Blocker, A4K	
Preferred Drugs	
Lotrel	30 tabs per month
Tarka	
Non-Preferred Drugs	
Lexxel	
Ace Inhibitors with Diuretics, A4D	
Preferred Drugs	
captopril/HCTZ	
enalapril/HCTZ	
lisinopril/HCTZ	
Lotensin HCT	
Monopril HCT	
Non-Preferred Drugs	
Accuretic	
Capozide*	
Prinzide*	
Vaseretic*	
Uniretic	
Zestoretic*	
Alpha Adrenergic Blockers, J7B	
Preferred Drugs	
doxazosin	All strengths
prazosin	All strengths
terazosin	All strengths
Non-Preferred Drugs	
Cardura tabs*	All strengths
Hytrin caps*	All strengths
Minipress caps*	All strengths
Angiotensin Receptor Blockers, A4F	
Preferred Drugs	
Cozaar (subject to step edit for ACEI)	1 tablet per day
Micardis (subject to step edit for ACEI)	1 tablet per day

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Benicar (subject to step edit for ACEI)	
Non-Preferred Drugs	
Atacand	
Avapro	
Diovan	
Teveten	
Angiotensin Receptor Blockers with Diuretics, A4F	
Preferred Drugs	
Hyzaar	
Micardis HCT	
Benicar HCT	
Non-Preferred Drugs	
Atacand HCT	
Avalide	
Diovan HCT	
Alpha/Beta Adrenergic Blockers, J7A	
Preferred Drugs	
Coreg	Step edit, must be on a diuretic and Coreg limited to 90 tablets per dosage strength per 30 days
labetalol	All strengths and formulations
Non-Preferred Drugs	
Normodyne 100mg tabs*	
Normodyne 200mg tabs*	
Normodyne 300mg tabs*	
Trandate 100mg tabs*	
Trandate 200mg tabs*	
Trandate 300mg tabs*	
Beta Adrenergic Blockers, J7C	
Preferred Drugs	
acebutolol	All strengths
atenolol	All strengths
betaxolol 10mg tabs	
betaxolol 20mg tabs	

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
bisoprolol	All strengths
Inderal 10mg tabs**	
Inderal 20mg tabs**	
Inderal 40mg tabs**	
Inderal 60mg tabs**	
Inderal 80mg tabs**	
Inderal-LA	All LA strengths
InnoPran XL	
Lopressor 50mg tabs**	
Lopressor 100mg tabs**	
metoprolol	All strengths and formulations
nadolol	All strengths
pindolol	All strengths
propranolol	All strengths and formulations
sotalol 80mg tabs	
sotalol 120mg tabs	
sotalol 160mg tabs	
sotalol 240mg tabs	
Tenormin 25mg tabs**	
Tenormin 50mg tabs**	
Tenormin 100mg tabs**	
Timolol 5mg tabs	
Timolol 10mg tabs	
Timolol 20mg tabs	
Toprol XL 25mg tabs	
Toprol XL 50mg tabs	
Toprol XL 100mg tabs	
Toprol XL 200mg tabs	
Non-Preferred Drugs	
Betapace 80mg tabs*	
Betapace 120mg tabs*	
Betapace 160mg tabs*	
Betapace 240mg tabs*	

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Betapace AF 80mg tabs	
Betapace AF 120mg tabs	
Betapace AF 160mg tabs	
Blocadren 5mg tabs*	
Blocadren 10mg tabs*	
Blocadren 20mg tabs*	
Cartrol 2.5mg tabs	
Cartrol 5mg tabs	
Corgard 20mg tabs*	
Corgard 40mg tabs*	
Corgard 80mg tabs*	
Corgard 120mg tabs*	
Corgard 160mg tabs*	
Kerlone 10mg tabs	
Kerlone 20mg tabs	
Levatol 20mg tabs	
Sectral 200mg caps*	
Sectral 400mg caps*	
Visken 10mg tabs*	
Visken 5mg tabs*	
Zebeta 5mg tabs*	
Zebeta 10mg tabs*	
Calcium Channel Blockers, A9A	
Preferred Drugs	
Adalat CC 90mg tabs	
Calan**	All strengths
Covera-HS 180mg tabs	
Covera-HS 240mg tabs	
diltiazem	All forms/strengths
Dynacirc	All strengths
Dynacirc CR 5mg tabs	
Dynacirc CR 10mg tabs	
Isoptin**	All strengths

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
nicardipine	All strengths
nifedipine long-acting	All strengths
Nimotop 30mg caps	
Norvasc	All strengths
Plendil	All strengths
Sular	All strengths
Tiazac	All strengths
verapamil	All strengths
Verelan PM 100mg caps	
Verelan PM 200mg caps	
Verelan PM 300mg caps	
Verelan 120mg caps**	
Verelan 180mg caps**	
Verelan 240mg caps**	
Verelan 360mg caps**	
Non-Preferred Drugs	
Adalat 10mg caps*	
Adalat 20mg caps*	
Adalat CC 30mg tabs*	
Adalat CC 60mg tabs*	
Cardene 20mg caps	
Cardene 30mg caps	
Cardene SR 30mg caps	
Cardene SR 45mg caps	
Cardene SR 60mg caps	
Cardizem*	All strengths
Dilacor XR 120mg caps	
Dilacor XR 180mg caps	
Dilacor XR 240mg caps	
nifedipine(short acting)	All strengths
Procardia 10mg caps*	
Procardia 20mg caps*	
Procardia XL 30mg tabs*	

(Continued)

Table 2 – IHCP Preferred Drug List, Cardiovascular

IHCP Preferred Drug List – Cardiovascular	
Drug	Limits
Procardia XL 60mg tabs*	
Procardia XL 90mg tabs	
Vasacor 200mg tabs	
Vasacor 300mg tabs	

Table 3 – IHCP Preferred Drug List, Respiratory System

IHCP Preferred Drug List – Respiratory System	
Drug	Limits
Leukotriene Receptor Antagonists, Z4B	
Preferred Drugs	
Accolate	
Singulair	Step edit, must have had one of the following medications, methylxanthine, beta agonist, and/or inhaled corticosteroid within the past six months
Non-Preferred Drugs	
ZyFlo	
Long-Acting Beta Agonists, J5D	
Preferred Drugs	
Serevent	
Non-Preferred Drugs	
Foradil	
Short-Acting Beta Agonists, J5D	
Preferred Drugs	
albuterol	All formulations and strengths excluding tablets
albuterol inhalers	Limit three canisters per month for ages < 19; two canisters per month for ages 19 and older
Non-Preferred Drugs	
albuterol tablets	Brand and generic, all strengths and formulations
Alupent	
Brethine	
MaxAir	
Prometa	

(Continued)

Table 3 – IHCP Preferred Drug List, Respiratory System

IHCP Preferred Drug List – Respiratory System	
Drug	Limits
Proventil*	
Proventil HFA	
Tornalate	
Ventolin*	
Xopenex	
Beta Adrenergics and Corticosteroids, J5G	
Preferred Drugs	
Advair 100/50	
Advair 250/50	
Advair 500/50	Step edit, must have failed Advair 100/50 or 250/50 or Flovent within the past 30 days
Non-Preferred Drugs	
None	
Oral Inhaled Glucocorticoids, P5A	
Preferred Drugs	
Azmacort	
Flovent 44mcg Inhaler	
Flovent 110mcg Inhaler	
Pulmicort Respules	Limited to age 6 and younger
Pulmicort Turbohaler	For patients age 6 and older limited to 1 per month
Qvar	
Non-Preferred Drugs	
AeroBID and AeroBID M	
Beclovent	
Flovent 220mcg Inhaler	
Flovent Rotadisk	
Vanceril and Vanceril DS	
Nasal Anti-Inflammatory Steroids, Q7P	
Preferred Drugs	
Astelin	
Beconase	
Beconase AQ	
Flonase	
Nasacort	

(Continued)

Table 3 – IHCP Preferred Drug List, Respiratory System

IHCP Preferred Drug List – Respiratory System	
Drug	Limits
Nasacort AQ	
Nasalide	
Nasarel	
Nasonex	
Rhinocort	
Rhinocort AQ	
Tri-Nasal	
Vancenase	
Vancenase AQ	
Vancenase AQ DS	
Non-Preferred Drugs	
None	
Non-Sedating Antihistamines, Z2A	
Preferred Drugs	
Allegra 180mg tabs	Step edit, must have failed a two-week trial of over-the-counter (OTC) loratadine within previous three months; limit of one tablet per day
Allegra 30mg tabs	Step edit, must have failed a two-week trial of OTC loratadine within previous three months; limit of two tablets per day
Allegra 60mg tabs/caps	Step edit, must have failed a two-week trial of OTC loratadine within previous three months; limit of two tablets or capsules per day
Zyrtec 1mg/ml syrup	For children six years of age or younger; limit of 10 ml per day
Non-Preferred Drugs	
Allegra-D tabs	
Clarinet 5mg tabs	
Claritin 10mg redi-tabs	
Claritin 10mg tabs	
Claritin 10mg/10ml syrup	
Claritin-D 12 hour tabs	
Claritin-D 24 hour tabs	
Zyrtec 5mg tabs	
Zyrtec 10mg tabs	

(Continued)

Table 3 – IHCP Preferred Drug List, Respiratory System

IHCP Preferred Drug List – Respiratory System	
Drug	Limits
Zyrtec-D 12 hour tabs	

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
Fluoroquinolones, W1Q^	
^Beginning in January of 2003, all fluoroquinolones will be limited to a 14-day supply unless otherwise noted below.	
Preferred Drugs	
Cipro	
Cipro XR	Limited to three tablets per prescription; no refills
Factive	
Tequin TEQ-PAC one per month	
Levaquin	
Maxaquin	
Avelox ABC PAC one per month	
Noroxin	
Floxin	
Zagam	
First Generation Cephalosporins, W1W	
Preferred Drugs	
All generic first generation cephalosporins	
Second Generation Cephalosporins, W1X	
Preferred Drugs	
All generic second generation cephalosporins	
Non-Preferred Drugs	
Ceftin Brand*	
Ceclor Brand*	
Cefzil	
Lorabid	

(Continued)

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
Third Generation Cephalosporins, W1Y	
Preferred Drugs	
Omnicef	
Suprax	
Non-Preferred Drugs	
Cedax	
Spectracef	
Vantin	
Systemic Antifungals, W3B	
Preferred Drugs	
Diflucan 50mg tablets	
Diflucan 100mg tablets	
Diflucan 150mg tablets	150 mg tablets limited to two tablets every 14 days
Diflucan 200mg tablets	
Diflucan suspension	
Grifulvin V	
griseofulvin tablets	
ketoconazole generics	
Non-Preferred Drugs	
Fulvicin	
Grisactin	
Grisactin	
Nizoral Brand*	
Sporanox	
Lamisil	
Vfend	
Topical Antifungals, Q4F	
Preferred Drugs	
All generic products	
clotrimazole	
econazole	
miconazole	

(Continued)

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
Non-Preferred Drugs	
Exelderm	
Lamisil AT	
Loprox	
Lotrimin	
Mentax	
Micatin	
Naftin	
Nilstat	
Nizoral	
Oxistat	
Penlac	
Spectazole	
Tinactin	
Macrolides, W1D	
Preferred Drugs	
Zithromax, Z-PAK, TRI-PAK	1 Z-PAK or 1 TRI-PAK per month
Biaxin, Biaxin XL PAC	Biaxin XL PAC 1 pack per month
Dynabac, D-5PAC	D-5 PAC 1 pack per month
erythromycin*	
Non-Preferred Drugs	
Brand erythromycin products	
Otic Antibiotics, Q8W	
Preferred Drugs	
all generic products	
chloramphenicol	
Cipro HC	12 years old and under
neomycin, polymyxin B & hydrocortisone	
polymyxin B & hydrocortisone	
Floxin	
Non-Preferred Drugs	
Chloromycetin	
Cipro HC	13 years old and over

(Continued)

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
Coly-Mycin S	
Cortisoprin	
Octicair	
Otobiotic	
Otosporin	
Pediotic	
Antiviral (Anti-Herpetic) Agents, W5A	
Preferred Drugs	
acyclovir	All strengths and formulations
Zovirax 200 mg caps	
Zovirax 400 mg tabs	
Non-Preferred Drugs	
Famvir	
Zovirax 600mg tabs	
Zovirax 800mg tabs	
Valtrex	Step edit requires HIV therapy
Zovirax Suspension	
Antiviral (Influenza) Agents, W5A	
Preferred Drugs	
amantidine	Generic products
rimantidine	Generic products
Non-Preferred Drugs	
Flumadine	
Relenza	
Symmetrel	
Tamiflu	
Ophthalmic Antibiotics, Q6W	
Preferred Drugs	
all generic products	
bacitracin	
chloramphenicol	
erythromycin	
gentamicin	

(Continued)

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
natamycin	
neomycin, polymyxin B & bacitracin	
neomycin, polymyxin B & gramicidin	
polymyxin B & bacitracin	
polymyxin B & trimethoprim	
terramycin & polymyxin B	
tobramycin	
Ciloxan Drops	
Ocuflox	
Non-Preferred Drugs	
Any brand name available generically	
AK-Tracin	
Chloroptic	
Ciloxan Ointment	
Cortisporin	
Ilotycin	
Garamycin	
Natacyn	
Neosporin	
Polysporin	
Polytrim	
Tobrex	
Vigamox	
Zymar	
Eye Antibiotic/Corticosteroid Combinations, Q6I	
Preferred Drugs	
all generic products	
gentamicin and prednisolone	
neomycin, polymyxin B and prednisolone	
neomycin, polymyxin B and dexamethasone	
Non-Preferred Drugs	
Any brand name available generically	
Maxitrol	

(Continued)

Table 4 – IHCP Preferred Drug List, Anti-Infectives

IHCP Preferred Drug List – Anti-infectives	
Drugs	Limits
Neo-Dexameth	
Neo-Decadron	
Poly-Pred	
Pred-G	
Tobradex	

Table 5 – IHCP Preferred Drug List, Blood Products

IHCP Preferred Drug List – Blood Products	
Drug	Limits
HMG CoA Reductase Inhibitors, M4E	
Preferred Drugs	
Altocor	
Lescol	
Lescol XL	
Lipitor	
lovastatin	
Pravachol	Step edit requires HIV therapy
Zocor	
Non-Preferred Drugs	
Advicor	
Mevacor*	
Platelet Aggregation Inhibitors, M9P	
Preferred Drugs	
Plavix 75mg tabs	
Pletal 100mg tabs	
Pletal 50mg tabs	
Non-Preferred Drugs	
Aggrenox	
Ticlid 250mg tabs	
ticlopidine 250mg tabs	

(Continued)

Table 5 – IHCP Preferred Drug List, Blood Products

IHCP Preferred Drug List – Blood Products	
Drug	Limits
Heparin and Related Products, M9K	
Preferred Drugs	
Fragmin (pre-filled syringes only)	
heparin (generic products)	
Lovenox (pre-filled syringes only)	
Non-Preferred Drugs	
Arixtra	
Fragmin (formulations other than pre-filled syringes only)	
Innohep	
Fibric Acids, M4E	
Preferred Drugs	
gemfibrozil (all formulations)	
TriCor 160mg, 200mg tabs (patients taking other doses of Tricor grandfathered)	
Lofibra 200 tabs	
Zetia	Step edit; patients with current statin therapy may receive Zetia to augment therapy
Non-Preferred Drugs	
Lopid*	
TriCor 54 mg, 67 mg tabs	
Hematinics, N1B	
Preferred Drugs	
Aranesp	
Epogen	
Procrit	
Non-Preferred Drugs	
None	
Leukocyte Stimulants, N1C	
Preferred Drugs	
Neupogen (vials only)	
Leukine (vials only)	

(Continued)

Table 5 – IHCP Preferred Drug List, Blood Products

IHCP Preferred Drug List – Blood Products	
Drug	Limits
Non-Preferred Drugs	
Neupogen (prefilled syringes)	
Neulasta (vials and syringes)	

Table 6 – IHCP Preferred Drug List, Nervous System

IHCP Preferred Drug List – Nervous System	
Drugs	Limits
Triptans, H3F	
Preferred Drugs	
Axert	1 box-6 tablets per month
Imitrex 5mg nasal spray	1 box-6 inhalers, 6mls/mo
Imitrex 20mg nasal spray	1 box-6 inhalers, 6mls/mo
Imitrex 25mg tabs	1 box-9 tablets per month
Imitrex 50mg tabs	1 box-9 tablets per month
Imitrex 100mg tabs	1 box-9 tablets per month
Imitrex stat dose refill	1 box-2 injections per month
Imitrex vial	2 vials-2 injections per month
Non-Preferred Drugs	
Amerge	
Frova	
Maxalt	
Maxalt MLT	
Zomig	
Zomig ZMT	
Antiemetic/Antivertigo Agents, H6J	
Preferred Drugs	
Kytril	10 tabs per prescription
Zofran	10 tabs per prescription
Emend	6 tabs per prescription
Non-Preferred Drugs	
Anzemet	10 tabs per prescription

(Continued)

Table 6 – IHCP Preferred Drug List, Nervous System

IHCP Preferred Drug List – Nervous System	
Drugs	Limits
Skeletal Muscle Relaxants, H6H	
Preferred Drugs	
methocarbamol	
cyclobenzaprine	
baclofen	
chlorzoxazone	
orphenadrine citrate	
tizanidine	
Dantrium	
Non-Preferred Drugs	
Robaxin*	
Flexeril*	
Lioresal*	
Paraflex, Parafon Forte*	
Norflex, Norgesic Forte*	
Zanaflex*	
Skelaxin	
Soma including combination products	
carisprodol including combination products	

Table 7 – IHCP Preferred Drug List, Gastrointestinal System

IHCP Preferred Drug List – Gastrointestinal System	
Drug	Limits
Proton Pump Inhibitors, D4K+	
+Beginning September 12, 2003, proton pump inhibitors must go through the H2 Receptor Blocker step edit. 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. Proton pump inhibitors were re-reviewed at the June 20, 2003, DUR Board meeting and are effective September 12, 2003.	
Protonix 40mg tabs	Limited to 30 units every 30 days
omeprazole 20mg (generic products)	Limited to 30 units every 30 days
Non-Preferred Drugs	
Aciphex 20mg tabs	
Nexium	All strengths
Prevacid 15mg caps	
Prevacid 30mg caps	
Prevacid Solutab	
Prevacid suspension	All strengths
Prilosec 10mg caps	
Prilosec 20mg caps*	
Prilosec 40mg caps	
Protonix 20mg tabs	
Protonix IV 40mg vial	
Antiulcer/H.Pylori Agents, D4F	
Preferred Drugs	
None	
Non-Preferred Drugs	
Helidac	
Prevpac	
Bile Acid Sequestrants, D7L	
Preferred Drugs	
cholestyramine multi-dose containers	
LoCholest powder	
PrevaLite powder	
Cholestid multi-dose containers	

(Continued)

Table 7 – IHCP Preferred Drug List, Gastrointestinal System

IHCP Preferred Drug List – Gastrointestinal System	
Drug	Limits
Non-Preferred Drugs	
Questran*	
PrevaLite packets	
Cholestid tabs, granule packets	
Welchol	

Table 8 – IHCP Preferred Drug List, Ophthalmics

IHCP Preferred Drug List – Ophthalmics	
Drug	Limits
Eye Antihistamines, Q6R	
Preferred Drugs	
Livostin	
Patanol (no grandfathering)	Step edit; must have failed Livostin, Alomide, or cromolyn in last 12 months
Optivar (no grandfathering)	Step edit; must have failed Livostatin, Alomide, or cromolyn in last 12 months
Zaditor (no grandfathering)	Step edit; must have failed Livostatin, Alomide, or cromolyn in last 12 months
Non-Preferred Drugs	
Emadine	
Ophthalmic Mast Cell Stabilizers, Q6U	
Preferred Drugs	
Alomide	
Cromolyn	
Non-Preferred Drugs	
Alamast	
Alocril	
Crolom	
Opticrom	
Miotics/Other Intraocular Pressure Reducers, Q6G	
Preferred Drugs	
Betaxol	
Levobunolol	

(Continued)

Table 8 – IHCP Preferred Drug List, Ophthalmics

IHCP Preferred Drug List – Ophthalmics	
Drug	Limits
Timolol	
Carteolol	
metipranolol	
Epinephrine	
physostigmine	
Pilocarpine	
Xalatan	
Travatan	
Lumigan	
Iopidine	
Trusopt	
Azopt	
Isopto-Carbachol	
Cosopt	
Non-Preferred Drugs	
Alphagan P	
Betoptic-S	
Betagan	
Timoptic	
Timoptic XE	
Betimol	
Ocupress	
Optipranolol	
Rescula	
Humorsol	
Isopto-Eserine	
Phospholine Iodide	
Pilocar	
Isopto-Carpine	
Pilopine-HS	
E-Pilo-X	

Table 9 – IHCP Preferred Drug List, Renal System

IHCP Preferred Drug List – Renal System	
Drug	Limits
Loop Diuretics, R1M	
Preferred Drugs	
bumetanide	All strength and formulations
furosemide	All strength and formulations
toremide	All strength and formulations
Non-Preferred Drugs	
Bumex*	All strengths
Demadex*	All strengths
Edecrin 25mg tabs	
Edecrin 50mg tabs	
Lasix*	All strengths
Urinary Tract Antispasmodic/Anti-incontinence Agents, R1A	
Preferred Drugs	
oxybutynin	
Ditropan XL (current patients grandfathered)	Step edit, must fail immediate release product
Detrol LA (current patients grandfathered)	Step edit, must fail immediate release product
Oxytrol	Step edit, must fail immediate release product
Non-Preferred Drugs	
Ditropan*	
Detrol	
Urispas	

Table 10 – IHCP Preferred Drug List, Endocrine System

IHCP Preferred Drug List – Endocrine System	
Drug	Limits
Thiazolidinediones, C4N++	
++Beginning September 12, 2003, thiazolidinediones must go through the metformin step edit. Patients must fail metformin within the previous six weeks. All patients currently taking a thiazolidinedione are not subject to the step edit. Thiazolidinediones were re-reviewed at the June 20, 2003, DUR Board meeting and are effective September 12, 2003.	
Preferred Drugs	
Actos 15mg	Limit 30 tablets per month
Actos 30mg	Limit 30 tablets per month

(Continued)

Table 10 – IHCP Preferred Drug List, Endocrine System

IHCP Preferred Drug List – Endocrine System	
Drug	Limits
Actos 45mg	Limit 30 tablets per month
Avandia 4mg	Limit 30 tablets per month
Avandia 8 mg	Limit 30 tablets per month
Non-Preferred Drugs	
Avandia 2mg	
Antidiabetic Agents, C4K	
Preferred Drugs	
Glyset	
Precose	
Prandin	
Starlix	
glyburide	
metformin	
glipizide, Glucotrol XL	
Amaryl	
Glucovance	Step edit, must fail one of the agents in combo; current tx.g grandfathered
MetaGlip	Step edit, must fail one of the agents in combo; current tx. grandfathered
Avandamet	Step edit, must have prior use of metformin within past 60 days
Non-Preferred Drugs	
tolazamide, Tolinase	
tolbutamide, Orinase	
chlorpropamide, Diabenese	
Micronase, Diabeta	
Glucophage, Glucophage XR	
Glucotrol	

Table 11 – IHCP Preferred Drug List, Skin

IHCP Preferred Drug List – Skin	
Drug	Limits
Systemic Vitamin A Derivatives, L1B	
Preferred Drugs	
Accutane	Preferred for patients 25 years of age or younger
Non-Preferred Drugs	
None	
Topical Vitamin A Derivatives, L9B	
Preferred Drugs	
all generic tretinoin products	Preferred for patients 25 years of age or younger
Retin-A	Preferred for patients 25 years of age or younger
Differin (step edit)	Step edit, must fail tretinoin product within last year
Non-Preferred Drugs	
Avita	
Antipsoriatics, L5F	
Preferred Drugs	
Dovonex	
Dithrocream HP	
Oxsoralen-Ultra	
Psoriatic	
Soriatane	
Tazorac	
Non-Preferred Drugs	
None	

Table 12 – IHCP Preferred Drug List, Analgesics

IHCP Preferred Drug List – Analgesics	
Drug	Limits
Brand Name Narcotics, H3A	
Preferred Drugs	
Products containing acetaminophen are limited to three grams of acetaminophen per day	
all generic products	
acetaminophen/codeine #2, 3, 4	

(Continued)

Table 12 – IHCP Preferred Drug List, Analgesics

IHCP Preferred Drug List – Analgesics	
Drug	Limits
aspirin with codeine	
oxycodone	
hydromorphone	
pentazocine	
tramadol	Limit 400mg per day
hydrocodone (all formulations)	Limit 1500mg per month
propoxyphene	
Duragesic	Limit 10 patches per 30 days
Oxycontin	Limit 120 tablets per 25 days
Oxycontin 80mg	Limit 60 tablets per 25 days
butorphanol	Limit one vial per month
Non-Preferred Drugs	
Tylenol #2,3,4	
Empirin	
Percocet, Percodan	
Dilaudid	
Talwin	
Ultram	
Lorcet, Maxidone, Norco, Zydone, Vicoprofen, Lortab, Vicodan	
Darvon, Wygesic	
Kadian	
Actiq	
Stadol NS	
Ultracet	

Table 13 – IHCP Preferred Drug List, Bone Agents

IHCP Preferred Drug List – Bone Agents	
Drug	Limits
SERM's/Bone Resorption Suppression Agents, P4L	
Preferred Drugs	
Actonel	
Evista	

(Continued)

Table 13 – IHCP Preferred Drug List, Bone Agents

IHCP Preferred Drug List – Bone Agents	
Drug	Limits
etidronate disodium generic products	
Fosamax (weekly formulations)	
Non-Preferred Drugs	
Didronel	
Fosamax (daily formulations)	
Miacalcin	
Skelid	
Bone Formation Stimulating Agents, P4B	
Preferred Drugs	
None	
Non-Preferred Drugs	
Forteo	

Table 14 – IHCP Preferred Drug List, Genitourinary System

IHCP Preferred Drug List – Genitourinary System	
Drug	Limits
Benign Prostatic Hypertrophy Agents, Q9B	
Preferred Drugs	
Flomax	
Proscar	
Avodart	
Non-Preferred Drugs	
None	
Topical Estrogen Agents, Q4K	
Preferred Drugs	
Estrace Vaginal Cream	
Estring	
Ogen	
Ortho-Dienestrol	
Premarin Vaginal Cream	
Vagifem	

(Continued)

Table 14 – IHCP Preferred Drug List, Genitourinary System

IHCP Preferred Drug List – Genitourinary System	
Drug	Limits
Non-Preferred Drugs	
None	
Vaginal Antimicrobials, Q4F	
Preferred Drugs	
clotrimazole	
miconazole	
tioconazole	
Non-Preferred Drugs	
Cleocin Vaginal	Cream/ovule
Gynazole 1	
Gyne-Lotrimin	
Metrogel Vaginal	
Monistat	
Mycelex	
Terazole	
Vagistat-1	

Table 15 – IHCP Preferred Drug List, Smoking Cessation

IHCP Preferred Drug List – Smoking Cessation	
Drug	Limit
Smoking Deterrent Agents, J3A	
Preferred Drugs	
nicotine patch	
Nicotrol NS	
Nicotrol Inhaler	
nicotine gum	
Commit lozenge	
Non-Preferred Drugs	
Nicoderm	
Habitrol	
Nicotrol	
Nicorette	
Nicorette DS	

Prior authorization for brand medically necessary is not required for the drugs specifically exempted by the DUR Board from a prior authorization for brand medically necessary requirement, for example those drugs that are typically referred to as narrow therapeutic index drugs.

Brand name medications with a generic available are non-PDL, when a brand name drug having generic equivalents is included in the **Non-Preferred Drug List the generic equivalents for the brand name drug are considered as being **on PDL**, and therefore, do not require prior approval.*

***In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and "cross indicated" drugs are considered on the PDL. Also included on the PDL are drugs that are classified in a central nervous system drug category or classification, according to Drug Facts and Comparisons, that is created after March 12, 2002, and prescribed for the treatment of a mental illness, as defined by the most recent publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.*

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

Additional Information

Please direct all 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. Please direct any questions about 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. Please 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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