



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 Prescribing Practitioners

Subject: Preferred Drug List Changes

Note: The information referenced in this bulletin about prior authorization, payment methodology and maximum fees could vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

Indiana Health Coverage Programs provider bulletin *BT200359* advised providers of the implementation of certain changes to the Preferred Drug List. This bulletin revises the implementation date noted in that bulletin. Please refer to the summary charts included in this bulletin for pending PDL changes and applicable effective dates for each.

The Preferred Drug List (PDL) can be accessed at www.indianapbm.com. State law requires at least a twice annual review of the entire PDL. Please note that there will be four meetings of the Therapeutics Committee in calendar year 2004, with each session encompassing a review of approximately one-half of the PDL. Recommendations from those meetings will be considered by the DUR Board at the Board's meeting that same month. This process is being adopted in favor of the prior arrangement of reviewing the entire PDL at one meeting twice a year, as doing so will allow greater time during the meetings for consideration by the Committee and the Board.

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>.

Please direct questions regarding the PDL and prior authorizations needed for non-PDL drugs to the ACS Clinical Call Center at 1-866-879-0106. Questions regarding this bulletin should be directed to the ACS Pharmacy Services Helpdesk at 1-866-645-8344.

Table 1 – Pending PDL Changes

Drug Class	Drug	Decision	Effective Date
ARBs	Benicar	Requires previous ACE-I therapy	March 4, 2004
Beta Blockers	Coreg	Add to PDL with a step therapy that patients must have a current prescription for a diuretic, and a limit on Coreg of 90 tablets per dosage strength per 30 days	March 4, 2004
Cholesterol Agents	Zetia	Add to PDL with a step therapy that patients must be currently on a statin	March 4, 2004
Leukotriene Inhibitors/Modulars	Singulair	Patients must have had a methylxanthine, a beta agonist, and/or an inhaled corticosteroid within the past six months	March 11, 2004

(Continued)

Table 1 – Pending PDL Changes

Drug Class	Drug	Decision	Effective Date
Antispasmodics	Oxytrol	Add to PDL with a step therapy for previous treatment failure with oxybutynin	March 11, 2004
Combined Beta Agonist/Corticosteroids	Advair 500/50	Product to remain on PDL; add step therapy that patients must have failed either Advair 100/50 or Advair 250/50, or any strength of Flovent within the past 30 days	March 25, 2004
Miotics	Alphagan P	Add to non-preferred status; grandfather existing patients	March 25, 2004
Non-Sedating Antihistamine	Allegra	Patient must have failed a two-week trial of OTC loratadine within the previous three months	Effective date to be announced in a future bulletin

Table 2 lists drugs that will become effective April 1, 2004.

Table 2 – Drugs Effective April 1, 2004

Drug Class	Drug	Decision
Antiviral Influenza Agents	Rimantadine	Remain on PDL; limit to patients 60 years old and older
	Amantadine	Remain in PDL with no age limit
Beta-Agonist	Foradil	Add to PDL
Corticosteroids	Rhinocort, all formulations	Remove from PDL; no grandfathering of existing patients
	Vancenase	Remove from PDL; no grandfathering of existing patients
Glaucoma Agents	Lumigan	Add to non-preferred status; grandfather all existing patients
Brand Name Narcotics	Actiq	Must meet PA criteria
Triptans	Relpax	Add to PDL with a limit of six tablets per month
PPIs	OTC Prilosec	<ul style="list-style-type: none"> Add to preferred status; grandfather all patients currently on a PPI New patients must try an H2 antagonist or OTC Prilosec before receiving a preferred PPI For non-PDL PPIs, a new patient must first try an H2 antagonist or OTC Prilosec and then a preferred PPI before receiving a non-PDL PPI
Systemic Antifungals	Diflucan 150 mg	Limit to two tablets per month
	Diflucan 50 mg	Limit to three tablets per month
Topical Estrogen Agents	All Topical Estrogen	All topical agents removed from preferred status, except for Premarin cream which will remain PDL

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