



## 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

This bulletin announces the Preferred Drug List (PDL) decisions made at the February 20, 2004, Drug Utilization Review (DUR) Board meeting. These were based on the recommendations from the Therapeutics Committee meeting on February 6, 2004. Please refer to Table 1 for a summary of these decisions.

The PDL can be accessed at [www.indianapbm.com](http://www.indianapbm.com). 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 – Effective May 19, 2004

Drug Class	Drug	Decision
Cephalosporins	Spectracef	Add to PDL
Fluoroquinolones	Ciprofloxacin	Add to Non-PDL
Ophthalmic Antibiotics	Vigamox	Add to PDL
Otic Antibiotics	Ciprodex	Add to Non-PDL
Topical Antifungals	Ertaczo	Add to Non-PDL
Inspra Monograph	Inspra	Add to PDL with a step edit requiring therapy with spironolactone within the previous thirty (30) days.
Other Lipotropics	Advicor Niacor Niaspan	Add to PDL
Other Lipotropics	Pravigard	Add to Non-PDL