



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: Changes to the Preferred Drug List

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 May 21, 2004, Drug Utilization Review (DUR) Board meeting. These were based on the recommendations from the Therapeutics Committee meeting on May 7, 2004. Please refer to Table 1 for a summary of these changes.

The PDL can be accessed at www.indianapbm.com. Notice of the DUR Board meeting dates and agendas are posted on the Family and Social Services Administration (FSSA) Web site at <http://www.state.in.us/fssa/> under the **Calendar** heading. 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 July 27, 2004

Drug Class	Drug	Decision
Antiemetics	Aloxi	Add to Non-PDL
Narcotics	Avinza	Add to PDL
Brand NSAIDS / COX II	Prevacid NapraPAC	Add to Non-PDL
Triptans	Zomig Nasal Spray	Add to Non-PDL
Acne Agents / Vit A Derivatives	Amnesteem Claravis Sotret Duac	Add to Non-PDL

(Continued)

Table 1 – Effective July 27, 2004

Drug Class	Drug	Decision
Acne Agents / Vit A Derivatives	Azelex Benzaclin Finevin Klaron	Add to PDL
Antipsoriatics	Amevive Raptiva	Add to PDL
Antidiabetics	Glucotrol XL Riomet	Add to Non-PDL
Antidiabetics	Glipizide ER Metformin ER	Add to PDL
SERM's Bone Resorption Suppression Agents	Fosamax Solution	Add to PDL
Proton Pump Inhibitors	Prevacid Solutab	Add to Non-PDL
Proton Pump Inhibitors	Prevacid Suspension	Add to PDL with step edit requiring patient to be 12 years of age or younger AND a prior treatment failure with an antihistamine (H2) or OTC Prilosec
PBH Agents	Uroxatral	Add to Non-PDL
Eye Antihistamines / Ophthalmic Mast Cell Stabilizers	Elestat	Add to Non-PDL
Glaucoma Agents	brimonidine	Add to PDL

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