



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 September 24, 2004, Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held on September 3, 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 meetings and agendas are posted on the Family and Social Services Administration (FSSA) Web site at <http://www.state.in.us/fssa/> under the tab titled **Calendar**. Information about the Therapeutics Committee and the PDL is available at <http://www.indianapbm.com>.

Please direct prior authorization requests and questions regarding the PDL 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 – Approved Changes to the PDL Effective October 26, 2004

Drug Class	Drug	PDL Status
Beta Agonists	Xopenex	Preferred
Agents to Treat COPD	Atrovent Inhaler Ipratropium solution Spiriva Combivent	Preferred
Agents to Treat COPD	Duoneb	Non-Preferred
Leukotriene Inhibitors	Singulair	Preferred (Step Therapy removed for children less than 18 years of age)
Non-Sedating Antihistamines	Clarinex Zyrtec tablets	Preferred with Step Edit (must fail trial of OTC loratadine within previous three months)

(Continued)

Table 1 – Approved Changes to the PDL Effective October 26, 2004

Drug Class	Drug	PDL Status
Nasal Corticosteroids	Beconase Beconase AQ Nasacort Nasacort AQ Nasalide Nasarel Tri-Nasal Vancenase AQ Vancenase AQ DS	Non-Preferred (Flonase and Nasonex remain preferred)
Oral Inhaled Corticosteroids	Flovent 220mcg Inhaler	Preferred
Antiherpetic Agents	Zovirax 200mg (brand) Zovirax 400mg (brand)	Non-Preferred (generic agents are preferred)
Cephalosporins	Cefpodoxime	Non-Preferred
Fluoroquinolones	Ciprofloxacin Ofloxacin	Preferred
Ketolides	Ketek	Non-Preferred
Ophthalmic Antibiotics	Ciprofloxacin Ofloxacin	Preferred
Ophthalmic Antibiotics	Iquix	Non-Preferred
Otic Antibiotics	Ciprodex	Preferred
Otic Antibiotics	Cipro HC	Non-Preferred
Systemic Antifungals	Fluconazole	Preferred
ACE Inhibitors	Altace	Preferred
ACE Inhibitors with Diuretics	Uniretic	Preferred
Calcium Channel Blocker with Statin	Caduet	Preferred
Fibric Acids	TriCor 67mg TriCor 134mg TriCor 200mg	Non-Preferred
HMG CoA Reductase Inhibitors	Crestor	Preferred
HMG CoA Reductase Inhibitors	Pravachol	Preferred (Step Therapy removed)
Other Lipotropics	Vytorin	Preferred
Triptans	Amerge Maxalt Maxalt MLT	Preferred with the following monthly quantity limits: Amerge = 9 tablets per month Maxalt = 9 tablets per month Maxalt MLT = 9 tablets per month
Triptans	Frova Zomig Zomig ZMT Zomig Nasal Spray	Non-Preferred with the following monthly quantity limits: Frova = 9 tablets per month Zomig = 6 tablets per month Zomig ZMT = 6 tablets per month Zomig Nasal Spray = 6 single dose spray units per month