



P R O V I D E R B U L L E T I N

B T 2 0 0 4 3 1

N O V E M B E R 2 9 , 2 0 0 4

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Changes to the Preferred Drug List

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

Overview

This bulletin announces the Preferred Drug List (PDL) decisions made at the November 19, 2004, Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held on November 5, 2004. Please refer to Table 1 for a summary of these changes. **THESE CHANGES ARE EFFECTIVE DECEMBER 21, 2004.**

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 December 21, 2004

Drug Class	Drug	PDL Status
Antiemetics	Kytril	Non-Preferred (quantity limit of 10 tablets per prescription)
Brand Name Narcotics	Kadian	Preferred
Brand Name Narcotics	Oxycodone extended-release 80mg	Non-Preferred
Smoking Deterrent Agents	Nicoderm CQ patches Nicorette gum Zyban	Preferred
Antidiabetic Agents	Fortamet	Preferred
Antidiabetic Agents	Prandin	Non-Preferred
Antidiabetic Agents	Avandamet	Preferred (Step Edit changed – patients must fail one of the agents in combo within past 42 days)

(Continued)

Table 1 – Approved Changes to the PDL Effective December 21, 2004

Drug Class	Drug	PDL Status
Thiazolidinediones	Avandia 2mg	Preferred
Thiazolidinediones	Actos Avandia	Preferred (Quantity limit changed to 34 tablets per month)
Thiazolidinediones	Actos Avandia	Preferred (Step Edit changed – patients must fail metformin or a sulfonylurea within previous six weeks)
Bone Resorption Agents	Miacalcin	Preferred
Proton Pump Inhibitors	Nexium	Preferred with Step Edit and quantity limit (must first try a H ₂ antagonist or OTC Prilosec; one capsule per day)
Proton Pump Inhibitors	Zegerid	Non-Preferred
H ₂ Receptor Antagonists	Fluxid	Non-Preferred
Urinary Tract Antispasmodics	Urispas	Preferred
Urinary Tract Antispasmodics	Sanctura	Non-Preferred
Platelet Aggregation Inhibitors	Aggrenox	Preferred
Eye Antihistamines/Mast Cell Stabilizers	Patanol Zaditor	Preferred (Step Edit removed)
Eye Antihistamines/Mast Cell Stabilizers	Optivar	Non-Preferred
Antiviral (Influenza) Agents	Tamiflu	Preferred (through the end of March 2005 due to influenza vaccine shortage)