



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 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 August 19, 2005, Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held on August 5, 2005. Please refer to Table 1 for a summary of these changes. **THESE CHANGES ARE EFFECTIVE November 1, 2005.** Please note that the second generation cephalosporins and the loop diuretics are no longer reviewed and will not be subject to the PDL effective November 1, 2005.

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. Direct questions about this bulletin to the ACS Pharmacy Services Helpdesk at 1-866-645-8344.

Table 1 – Approved Changes to the PDL Effective November 1, 2005

| Drug Class | Drug | PDL Status |
|-----------------------------|------------------------------|---|
| Beta- Agonists | Xopenex HFA | Non-Preferred |
| Beta- Agonists | Foradil | Non-Preferred |
| Beta- Agonists | Accuneb | Non-Preferred |
| Beta- Agonists | Ventolin HFA | Non-Preferred |
| Beta- Agonists | albuterol HFA | Preferred |
| Leukotriene Inhibitors | Accolate | Non-Preferred |
| Non-Sedating Antihistamines | Clarinx D | Preferred (step edit - must have failed a trial of OTC loratadine/pseudoephedrine 24 hour formulation within previous 3 months) |
| Non-Sedating Antihistamines | fexofenadine | Non-Preferred |
| Non-Sedating Antihistamines | fexofenadine/pseudoephedrine | Non-Preferred |
| Nasal Preparations | Nasarel | Preferred |

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| Drug Class | Drug | PDL Status |
|------------------------------|------------------|---|
| Nasal Preparations | flunisolide | Preferred |
| Nasal Preparations | Nasacort AQ | Preferred |
| Nasal Preparations | Atrovent NS | Preferred |
| Nasal Preparations | ipratropium NS | Preferred |
| Nasal Preparations | Nasonex | Non-Preferred (5 years of age and older) |
| Oral Inhaled Corticosteroids | Asmanex | Non-Preferred |
| Oral Inhaled Corticosteroids | Azmacort | Non-Preferred |
| Oral Inhaled Corticosteroids | Flovent HFA | Preferred |
| Oral Inhaled Corticosteroids | Flovent Rotadisk | Removed (discontinued) |
| Agents to Treat COPD | Atrovent HFA | Preferred |
| Antiviral (Influenza) Agents | Tamiflu | Preferred |
| Fluoroquinolones | Factive | Non-Preferred |
| Fluoroquinolones | Maxaquin | Non-Preferred |
| Fluoroquinolones | Noroxin | Non-Preferred |
| Fluoroquinolones | Zagam | Non-Preferred |
| Macrolides | Zmax | Non-Preferred |
| Macrolides | Dynabac | Non-Preferred |
| Macrolides | Dynabac D-5PAC | Non-Preferred (limit 1 pack per month) |
| Macrolides | Biaxin | Non-Preferred |
| Macrolides | Biaxin XL PAC | Non-Preferred (limit 1 pack per month) |
| Macrolides | Clarithromycin | Preferred |
| Ophthalmic Antibiotics | Zymar | Preferred (step edit – patient must be at least 30 years of age or older) |
| Ophthalmic Antibiotics | Vigamox | Preferred (step edit – patient must be at least 30 years of age or older) |
| Otic Antibiotics | Floxin Otic | Non-Preferred |
| Systemic Antifungals | Diflucan | Non-Preferred |
| Systemic Antifungals | itraconazole | Preferred |
| Topical Antifungals | ciclopirox | Preferred |
| Vaginal Antimicrobials | Clindesse | Non-Preferred |
| ACE Inhibitors | quinapril | Preferred |
| ACE/Diuretics | quinapril/HCTZ | Preferred |
| ACE/Diuretics | fosinopril/HCTZ | Preferred |
| Beta Blockers | InnoPran XL | Non-Preferred |
| Calcium Channel Blockers | felodipine ER | Preferred |
| Calcium Channel Blockers | Adalat CC 90 mg | Non-Preferred |
| Calcium Channel Blockers | Tiazac | Non-Preferred |
| Calcium Channel Blockers | Covera HS | Non-Preferred |
| Calcium Channel Blockers | Verelan | Non-Preferred |
| Calcium Channel Blockers | Sular | Non-Preferred |
| Calcium Channel Blockers | Dynacirc CR | Non-Preferred |

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| Drug Class | Drug | PDL Status |
|------------------------------|---------------------------------|---|
| Calcium Channel Blockers | diltiazem (non-time released) | Non-Preferred |
| Calcium Channel Blockers | Cardizem (non-time released) | Non-Preferred |
| Calcium Channel Blockers | verapamil (non-time released) | Non-Preferred |
| Calcium Channel Blockers | Calan (non-time released) | Non-Preferred |
| Calcium Channel Blockers | Dynacirc (non-time released) | Non-Preferred |
| Calcium Channel Blockers | nifedipine (non-time released) | Non-Preferred |
| Calcium Channel Blockers | Procardia (non-time released) | Non-Preferred |
| Calcium Channel Blockers | nicardipine (non-time released) | Non-Preferred |
| Calcium Channel Blockers | Cardene (non-time released) | Non-Preferred |
| Fibric Acid Derivatives | Antara | Non-Preferred |
| Fibric Acid Derivatives | Tricor | Non-Preferred |
| Fibric Acid Derivatives | Triglide | Non-Preferred |
| HMG CoA Reductase Inhibitors | Pravachol | Preferred (step edit – patient must have a clinically significant drug-drug interaction with other statin-type cholesterol-lowering agents) |
| Other Lipotropics | Niacor | Non-Preferred |
| Urinary Tract Antispasmodics | Vesicare | Non-Preferred |