



## 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 November 18, 2005, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held on November 4, 2005. Please refer to Table 1 for a summary of these changes. **These changes are effective January 1, 2006.**

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 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 about the PDL to the ACS Clinical Call Center at 1-866-879-0106. Questions about this bulletin should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Table 1 – Approved Changes to the PDL Effective January 1, 2006

Drug Class	Drug	PDL Status
Brand Name Narcotics	Oxycontin	Non-Preferred
Brand Name Narcotics	fentanyl patches (generic)	Non-Preferred
Brand Name Narcotics	Darvocet A 500	Non-Preferred
Brand Name Narcotics	Xodol	Non-Preferred
Brand Name Narcotics	Stagesic	Non-Preferred
Brand Name Narcotics	Hycet	Non-Preferred
Brand Name Narcotics	tramadol/APAP (generic)	Preferred
Brand Name Narcotics	oxycodone ER (generic)	Preferred (limit the 10mg, 20mg and 40mg to 120 tablets per 25 days, and limit the 80mg to 60 tablets per 25 days)
Smoking Deterrent Agents	Nicorelief	Non-Preferred
Smoking Deterrent Agents	Zyban	Non-preferred

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Drug Class	Drug	PDL Status
Antidiabetic Agents	Actoplus Met	Preferred (step edit – must fail one of the agents in this combination product)
Antidiabetic Agents	glyburide/metformin (generic)	Preferred
Antidiabetic Agents	Glucovance	Non-preferred
Bone Resorption Suppression Agents	Actonel with Calcium	Non-preferred
Bone Resorption Suppression Agents	Boniva	Non-preferred (step edit – patient must have been on Fosamax in the previous 180 days)
Bone Resorption Suppression Agents	Fortical	Non-preferred
Bone Resorption Suppression Agents	Fosamax Plus D	Preferred
Proton Pump Inhibitors	Zegerid	Preferred (step edit – patient must first try an H2 antagonist)
Proton Pump Inhibitors	Protonix	Preferred (step edit – patient must first try an H2 antagonist)
Proton Pump Inhibitors	All Preferred Agents	(step edit – patient must first try an H2 antagonist)
BPH Agents	Uroxatral	Preferred
BPH Agents	finasteride (generic)	Non-preferred when becomes available
Urinary Tract Antispasmodics	Enablex	Preferred (step edit – patient must fail oxybutynin)
Urinary Tract Antispasmodics	Sanctura	Preferred (step edit – patient must fail oxybutynin)
Urinary Tract Antispasmodics	flavoxate (generic)	Preferred (step edit – patient must fail oxybutynin)
Urinary Tract Antispasmodics	Urispas	Non-preferred
Urinary Tract Antispasmodics	All Agents	Various – oxybutynin step-edit added to all agents in class (step-edit – must fail oxybutynin)
Heparin and Related Products	Arixtra	Preferred
Eye Antihistamines/Mast Cell Stabilizers	Alocril	Preferred
Eye Antihistamines/Mast Cell Stabilizers	Elestat	Preferred
Eye Antihistamines/Mast Cell Stabilizers	Alomide	Non-preferred
Eye Antihistamines/Mast Cell Stabilizers	Livostin	Non-preferred
Topical Estrogen Agents	Vagifem	Preferred

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Table 1 – Approved Changes to the PDL Effective January 1, 2006

Drug Class	Drug	PDL Status
Topical Estrogen Agents	Estring	Preferred
ARBs	Diovan	Preferred (step edit – patient must have prior use of ACE Inhibitor)
ARBs with Diuretics	Diovan HCT	Preferred (step edit – patient must have prior use of ACE Inhibitor)
ARBs with Diuretics	Benicar HCT	Preferred (step edit – patient must have prior use of ACE Inhibitor)
ARBs with Diuretics	Micardis HCT	Preferred (step edit – patient must have prior use of ACE Inhibitor)
Fibric Acid Derivatives	Antara	Non-preferred
Fibric Acid Derivatives	Tricor	Non-preferred
Fibric Acid Derivatives	Triglide	Non-preferred
Fibric Acid Derivatives	Lofibra 67 mg and 134 mg	Preferred

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