#### INDIANA HEALTH COVERAGE PROGRAMS



#### PROVIDER BULLETIN

BT200606

MARCH 8, 2006

## To: All Pharmacy Providers and Prescribing Practitioners

## **Subject: Changes to the Preferred Drug List**

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

#### Overview

Changes outlined in this bulletin are effective April 1, 2006.

This bulletin announces the Preferred Drug List (PDL) decisions made at the February 17, 2006, Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held on February 3, 2006. Refer to Table 1 for a summary of these changes.

The PDL can be accessed at <a href="http://www.indianapbm.com/">http://www.indianapbm.com/</a>. Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) Web site at <a href="http://www.state.in.us/fssa/">http://www.state.in.us/fssa/</a> under the tab titled **Calendar**. Information about the Therapeutics Committee and the PDL is available at <a href="http://www.indianapbm.com">http://www.indianapbm.com</a>.

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

Drug Class	Drug	PDL Status
Non-Sedating Antihistamines	Clarinex Reditab 2.5 mg	Preferred (step-edit – must have failed a trial of over-the-counter (OTC) loratadine within previous three months)
Macrolides	Azithromycin Oral Tablets	Preferred (limit of one package per month on six-tablet and three-tablet package)
Macrolides	Zithromax Oral Tablets	Non-Preferred (limit of one package per month on six-tablet and three-tablet package)
Vaginal Antimicrobials	Vandazole Vaginal Gel	Non-Preferred
Wound Care	Gladase	Preferred (limit of one manufacturer's standard package per month)

(Continued)

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

Drug Class	Drug	PDL Status
Wound Care	Gladase-C	Preferred (limit of one manufacturer's standard package per month)
Wound Care	Granul-Derm	Preferred (limit of one manufacturer's standard package per month)
Wound Care	Santyl	Preferred (limit of one manufacturer's standard package per month)
Wound Care	Accuzyme	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	EtheZyme	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Kovia	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Panafil	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Ziox	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Granulex	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	TBC	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Xenaderm	Non-Preferred (limit of one manufacturer's standard package per month; maximum prior authorization approval length of three months)
Wound Care	Regranex	Preferred (step-edit – must be on diabetic medication in the past 90 days; quantity limit of one-15 gm tube per 28 days)

# **Acetaminophen Dosing Limits**

Beginning on April 1, 2006, the pharmacy claims processing system will deny claims where, based on the claim submitted by the pharmacy, the total daily dose of acetaminophen exceeds 3 gms. PA may be requested in such instances, but will be granted (1) only in cases in which the duration of therapy is ten days or less, and (2) only once in a three-month period. PA will not be granted if total daily dose of acetaminophen exceeds 4 gms.

### **Contact Information**

Direct PA requests and questions about the PDL to the ACS Clinical Call Center at 1-866-879-0106.

Direct questions about this bulletin to Customer Assistance at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278.