



## 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: Providers rendering services in the risk-based managed care (RBMC) delivery system should not use the information referenced below. RBCM providers should contact the MCO(s) with whom they have contracted for updated drug information.*

## Overview

Changes to the Preferred Drug List (PDL) were made at the February 16, 2007, Drug Utilization Review (DUR) Board meeting. The decisions are based on the recommendations from the Therapeutics Committee meeting held on February 2, 2007. **The changes are effective April 17, 2007.** Please refer to Table 1 for a summary of the changes.

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. Please direct questions about this bulletin 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 April 17, 2007

Drug Class	Drug	PDL Status
Beta-Agonist	Proair HFA	Preferred (limit of three canisters/month for ages 18 and younger; two canisters/month for ages 19 and over)
Beta-Agonist	Tornalate, Prometa	Remove from PDL document
Non-Sedating Antihistamines	Allegra Suspension	Non-Preferred
Nasal Preparations	Tri-nasal, Beconase, Vancenase, Vancenase AQ, Vancenase AQ DS, Nasacort, Nasalide, Rhinocort	Remove from PDL document
Oral Inhaled Corticosteroids	Beclovent, Vanceril, Vanceril DS	Remove from PDL document
Advair	Advair HFA (45/21mcg, 115/21mcg)	Preferred
Advair	Advair HFA 230/21mcg	Preferred (step- must fail Advair HFA 45/21mcg, 115/21mcg or Flovent HFA within the last 30 days)
Macrolides	azithromycin suspension	Preferred

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Drug Class	Drug	PDL Status
Macrolides	Zithromax Suspension	Non-Preferred
Systemic Antifungals	Noxafil	Non-Preferred (must have failed therapy with fluconazole for treatment of oropharyngeal candidiasis or must be severely immunocompromised and need prophylaxis against invasive Aspergillus or Candida infections)
Typical Antifungals	Xolegel	Non-Preferred
Vaginal Antimicrobials	metronidazole vaginal gel	Preferred
Beta Blockers	metoprolol succinate ER	Preferred
Beta Blocker	Coreg CR	Preferred (step- must be on an ACE or and ARB) (quantity limit of 1 tablet daily)
Beta Blocker	Coreg IR	Preferred (step- must be on an ACE or and ARB) (quantity limit of two tablets daily)
Bile Acid Sequestrants	colestipol granules	Preferred (multi-dose bottle only)
Other Lipotropics	Advicor 1000/40mg	Preferred
Antidiabetic Agents	Avandaryl	Preferred (step edit – must fail a thiazolidinedione or a sulfonylurea)
Antidiabetic Agents	Duetact	Non-Preferred (step edit – must fail a thiazolidinedione or a sulfonylurea)

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