



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

Changes to the Preferred Drug List (PDL) were made at the May 25, 2007, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held on May 4, 2007. Please refer to Table 1 for a summary of these changes. **The changes are effective June 24, 2007.**

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 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 toll-free at 1-800-577-1278.

Table 1 – Approved Changes to the PDL Effective June 24, 2007

Drug Class	Drug	PDL Status
Antiemetics	Ondansetron	Preferred (add all formulations – oral solution, oral tablet, oral disintegrating tablet, and injectable formulations)
Narcotics	Fentanyl 12 mcg/hour extended release transdermal patch	Non-Preferred (10 patches per 30 days)
Narcotics	Magnacet	Non-Preferred
Narcotics	Fentanyl oral transmucosal	Non-Preferred (same PA criteria as Actiq)
Narcotics	Fentora buccal	Non-preferred (same PA criteria as Actiq)
Narcotics	Kadian (80 & 200 mg)	Preferred
Cox-2 Inhibitors	Celebrex 50 mg	Preferred (maintain current PA criteria)
Smoking Deterrent Agents	Nicorette DS	Remove from PDL document
Acne Agents	Sulfacetamide topical lotion	Preferred for 25 years of age and under Non-Preferred over age 25 years

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Drug Class	Drug	PDL Status
Acne Agents	Klaron	Non-Preferred and age limit - over 25 years old
Acne Agents	Ziana	Non-Preferred and age limit - over 25 years old
Acne Agents	All non-preferred medications	Non-preferred (age limit - over 25 years old)
Antidiabetic Agents	Januvia	Preferred
Incretin Mimetic	Byetta	Preferred (step-edit—must currently be taking metformin and/or a sulfonylurea and/or a thiazolidinedione or a combo including such)
Insulin Human—Inhalation	Exubera	PDL neutral reviewed
Proton Pump Inhibitors	Nexium (20 & 40 mg packets for delayed-release suspension)	Non-Preferred
H2 Antagonists	Ranitidine oral syrup	Preferred
H2 Antagonists	Zantac oral syrup	Non-Preferred
Urinary Tract Antispasmodic	Oxybutynin ER	Preferred (step edit – must fail oxybutynin IR)
Urinary Tract Antispasmodic	Ditropan XL	Non-Preferred (step edit – must fail oxybutynin IR & ER)
Urinary Tract Antispasmodic	All medications other than Ditropan XL- (preferred & non-preferred)	Change all existing step edits (must fail oxybutynin IR)
Eye Antihistamines	Alaway	Preferred
Eye Antihistamines	Pataday	Non-Preferred
Miotics/Other Intraocular Pressure Reducers	Humorsol	Remove from the PDL document
Miotics/Other Intraocular Pressure Reducers	Travatan Z	Preferred

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