



## 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 August 17, 2007, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held on August 3, 2007. Please refer to Table 1 for a summary of these changes. **The changes are effective October 1, 2007.**

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

Table 1 – Approved Changes to the PDL Effective October 1, 2007

Drug Class	Drug	PDL Status
Beta Agonists	Brovana™	Non-Preferred
Leukotriene Inhibitors	Accolate®	Preferred (Step edit – adults ≥ 18 years of age must have had one of the following medications: methylxanthines, beta agonists and/or oral inhaled corticosteroids within the past six months)
Nasal Preparations	Veramyst™	Preferred
Nasal Preparations	Nasonex®	Preferred (remove step edits)
Oral Inhaled Corticosteroids	Azmacort®	Preferred
Oral Inhaled Corticosteroids	Aerobid®-M	Non-Preferred
Oral Inhaled Corticosteroids	Pulmicort® Flexhaler	Preferred (6 years of age and older; one canister per month)

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Oral Inhaled Corticosteroids	Pulmicort <sup>®</sup> Flexhaler	Non-Preferred (5 years of age and younger; one canister per month)
Oral Inhaled Corticosteroids	Pulmicort <sup>®</sup> Respules	Preferred (5 years of age and younger)
Oral Inhaled Corticosteroids	Pulmicort <sup>®</sup> Respules	Non-Preferred (6 years of age or older)
Oral Inhaled Corticosteroids	Pulmicort <sup>®</sup> Turbuhaler	Non-Preferred
Oral Inhaled Corticosteroids	Symbicort <sup>®</sup>	Preferred
Antiviral (Influenza)	Tamiflu <sup>®</sup>	Non-Preferred
Cephalosporin (3 <sup>rd</sup> generations)	Omnicef <sup>®</sup>	Non-Preferred
Cephalosporin (3 <sup>rd</sup> generations)	cefdinir	Preferred
Fluoroquinolones	ciprofloxacin ER	Non-Preferred (three tablets per prescription; no refills)
Fluoroquinolones	Cipro <sup>®</sup> XR	Non-Preferred (three tablets per prescription; no refills)
Hepatitis C Agents	Pegasys <sup>®</sup>	Preferred
Hepatitis C Agents	Peg-Intron <sup>®</sup>	Preferred
Hepatitis C Agents	Copegus <sup>™</sup>	Preferred
Hepatitis C Agents	Rebetol <sup>®</sup>	Preferred
Hepatitis C Agents	ribavirin	Preferred
Ophthalmic Antibiotics	Zymar <sup>™</sup>	Non-Preferred
Otic Antibiotics	Floxin <sup>®</sup> Otic Singles	Preferred
Vaginal Antimicrobials	Metrogel <sup>®</sup> Vaginal	Non-Preferred
ACE Inhibitors	Altace <sup>®</sup>	Non-Preferred (participants on Altace <sup>®</sup> within the past 180 days will be grandfathered)
ACE Inhibitors	Mavik <sup>®</sup>	Non-Preferred
ACE Inhibitors	trandolapril	Preferred
ACE/Calcium Channel Blockers	benazepril/amlodipine	Preferred (30 tabs per month)
ACE/Calcium Channel Blockers	Lotrel <sup>®</sup>	Non-Preferred (30 tabs per month)
ACE/Diuretics	Uniretic <sup>®</sup>	Non-Preferred
ACE/Diuretics	moexipril/HCTZ	Preferred
Angiotensin II Receptor Blockers (ARBs)	Avapro <sup>®</sup>	Preferred (one tab per day; step edit – prior use of ACE-I )
ARBs/Diuretics	Avalide <sup>®</sup>	Preferred (step edit- prior use of ACE-I)
Calcium Channel Blockers	Nimotop <sup>®</sup>	Non-Preferred
Calcium Channel Blockers	Norvasc <sup>®</sup>	Non-Preferred
Calcium Channel Blockers	nimodipine	Preferred
Calcium Channel Blockers	amlodipine	Preferred

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Lipotropics – Bile Acid Sequestrants	colestipol	Non-Preferred
Lipotropics – Other	Zetia <sup>®</sup>	Preferred (step edit – patients currently or previously on an HMG CoA reductase inhibitor or fenofibrate within the past 180 days may receive Zetia <sup>®</sup> )
HMG CoA reductase inhibitor	Altoprev <sup>™</sup>	Non-Preferred
Triptans	Maxalt <sup>™</sup> MLT	Preferred (quantity limit – one box of 12 tabs per month)
Triptans	Maxalt <sup>®</sup> (plain)	Non-Preferred (quantity limit – one box of 12 tabs per month)
Electrolyte Depleters	Phoslo <sup>®</sup>	Preferred
Electrolyte Depleters	calcium carbonate	Preferred
Electrolyte Depleters	Magnebind <sup>®</sup>	Preferred
Electrolyte Depleters	Magnebind <sup>®</sup> Rx	Preferred
Electrolyte Depleters	Renagel <sup>®</sup>	Preferred
Electrolyte Depleters	Fosrenol <sup>®</sup>	Preferred (step edit – prior trial of Renagel <sup>®</sup> in past 90 days or previous use of Fosrenol <sup>®</sup> in past 180 days)
Multiple Sclerosis Agents	Copaxone <sup>®</sup>	Preferred
Multiple Sclerosis Agents	Avonex <sup>®</sup>	Preferred
Multiple Sclerosis Agents	Rebif <sup>®</sup>	Preferred
Multiple Sclerosis Agents	Betaseron <sup>®</sup>	Preferred
Multiple Sclerosis Agents	Tysabri <sup>®</sup>	Non-Preferred

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