



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 November 16, 2007, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held November 2, 2007. Please refer to Table 1 for a summary of these changes. **The changes are effective January 1, 2008.**

The PDL can be accessed at www.indianapbm.com. Notices 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 (PA) 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 January 1, 2008

Drug Class	Drug	PDL Status
Antiemetics	Zofran®	Non-Preferred with the quantity limits 10 tablets / orally disintegrating tablets per rx and one bottle of oral solution per rx
Antiemetics	ondansetron	Preferred with the quantity limits 10 tablets / orally disintegrating tablets per rx and one bottle of oral solution per rx
Narcotics	Panlor® DC	Non-Preferred
Narcotics	Panlor® SS	Non-Preferred
Narcotics	Zerlor™	Non-Preferred
Narcotics	apap/caffeine/dihydrocodeine	Non-Preferred
Narcotic Antitussive / 1 st generation Antihistamine Combinations	Tussionex®	Preferred with quantity limit of 4 oz. per rx

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Narcotic Antitussive / 1 st generation Antihistamine Combinations	promethazine with codeine	Preferred with quantity limit of 6 oz. per rx
Skeletal Muscle Relaxants	Amrix [®]	Non-Preferred
Skeletal Muscle Relaxants	Soma [®] 250mg	Non-Preferred
Smoking Deterrent Agents	Nicotrol [®] Inhaler	Non-Preferred
Smoking Deterrent Agents	Nicotrol [®] Nasal Spray	Non-Preferred
Agents to Treat Acne	Duac [®]	Preferred with age restriction of ≤ 25 years of age
Antidiabetic Agents	Janumet [®]	Preferred
Antidiabetic Agents	Exubera [®]	Non-Preferred
Antidiabetic Agents	Duetact [®]	Preferred and maintain step edit “must fail a sulfonylurea or a TZD”
Antidiabetic Agents	Avandaryl [®] 8/2 mg and 8/4 mg	Preferred
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	Fosamax [®]	Preferred with step edit “prior trial of Actonel within the past 90 days or previous use of Fosamax within the past 180 days”
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	Fosamax [®] Plus D	Preferred with step edit “prior trial of Actonel within the past 90 days or previous use of Fosamax within the past 180 days”
Injectable Hypoglycemics	Humulin [®]	Preferred including pens, cartridges, and mixtures
Injectable Hypoglycemics	Humalog [®]	Preferred including pens, cartridges, and mixtures
Injectable Hypoglycemics	Lantus [®] solostar	Non-Preferred
Injectable Hypoglycemics	Levemir [®] vials	Preferred
Growth Hormones	Genotropin [®]	Preferred with PA criteria
Growth Hormones	Humatrope [®]	Preferred with PA criteria
Growth Hormones	Norditropin [®]	Preferred with PA criteria
Growth Hormones	Nutropin [®]	Preferred with PA criteria
Growth Hormones	Nutropin AQ [®]	Preferred with PA criteria
Growth Hormones	Omnitrope [®]	Preferred with PA criteria
Growth Hormones	Saizen [®]	Preferred with PA criteria
Growth Hormones	Serostim [®]	Preferred with PA criteria
Growth Hormones	Tev-Tropin [™]	Preferred with PA criteria
Growth Hormones	Zorbtive [™]	Preferred with PA criteria

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Chronic Constipation Agents	Amitiza [®]	Preferred with step edit “requires previous therapy with lactulose or sorbitol or polyethylene glycol within past 90 days”
H. Pylori Agents	Pylera [™]	Non-Preferred
H2 Receptor Antagonists	Zantac [®] syrup	Preferred
H2 Receptor Antagonists	cimetidine liquid	Preferred
H2 Receptor Antagonists	ranitidine syrup	Non-Preferred
H2 Receptor Antagonists	Axid [®] solution	Non-Preferred
H2 Receptor Antagonists	Pepcid [®] suspension	Non-Preferred
Proton Pump Inhibitors	omeprazole	Preferred
Proton Pump Inhibitors	Prilosec [®] OTC	Preferred
Proton Pump Inhibitors	Protonix [®]	Preferred with step edit “must fail omeprazole or Prilosec over-the-counter (OTC)”
Proton Pump Inhibitors	Prevacid [®] Solutabs	Preferred with age restriction ≤ 12 years of age and quantity limit of one tab per day
Proton Pump Inhibitors	Prevacid [®] Solutabs	Non-Preferred “> 12 years of age and quantity limit of one tab per day”
Proton Pump Inhibitors	Nexium [®]	Non-Preferred “must fail omeprazole or Prilosec OTC and then a preferred PPI”
Proton Pump Inhibitors	Prevacid [®]	Non-Preferred “must fail omeprazole or Prilosec OTC and then a preferred PPI”
Proton Pump Inhibitors	Aciphex [®]	Non-Preferred “must fail omeprazole or Prilosec OTC and then a preferred PPI”
Proton Pump Inhibitors	Prilosec [®]	Non-Preferred “must fail omeprazole or Prilosec OTC and then a preferred PPI”
Proton Pump Inhibitors	Zegerid [®] (all dosage forms and strengths)	Non-Preferred “must fail omeprazole or Prilosec OTC and then a preferred PPI”
Ulcerative Colitis Agents	Colazal [®]	Preferred
Ulcerative Colitis Agents	Asacol [®]	Preferred
Ulcerative Colitis Agents	Canasa [®]	Preferred
Ulcerative Colitis Agents	Pentasa [®]	Preferred
Ulcerative Colitis Agents	Dipentum [®]	Preferred

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Ulcerative Colitis Agents	sulfasalazine	Preferred
Ulcerative Colitis Agents	mesalamine	Preferred
Ulcerative Colitis Agents	Lialda [®]	Non-Preferred
Ulcerative Colitis Agents	Azulfidine [®]	Non-Preferred
Ulcerative Colitis Agents	Azulfidine En-tabs [®]	Non-Preferred
Ulcerative Colitis Agents	Rowasa [®]	Non-Preferred
Ulcerative Colitis Agents	Sulfazine [®] EC	Non-Preferred
Agents to Treat Benign Prostatic Hyperplasia (BPH)	Uroxatral [®]	Non-Preferred
Urinary Tract Antispasmodics	Detrol [®]	Preferred and maintain step edit “must fail oxybutynin IR”
Urinary Tract Antispasmodics	Sanctura [™]	Non-Preferred and maintain step edit “must fail oxybutynin IR”
Eye Antihistamines/Mast Cell Stabilizers	Pataday [®]	Preferred
Topical Immunomodulators	Elidel [®]	Preferred
Topical Immunomodulators	Protopic [®]	Non-Preferred

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