



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

This bulletin announces the Preferred Drug List (PDL) decisions made at the March 14, 2008, Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held February 29, 2008. Please refer to Table 1 for a summary of these changes. **These changes are effective May 1, 2008.**

The PDL can be accessed at www.indianapbm.com under Pharmacy Services. 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/> on 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 regarding the PDL to the ACS Clinical Call Center at 1-866-879-0106. Questions about this bulletin should be directed 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 May 1, 2008

Drug Class	Drug	PDL Status
Beta Agonists	Perforomist [®]	Non-Preferred
Leukotriene Inhibitors	Zyflo [®] CR	Non-Preferred
Non-sedating Antihistamines	cetirizine regular OTC tablets	Preferred
Non-sedating Antihistamines	Zyrtec [®] regular OTC tablets	Preferred
Non-sedating Antihistamines	Zyrtec [®] OTC syrup	Preferred
Non-sedating Antihistamines	cetirizine OTC syrup	Preferred
Non-sedating Antihistamines	Clarinet [®]	Non-Preferred – Remove all step edits, quantity limits, and age restrictions
Non-sedating Antihistamines	Clarinet-D [®]	Non-Preferred – Remove step edit
Non-sedating Antihistamines	Zyrtec [®] regular and chewable (Rx) tablets and syrup	Non-Preferred – Remove all step edits, quantity limits, and age restrictions
Non-sedating Antihistamines	Allegra [®]	Maintain as Non-Preferred – Remove all step edits and quantity limits
Non-sedating Antihistamines	Allegra D [®]	Maintain as Non-Preferred – Remove

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Drug Class	Drug	PDL Status
		step edit
Non-Sedating Antihistamine	fexofenadine	Maintain as Non-Preferred – Remove step edit
Non-Sedating Antihistamine	fexofenadine/pseudoephedrine	Maintain as Non-Preferred – Remove step edit
COPD Agents	ipratropium/albuterol solution	Non-Preferred
Antiherpetic Agents	famciclovir	Non-Preferred
Anti-influenza Agents	Tamiflu® 30- and 45-mg capsules	Non-Preferred
Macrolides	clarithromycin oral solution	Preferred
Ophthalmic Antibiotics	Azasisite®	Non-Preferred
Otic Antibiotics	ofloxacin otic solution	Preferred
Systemic Antifungals	terbinafine tablets	Preferred
Topical Antifungals	Extina® topical foam	Non-Preferred
Topical Antifungals	ciclopirox topical solution	Preferred
ACE Inhibitors	Altace® tablets	Non-Preferred
ARBs with CCBs	Azor®	Non-Preferred
ARBs with CCBs	Exforge®	Non-Preferred
ARBs with Diuretics	Hyzaar®	Maintain as Preferred – Add step edit “Prior use of ACE – I.” Patients currently on Hyzaar® will be grandfathered if they have a paid claim within the past 180 days.
Beta Blockers	carvedilol	Preferred
Calcium Channel Blockers (CCBs)	Verelan® PM capsules	Non-Preferred
Calcium Channel Blockers (CCBs)	verapamil ER PM capsules	Preferred
Direct Renin Inhibitors	Tekturma®	Non-Preferred
Fibric Acid Derivatives	Lipofen™	Non-Preferred
HMG CoA Reductase Inhibitors	pravastatin 80mg tablets	Preferred
Electrolyte Depleters	Calphron®	Non-Preferred

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