INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER BULLETIN

BT200817 APRIL 3, 2008

To: **All Pharmacy Providers and Prescribing Practitioners**

Subject: **Changes to the Preferred Drug List – Update to Provider Bulletin BT200814**

Overview

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

This bulletin announces revisions to the decisions made at the March 14, 2008 Drug Utilization Review (DUR) Board meeting pertaining to the Non-Sedating Antihistamine class (Z2A, Z2O, Z2Q). Please refer to Provider Bulletin *BT200814*.

As stated in *BT200814*, the DUR Board had approved the following recommendations for the Non-Sedating Antihistamine class effective May 1, 2008: Zyrtec (all Rx products) moved to non-preferred status: Zyrtec OTC and cetirizine OTC (non-chewable tablets and syrup) added to preferred status. Subsequent to these recommendations, product availability has been impacted due to the following events:

1. Zyrtec (Rx) has been discontinued by the manufacturer and will become unavailable once existing supplies are depleted.
2. Effective April 1, 2008, the manufacturer of Zyrtec OTC will no longer participate in the Medicaid Drug Rebate program; therefore, all Zyrtec OTC products will not be covered by Indiana Medicaid fee-for-service.
3. Cetirizine syrup is still pending approval by the FDA; consequently, this product is currently not available. Availability date is unknown.

In response to the above and to ensure continued access to products in this class, the following will occur:

1. Cetirizine OTC tablets will be added to preferred status immediately.
2. Zyrtec syrup (Rx) will maintain its preferred status until supplies are exhausted.
3. Allegra suspension will be moved to preferred status effective April 1, 2008 until cetirizine OTC syrup becomes available.

Please refer to Table 1 for a summary of these changes. Providers will be notified by a banner page message or provider bulletin of any further preferred drug list (PDL) status changes in this class. The PDL can be accessed at 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 – Summary of Changes

Drug	PDL Status
cetirizine non-chewable OTC tablets	**Preferred (immediately)**
Zyrtec ® non-chewable OTC tablets	~~**Preferred**~~ **Not Covered as of 4/1/08**
Zyrtec® OTC syrup	~~**Preferred**~~ **Not Covered as of 4/1/08**
cetirizine OTC syrup	Preferred (once available)
Zyrtec® non-chewable and chewable (Rx) tablets and syrup	Non-chewable and chewable tablets (Rx): Non-Preferred until supply is exhausted – Step edits, quantity limits, and age restrictions are removed as of 05/01/2008 **Syrup (Rx) – Maintain preferred status**
Allegra® Suspension	**Add to preferred status (until cetirizine OTC syrup becomes available) effective 04/01/2008**
Allegra ® tablets	Tablets: Maintain as Non-Preferred – Step edits and quantity limits removed as of 05/01/2008
Allegra D®	Maintain as Non-Preferred – Step edit removed as of 05/01/2008
Clarinex®	Non-Preferred – Step edits, quantity limits, and age restrictions removed as of 05/01/2008
Clarinex-D®	Non-Preferred – Step edit removed as of 05/01/2008
Xyzal®	Non-Preferred as of 05/01/2008
fexofenadine	Maintain as Non-Preferred – Step edit removed as of 05/01/2008
fexofenadine/pseudoephedrine	Maintain as Non-Preferred – Step edit removed as of 05/01/2008

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