



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 May 23, 2008 Drug Utilization Review (DUR) Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting held on May 2, 2008. Please refer to Table 1 for a summary of approved changes. **The changes are effective July 1, 2008.**

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 link 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.

Table 1 – Approved Changes to the PDL Effective July 1, 2008

Drug Class	Drug	PDL Status
Antiemetics	Emend® 115mg vial	Non-Preferred
Antiemetics	Granisol™ 2mg/10mL oral solution	Non-Preferred
Antiemetics	granisetron 1mg tablets, 1mg/mL and 4mg/4mL injections	Non-Preferred
Narcotics	Fentora® 300mcg buccal tablets	Non-Preferred with current PA criteria
Narcotics	Oxycontin® 15-, 30-, and 60-mg tablets	Preferred with the following quantity limits: 120 tablets per 25 days for the 15- and 30-mg tablets, and 60 tablets per 25 days for the 60-mg tablets
Narcotics	oxycodone/ibuprofen 5/400mg tablets	Non-Preferred
Narcotics	Opana® ER 7.5-, 15-, and 30-mg tablets	Non-Preferred

Drug Class	Drug	PDL Status
Narcotic Antitussive / 1 st generation Antihistamine Combinations	Tussionex®	Preferred with quantity limit of 4 oz per prescription and age limit 6 years and older
Narcotic Antitussive / 1 st generation Antihistamine Combinations	Tussionex®	Non-Preferred for age less than 6 years
Narcotic Antitussive / 1 st generation Antihistamine Combinations	Tussicaps® 5mg/4mg and 10mg/8mg extended-release capsules	Non-Preferred
Agents to Treat Acne	Atralin™ 0.05% gel	Non-Preferred
Agents to Treat Acne	Duac™ CS convenience kit	Preferred for patients 25 years of age and under
Agents to Treat Acne	Duac™ CS convenience kit	Non-Preferred for patients over 25 years of age
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	alendronate tablets	Preferred
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	Fosamax® tablets	Non-Preferred with no step edit
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	Fosamax® Plus D	Non-Preferred with no step edit
Bone Resorption Suppression Agents/Selective Estrogen Receptor Modulator Agents	Boniva® tablets	Non-Preferred with no step edit
Growth Hormones	Nutropin® AQ 20mg/2mL cartridges	Preferred with current PA criteria
Growth Hormones	Omnitrope® 5mg/1.5mL cartridges	Preferred with current PA criteria
Injectable Hypoglycemics	Symlin® pens and vials	Preferred with step edit - must currently be on mealtime insulin (Apidra®, Humalog®, Humulin® R, Novolin® R, Novolog® or Relion® R)
Proton Pump Inhibitors	omeprazole OTC 20mg tablets	Preferred
Proton Pump Inhibitors	pantoprazole tablets	Non-Preferred with step edit - must fail omeprazole (Rx or OTC) or Prilosec OTC™, then a preferred PPI for a total length of therapy of four weeks, unless patient is intolerant to these agents
Proton Pump Inhibitors	Protonix® Delayed Release oral suspension	Non-Preferred with step edit - must fail omeprazole (Rx or OTC) or Prilosec OTC™, then a preferred PPI for a total length of therapy of four weeks, unless patient is intolerant to these agents
Proton Pump Inhibitors	Protonix® (tablets and vials)	Preferred with step edit - must fail omeprazole (Rx or OTC) or Prilosec OTC™, within past 90 days and the quantity limit 1 tab/day

Drug Class	Drug	PDL Status
Proton Pump Inhibitors	All Non-Preferred Proton Pump Inhibitors	All Non-Preferred agents are subject to the following step edit - must fail omeprazole (Rx or OTC) or Prilosec OTC™, then a preferred PPI for a total length of therapy of four weeks unless patient is intolerant to these agents
Ulcerative Colitis Agents	balsalazide	Non-Preferred
Urinary Tract Antispasmodics	Enablex®	Preferred with the step edit - must fail oxybutynin IR or prior trial of any cholinesterase inhibitor or memantine (Namenda™) within the past 180 days
Urinary Tract Antispasmodics	Sanctura XR™	Non-Preferred
Platelet Aggregation Inhibitors	Plavix® 300mg tablet	Preferred with a quantity limit of one tablet per prescription
Glaucoma Agents	Combigan™ ophthalmic solution	Non-Preferred

Contact Information

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.

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