PROVIDER BULLETIN

BT200842 DECEMBER 15, 2008

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Changes to the Preferred Drug List

Note: The information referenced below is not directed to 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 21, 2008, Drug Utilization Review (DUR) Board meeting. These decisions are based on recommendations from the Therapeutics Committee meeting November 7, 2008. Please refer to Table 1 for a summary of these changes. The changes are effective January 1, 2009.

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 tab titled Calendar. Information about the Therapeutics Committee and the PDL is available at http://www.indianapbm.com.

Table 1 – Approved Changes to the PDL Effective January 1, 2009

Drug Class	Drug	PDL Status
Brand-name Narcotics	Zamicet™	Non-Preferred
Skeletal Muscle Relaxants	Fexmid™	Non-Preferred with a step edit – must have a trial of cyclobenzaprine in the last 30 days
Skeletal Muscle Relaxants	Amrix™	Add step edit – must have a trial of cyclobenzaprine in the last 30 days
Skeletal Muscle Relaxants	Soma®	Add quantity limits – four tablets per day; add step edit – must have a trial of generic carisoprodol in the last 30 days
Skeletal Muscle Relaxants	Soma Compound®	Add quantity limits – eight tablets per day; add step edit – must have a trial of generic carisoprodol compound in the last 30 days
Antipsoriatic Agents	calcipotriene topical solution	Non-Preferred

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Drug Class	Drug	PDL Status
Antipsoriatic Agents	Dovonex® topical solution	Preferred
Antipsoriatic Agents	Taclonex® Scalp Suspension	Add a step-edit – must fail a trial of calcipotriene; add a duration limit – limited to eight weeks of therapy
Antidiabetic Agents, Oral	Precose®	Non-Preferred
Antidiabetic Agents, Oral	Prandin®	Preferred
Bone Formation Stimulating Agents	Forteo®	Maintain non-preferred status of Forteo but modify the existing prior authorization criteria to include high-risk persons as identified by the WHO Fracture Assessment Tool or similar validated instrument
Proton Pump Inhibitors	Nexium® Packets	Add to preferred status with an age restriction – must be 12 years of age or younger; add a quantity limit of one packet per day
Urinary Tract Antispasmodics	Detrol LA®	Non-Preferred and maintain step-edit must fail oxybutynin IR
Urinary Tract Antispasmodics	Sanctura®	Preferred and maintain step-edit – must fail oxybutynin IR
Urinary Tract Antispasmodics	Sanctura XR®	Preferred and maintain step-edit – must fail oxybutynin IR
Heparin and Related Preparations	Arixtra®	Maintain the preferred status of Arixtra but add a quantity limit of one syringe per day
Eye Antihistamine/Mast Cell Stabilizers	Alocril®	Non-Preferred
Glaucoma Agents	Combigan®	Preferred

Contact Information

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.

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