



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 February 27, 2009, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held on February 6, 2009. Please refer to Table 1 for a summary of these changes. **The changes are effective April 1, 2009.**

The PDL can be accessed at www.indianapbm.com. Notice of the DUR Board meetings and agendas is 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 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 Preferred Drug List Effective April 1, 2009

Drug Class	Drug	PDL Status
Nasal Preparations	Astepro™	Non-Preferred
Oral Inhaled Corticosteroids	Alvesco™	Non-Preferred
Oral Inhaled Corticosteroids	budesonide inhalation suspension	Non-Preferred; maintain current age and quantity limits
Antivirals (Influenza)	Relenza®	Preferred
Alpha Beta Blockers, Beta Blockers	Toprol XL®	Preferred
Calcium Channel Blockers	nisoldipine extended-release tablets	Non-Preferred
Selective Aldosterone Receptor Antagonist	eplerenone	Non-Preferred; add step-edit – requires previous therapy with spironolactone within the past 30 days
Fibric Acid Derivatives	Trilipix™	PDL neutral reviewed

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Drug Class	Drug	PDL Status
Triptans	sumatriptan	Non-Preferred; add quantity limits: nine tablets per month, six nasal inhalers per month and two injections per month for the stat dose systems and vials
Electrolyte Depleters	calcium acetate capsules	Non-Preferred
Bone Formation Stimulating Agents	Forteo [®]	Maintain non-preferred status of Forteo but modify the existing prior authorization criteria to patient must fail or be intolerant of previous osteoporosis therapy with a bisphosphonate

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