



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 providers rendering services in the risk-based managed care (RBMC) delivery system.

Overview

Changes to the Preferred Drug List (PDL) were made at the May 15, 2009, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting on May 1, 2009. Please refer to Table 1 for a summary of these changes. **The changes are effective July 1, 2009, unless otherwise specified.**

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>.

Please direct prior authorization requests and questions about the PDL to the Affiliated Computer Services (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 PDL Effective July 1, 2009

Drug Class	Drug	PDL Status
Antiemetics	Sancuso™	Non-Preferred; add step-edit – physician documentation required indicating oral medications are unsuitable for patient use
Brand-Name Narcotics	Reprexain™	Non-Preferred
Narcotic Antitussive/1 st Generation Antihistamine Combinations	promethazine with codeine	Add age limit – 6 years of age and older
Acne Agents	Acanya™	Non-Preferred
Acne Agents	Aczone™	Non-Preferred
Acne Agents	Epiduo™	Non-Preferred
Antipsoriatic Agents	Vectical™	Non-Preferred

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Drug Class	Drug	PDL Status
Antipsoriatic Agents	Raptiva [®]	Remove from PDL document
Antidiabetic Agents	Prandimet [™]	Non-Preferred
Proton Pump Inhibitors	omeprazole OTC and Prilosec [®] OTC	Remove all step-edits requiring a trial of omeprazole (Rx and OTC) or Prilosec OTC so that only a trial of omeprazole 20 mg is required prior to receiving other PPIs, unless otherwise specified
Proton Pump Inhibitors	Protonix [®]	Change step-edit to must fail omeprazole 20 mg within the last 90 days unless the patient is on clopidogrel therapy
Proton Pump Inhibitors	Kapidex [™]	Non-Preferred; add step-edit – must fail omeprazole 20 mg and then a preferred PPI for a total length of therapy of four weeks, unless patient is intolerant to these agents
Proton Pump Inhibitors	omeprazole 40 mg	Non-Preferred; add step-edit – two 20 mg capsules required
Proton Pump Inhibitors	omeprazole and Prilosec [®] OTC	Remove from PDL and OTC formulary*
Proton Pump Inhibitors	Prilosec [®] 2.5 mg and 10 mg Packets	Add age limit – must be 12 years of age or younger; add quantity limit – one packet/day; add step-edit – must fail Nexium Packets or Prevacid Solutabs for a total length of therapy of four weeks, unless patient is intolerant to these agents
Proton Pump Inhibitors	All Non-Preferred PPIs except Prilosec [®] Packets	Add step-edit – must fail omeprazole 20 mg and then a preferred PPI for a total length of therapy of four weeks, unless patient is intolerant to these agents
Ulcerative Colitis Agents	Apriso [™]	Non-Preferred
BPH Agents	Rapaflo [™]	Non-Preferred
Urinary Tract Antispasmodics	Toviaz [™]	Non-Preferred; add step-edit – must fail oxybutynin IR
Antiviral Monoclonal Antibodies	Synagis [®]	Preferred Status with revised PA criteria – elimination of the word “tobacco” from “tobacco smoke”
Glaucoma Agents	dorzolamide	Non-Preferred
Glaucoma Agents	dorzolamide/timolol	Non-Preferred

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Drug Class	Drug	PDL Status
Topical Anti-Inflammatory, NSAIDS	Flector™ Patch	Non-Preferred; add step-edit – physician documentation required indicating oral medications are unsuitable for patient use
Topical Anti-Inflammatory, NSAIDS	Voltaren™ Gel	Non-Preferred; add step-edit – physician documentation required indicating oral medications are unsuitable for patient use
Topical Antivirals	Abreva™ Cream	Add to OTC formulary; add to PDL as Preferred
Topical Antivirals	Zovirax™ Ointment	Preferred
Topical Antivirals	Zovirax™ Cream	Non-Preferred
Topical Antivirals	Denavir™ Cream	Non-Preferred

* The removal of Prilosec OTC from the PDL and the OTC formulary will be effective **October 1, 2009**.

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