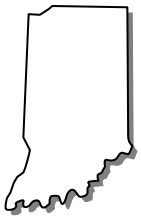

PROVIDER BULLETIN

BT200932 SEPTEMBER 10, 2009

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 September 4, 2009, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held on August 7, 2009. Please refer to Table 1 for a summary of these changes. **The changes are effective October 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.

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 PDL Effective October 1, 2009

Drug Class	Drug	PDL Status
Leukotriene Inhibitors	Singulair®	Maintain preferred status, but modify step edit to the following: for patients 18 years of age and older – must have had one of the following medications within the past six months: methylxanthine, beta agonist, and/or oral inhaled corticosteroid
Nasal Preparations	Astepro™	Preferred
Agents to Treat COPD	ipratropium/albuterol solution	Preferred
Cephalosporins	cefdinir capsules and suspension	Preferred
Cephalosporins	Omnicef® capsules and suspension	Non-Preferred

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

Drug Class	Drug	PDL Status
Hepatitis C Agents	Rebetol®	Non-Preferred
Ophthalmic Antibiotics	Besivance™	Non-Preferred
Otic Antibiotics	Cetraxal™	Non-Preferred
Topical Antivirals	Denavir®	Preferred
Topical Antivirals	Zovirax® Ointment	Non-Preferred
Angiotensin Receptor Blockers with Diuretics and Calcium Channel Blockers	Exforge HCT™	Preferred with step-edit – trial of an Angiotensin Receptor Blocker, Diuretic, or Calcium Channel Blocker within the past 90 days
Beta-Blockers with Diuretics	Corzide®	Non-Preferred
Beta-Blockers with Diuretics	Inderide®	Non-Preferred
Beta-Blockers with Diuretics	Lopressor® HCT	Non-Preferred
Beta-Blockers with Diuretics	Tenoretic®	Non-Preferred
Beta-Blockers with Diuretics	Ziac®	Non-Preferred
Beta-Blockers with Diuretics	propranolol/HCTZ	Preferred
Beta-Blockers with Diuretics	atenolol/chlorthalidone	Preferred
Beta-Blockers with Diuretics	bisoprolol/HCTZ	Preferred
Beta-Blockers with Diuretics	metoprolol/HCTZ	Preferred
Beta-Blockers with Diuretics	nadolol/bendroflumethiazide	Preferred
Selective Aldosterone Receptor Antagonist	Inspra®	Non-Preferred while maintaining current step edit
Selective Aldosterone Receptor Antagonist	eplerenone	Preferred with step-edit – requires previous therapy with spironolactone within previous 30 days
Fibric Acid Derivatives	Fenoglide™	Non-Preferred
Fibric Acid Derivatives	Trilipix™	Preferred
HMG CoA Reductase Inhibitors	Crestor®	Preferred
Other Lipotropics	Vytorin®	Non-Preferred with a step-edit – trial of an HMG CoA reductase inhibitor within the past 90 days
Triptans	Amerge®	Non-Preferred while maintaining current quantity limit
Triptans	Frova®	Preferred while maintaining current quantity limit
Electrolyte Depleters	Eliphos™	Non-Preferred
Electrolyte Depleters	Renvela™	Non-Preferred

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

Drug Class	Drug	PDL Status
Suboxone® and Subutex®	Suboxone® and Subutex®	Non-Preferred with prior authorization criteria for Suboxone® or Subutex® new therapy; patients on existing Suboxone® or Subutex® therapy will be grandfathered; patients on concurrent Suboxone® or Subutex® therapy with an opioid will be allowed a 34-day taper to discontinue other opioid therapy.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.