INDIANA HEALTH COVERAGE PROGRAMS PROVIDER BULLETIN BT201004

To: Pharmacy Providers and Prescribing Practitioners

Subject: Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the February 19, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on recommendations from the Therapeutics Committee meeting on February 5, 2010. Please refer to the table below for a summary of these changes, which are effective April 1, 2010.

The PDL can be accessed at <u>http://www.indianapbm.com/</u>. Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) Web site at <u>http://www.state.in.us/fssa/</u> under the Calendar tab. Information about the Therapeutics Committee and the PDL is available at <u>http://www.indianapbm.com</u>.

Please direct prior authorization requests and questions about the PDL to the Affiliated Computer Services (ACS) Clinical Call Center at 1-866-879-0106.

| Drug Class | Drug | PDL Status |
|---|--|--|
| Beta-agonist | levalbuterol inhalation solution | Non-preferred with a quantity limit of two prescriptions per six months, one box of 24 per prescription |
| Nasal preparations | Astepro [®] 0.15% Nasal Spray | Preferred |
| Nasal preparations | Flonase [®] | Non-preferred |
| Nasal preparations | fluticasone | Preferred |
| Anti-virals (anti-herpetic) | valacyclovir | Non-preferred with a step-edit – requires HIV therapy |
| Topical antifungals | ciclopirox 1% topical shampoo | Non-preferred |
| ACE inhibitors | perindopril tablets | Preferred |
| Angiotensin II receptor blockers with calcium channel blockers | Twynsta™ | Non-preferred |
| Direct Renin Inhibitor and ARB Combination | Valturna [™] | Non-preferred with a step-edit – requires a trial of an ACE, ARB, or DRI within the past 90 days |
| Fibric acid derivatives | Fibricor™ | Non-preferred |

Table 1 – Approved Changes to the PDL Effective April 1, 2010

| Drug Class | Drug | PDL Status |
|---------------------------------|------------------------------|--|
| Triptans | Sumavel [™] Dosepro | Not covered |
| Triptans | Imitrex [®] Tablets | Non-preferred with current quantity limits |
| Triptans | sumatriptan | Preferred with current quantity limits |
| Electrolyte depleters | Renvela [®] Packets | Non-preferred |
| Multiple sclerosis agents | Extavia ^{тм} | Non-preferred |
| Platelet aggregation inhibitors | Effient TM | Non-preferred with Smart PA^{TM} criteria |
| Topical antiparasitics | All products | Add the quantity limit of one bottle or one tube per claim |

Contact Information

If you have questions regarding this bulletin, call HP Customer Assistance at (317) 655-3240 or toll-free at 1-800-577-1278.

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