## IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201021 JUNE 29, 2010



## **Revised: Changes to the Preferred Drug List**

**Note**: Indiana Health Coverage Program (IHCP) bulletin BT201016, dated May 27, 2010, has been revised. Zyrtec Itchy Eye Drops was removed from the bulletin and will not appear on the Preferred Drug List that is effective July 1, 2010. Zyrtec Itchy Eye Drops is not a product covered through Indiana Medicaid.

Changes to the Preferred Drug List (PDL) were made at the May 21, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting on May 7, 2010. Please refer to the table below for a summary of these changes. **The changes are effective July 1, 2010**.

The PDL and Smart PA<sup>™</sup> criteria can be accessed at <u>www.indianapbm.com</u> under Pharmacy Services. 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>. Click "**More Events**" near the middle of the page to access the events calendar. 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. Please direct questions about this bulletin to HP Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

| Drug Class           | Drug                             | PDL Status                           |
|----------------------|----------------------------------|--------------------------------------|
| COX-II Inhibitors    | Celebrex <sup>®</sup>            | Non-Preferred with Smart PA criteria |
| Brand-Name Narcotics | buprenorphine sublingual tablets | Non-Preferred with PA criteria       |

Approved changes to the Preferred Drug List effective July 1, 2010

| Brand-Name Narcotics         Onsolis <sup>™</sup> buccal film         Non-Preferred with PA criteria           Brand-Name Narcotics         fentaryl products         Remove the following statement from P.           Brand-Name Narcotics         tramadol ER         Non-Preferred with a quantity limit of 1           tab/day         Non-Preferred with a quantity limit of 1         tab/day           Anne Narcotics         tramadol ER         Non-Preferred with Smart PA Criteria           Acne Agents         benzoyl peroxide/clindamycin         Non-Preferred           Acne Agents         Differin <sup>®</sup> 0.1% lotion         Non-Preferred           Anti-Psoriatic Agents         Stelara <sup>™</sup> profilied syringes and vials         referred           Anti-Psoriatic Agents         Stelara <sup>™</sup> prefilied syringes and vials         Non-Preferred with PA criteria           Growth Hormones         Genotropin <sup>®</sup> 5 mg and 12 mg         Preferred         must be currently one netizerial and step-edit - must be currently one netizerial and step-edit - must be currently on relation in and/or a sufface tablets         Preferred with PA criteria           Non-insulin Injectable Hypoglycemics         Victoza <sup>™</sup> prefilied pen         Preferred with PA criteria           Anti-Ulcer Preparations         sucraffate tablets         Preferred with PA criteria           Anti-Ulcer Preparations         Caraffate <sup>®</sup> suspension         Preferred with PA criteria   | Drug class                           | Drug   | PDL status  |
|--|--------------------------------------|--|---|
| Brand-Name Narcotics     fentanyl products     Remove the following statement from P.<br>criteria for fentanyl products: Have a<br>medically justifiable diagosis associate<br>with moderate to severe pain       Brand-Name Narcotics     tramadol ER     Non-Preferred with a quantity limit of 1<br>tab/day       NSAID/Prostaglandin Combination     Arthrotec <sup>®</sup> Non-Preferred with Smart PA Criteria       Acne Agents     benzoyl peroxide/clindamycin<br>topical gel     Non-Preferred of all members with a<br>step-edit – nust have failed a tretinoin<br>product       Anti-Psoriatic Agents     Soriatane <sup>®</sup> 17.5 mg and 22.5 mg     Preferred       Anti-Psoriatic Agents     Stelara™ profilled syringes and<br>vials     Non-Preferred with PA criteria       Growth Hormones     Genotropin <sup>®</sup> 5 mg and 12 mg     Preferred with PA criteria       Non-insulin Injectable Hypoglycemics     Victoza™ prefilled pen<br>musche current with PA criteria       Anti-Ulcer Preparations     sucralfate tablets     Preferred with PA criteria       Anti-Ulcer Preparations     Carafate <sup>®</sup> suspension     Preferred with PA criteria       Anti-Ulcer Preparations     Carafate <sup>®</sup> balets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Carafate <sup>®</sup> balets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Carafate <sup>®</sup> balets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Carafate <sup>®</sup> balets     Non-Preferred with PA criteria       Anti-Ulcer Preparations <td< td=""><td>Brand-Name Narcotics</td><td>fentanyl citrate lozenges</td><td>Non-Preferred with PA criteria</td></td<>  | Brand-Name Narcotics                 | fentanyl citrate lozenges                        | Non-Preferred with PA criteria  |
| riteria for fentary products: Have a medically justifiable diagnosis associate with moderate to severe pain.<br>Brand-Name Narcotics tramadol ER Non-Preferred with Smart PA Criteria Acne Agents benzoyl peroxide/clindamycin topical gel<br>Acne Agents benzoyl peroxide/clindamycin Non-Preferred with Smart PA Criteria<br>Acne Agents benzoyl peroxide/clindamycin topical gel<br>Acne Agents benzoyl peroxide/clindamycin topical gel<br>Acne Agents benzoyl peroxide/clindamycin topical gel<br>Acne Agents Soriatane <sup>®</sup> 17.5 mg and 22.5 mg Preferred<br>Anti-Psoriatic Agents Stelara™ profilied syringes and vials<br>Growth Hormones Genotropin <sup>®</sup> 5 mg and 12 mg Preferred with PA criteria<br>Growth Hormones Genotropin <sup>®</sup> 5 mg and 12 mg Preferred with PA criteria<br>Growth Hormones Nutropin <sup>®</sup> 40 5 mg/2ml Preferred with PA criteria<br>Growth Hormones Nutropin <sup>®</sup> 40 g smg/2ml Preferred with PA criteria<br>Growth Hormones SucralTate tablets Preferred with PA criteria<br>Anti-Ulcer Preparations sucralTate tablets Preferred with PA criteria and step-edit - mustation including such activation and/or a thiazolidinedione of sulforyluras and/or a thiazolidinedione | Brand-Name Narcotics                 | Onsolis™ buccal film                             | Non-Preferred with PA criteria  |
| tab/day           NSAID/Prostaglandin Combination         Arthrotec <sup>®</sup> Non-Preferred with Smart PA Criteria           Acne Agents         benzoy/ peroxide/clindamycin<br>topical gel         Non-Preferred           Acne Agents         Differin <sup>®</sup> 0.1% lotion         Non-Preferred for all members with a<br>step-edit – must have failed a tretinoin<br>product           Anti-Psoriatic Agents         Soriatane <sup>®</sup> 17.5 mg and 22.5 mg         Preferred           Anti-Psoriatic Agents         Stelara <sup>TM</sup> prefilied syringes and<br>vials         Non-Preferred           Growth Hormones         Genotropin <sup>®</sup> 5 mg and 12 mg         Preferred with PA criteria           Mon-insulin Injectable Hypoglycemics         Victoza <sup>TM</sup> prefilied pen         Preferred with PA criteria           Non-insulin Injectable Hypoglycemics         Victoza <sup>TM</sup> prefilied pen         Preferred with PA criteria           Anti-Ucer Preparations         sucraffate tablets         Preferred with PA criteria           Anti-Ucer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         sucraffate suspension         Non-Preferred with PA criteria           Anti-Ulcer Preparations   | Brand-Name Narcotics                 | fentanyl products                                | medically justifiable diagnosis associated  |
| Acne Agents         benzoyl peroxide/clindamycin<br>topical gel         Non-Preferred           Acne Agents         Differin <sup>®</sup> 0.1% lotion         Non-Preferred for all members with a<br>step-edit – must have failed a tretinoin<br>product           Anti-Psoriatic Agents         Soriatane <sup>®</sup> 17.5 mg and 22.5 mg         Preferred           Anti-Psoriatic Agents         Stelara <sup>™</sup> prefilled syringes and<br>vials         Non-Preferred           Growth Hormones         Genotropin <sup>®</sup> 5 mg and 12 mg         Preferred with PA criteria           Growth Hormones         Nutropin <sup>®</sup> AQ 5mg/2ml         Preferred with PA criteria           Non-insulin Injectable Hypoglycemics         Victoza <sup>™</sup> prefilled pen         Preferred with PA criteria           Anti-Ulcer Preparations         sucralfate tablets         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> tablets         Non-Preferred with PA criteria and step-edit -<br>trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unablet o<br>swallow tablet  | Brand-Name Narcotics                 | tramadol ER                                      |   |
| topical gel           Acne Agents         Differin <sup>®</sup> 0.1% lotion         Non-Preferred for all members with a step-edit – must have failed a tretinoin product           Anti-Psoriatic Agents         Soriatane <sup>®</sup> 17.5 mg and 22.5 mg         Preferred           Anti-Psoriatic Agents         Stelara <sup>™</sup> prefilled syringes and vials         Non-Preferred           Growth Hormones         Genotropin <sup>®</sup> 5 mg and 12 mg         Preferred with PA criteria           Mon-insulin Injectable Hypoglycemics         Victoza <sup>™</sup> prefilled pen         Preferred with PA criteria           Non-insulin Injectable Hypoglycemics         Victoza <sup>™</sup> prefilled pen         Preferred with PA criteria           Anti-Ucer Preparations         sucrafate tablets         Preferred with PA criteria           Anti-Ulcer Preparations         Scarafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> suspension         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate <sup>®</sup> tablets         Non-Preferred with PA criteria and step-edit - trial on tablets within the last 90 days is required for patients 18 years of age an older or must be unable to swallow tablet           Anti-Ulcer Preparations   | NSAID/Prostaglandin Combination      | Arthrotec <sup>®</sup>                           | Non-Preferred with Smart PA Criteria  |
| Anti-Psoriatic Agents       Soriatane <sup>®</sup> 17.5 mg and 22.5 mg       Preferred         Anti-Psoriatic Agents       Stelara™ prefilied syringes and<br>vials       Non-Preferred         Growth Hormones       Genotropin <sup>®</sup> 5 mg and 12 mg       Preferred with PA criteria         Growth Hormones       Mutropin <sup>®</sup> AQ 5mg/2ml       Preferred with PA criteria         Non-insulin Injectable Hypoglycemics       Victoza™ prefilled pen       Preferred with PA criteria         Non-insulin Injectable Hypoglycemics       Victoza™ prefilled pen       Preferred with PA criteria         Anti-Ulcer Preparations       sucralitate tablets       Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> suspension       Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> suspension       Preferred with PA criteria         Anti-Ulcer Preparations       Cytotec <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucralifate suspension       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucralifate suspension   | Acne Agents                          |  | Non-Preferred   |
| Anti-Psoriatic Agents       Stelara™ prefilled syringes and vials       Non-Preferred         Growth Hormones       Genotropin® 5 mg and 12 mg       Preferred with PA criteria         Growth Hormones       Nutropin® AQ 5mg/2ml       Preferred with PA criteria         Non-insulin Injectable Hypoglycemics       Victoza™ prefilled pen       Preferred with PA criteria         Anti-Ulcer Preparations       sucralfate tablets       Preferred with PA criteria         Anti-Ulcer Preparations       misoprostol tablets       Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® suspension       Preferred with PA criteria and step-edit - trial on tablets within the last 90 days is required for patients 18 years of age an older or must be unable to swallow tablet         Anti-Ulcer Preparations       Cytotec® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Cytotec® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucrafate suspension       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucrafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucrafate® suspension       Non-Preferred </td <td>Acne Agents</td> <td>Differin<sup>®</sup> 0.1% lotion</td> <td>step-edit - must have failed a tretinoin</td>   | Acne Agents                          | Differin <sup>®</sup> 0.1% lotion                | step-edit - must have failed a tretinoin  |
| vials     vials       Growth Hormones     Genotropin® 5 mg and 12 mg     Preferred with PA criteria       Growth Hormones     Nutropin® AQ 5mg/2ml     Preferred with PA criteria       Non-insulin Injectable Hypoglycemics     Victoza™ prefilled pen     Preferred with the following step-edit –<br>must be currently on metformin and/or a<br>sulfonylurea and/or a thiazolitacidone of<br>combination including such       Anti-Ulcer Preparations     sucralfate tablets     Preferred with PA criteria       Anti-Ulcer Preparations     misoprostol tablets     Preferred with PA criteria       Anti-Ulcer Preparations     Carafate® suspension     Preferred with PA criteria       Anti-Ulcer Preparations     Carafate® suspension     Preferred with PA criteria       Anti-Ulcer Preparations     Cytotec® tablets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Cytotec® tablets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Carafate® tablets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     Carafate® tablets     Non-Preferred with PA criteria       Anti-Ulcer Preparations     sucralfate suspension     <   | Anti-Psoriatic Agents                | Soriatane $^{ entric{ m 8}}$ 17.5 mg and 22.5 mg | Preferred   |
| Growth Hormones         Nutropin® AQ 5mg/2ml         Preferred with PA criteria           Non-insulin Injectable Hypoglycemics         Victoza™ prefilled pen         Preferred with the following step-edit –<br>must be currently on metformin and/or a<br>sulfonyLurea and/or a thiazolidinedione of<br>combination including such           Anti-Ulcer Preparations         sucralfate tablets         Preferred with PA criteria           Anti-Ulcer Preparations         misoprostol tablets         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® suspension         Preferred with PA criteria and step-edit -<br>trial on tablets within the last 90 days is<br>required for patients 18 years of age an<br>older or must be unable to swallow table           Anti-Ulcer Preparations         Cytotec® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Sucralfate suspension         Non-Preferred with PA criteria           Anti-Ulcer Preparations <td>Anti-Psoriatic Agents</td> <td></td> <td>Non-Preferred</td>  | Anti-Psoriatic Agents                |  | Non-Preferred   |
| Non-insulin Injectable Hypoglycemics         Victoza™ prefilled pen         Preferred with the following step-edit –<br>must be currently on metformin and/or a<br>sulfonylurea and/or a thiazoldinedione of<br>combination including such           Anti-Ulcer Preparations         sucralfate tablets         Preferred with PA criteria           Anti-Ulcer Preparations         misoprostol tablets         Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® suspension         Preferred with PA criteria and step-edit<br>trial on tablets within the last 90 days is<br>required for patients 18 years of age and<br>older or must be unable to swallow tablet           Anti-Ulcer Preparations         Cytotec® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Cytotec® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Carafate® tablets         Non-Preferred with PA criteria           Anti-Ulcer Preparations         Sucralfate suspension         Non-Preferred with PA criteria           Pancreatic Enzymes<   | Growth Hormones                      | Genotropin <sup>®</sup> 5 mg and 12 mg           | Preferred with PA criteria  |
| must be currently on metformin and/or a sulfon/lurea and/or a thiazolidinedione of combination including such         Anti-Ulcer Preparations       sucralfate tablets       Preferred with PA criteria         Anti-Ulcer Preparations       misoprostol tablets       Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® suspension       Preferred with PA criteria and step-edit trial on tablets within the last 90 days is required for patients 18 years of age annolder or must be unable to swallow table         Anti-Ulcer Preparations       Cytotec® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate suspension       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucralfate suspension       Non-Preferred         H2 Receptor Antagonists       nizatidine oral solution       Non-Preferred   | Growth Hormones                      | Nutropin <sup>®</sup> AQ 5mg/2ml                 | Preferred with PA criteria  |
| Anti-Ulcer Preparations       misoprostol tablets       Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> suspension       Preferred with PA criteria and step-edit-trial on tablets within the last 90 days is required for patients 18 years of age an older or must be unable to swallow table         Anti-Ulcer Preparations       Cytotec <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Cytotec <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Sucralfate suspension       Non-Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablets         Anti-Ulcer Preparations       sucralfate suspension       Non-Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablets         H2 Receptor Antagonists       nizatidine oral solution       Non-Preferred         Pancreatic Enzymes       Pancrecarb <sup>®</sup> MS       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)         Pancreatic Enzymes       Ultrase <sup>®</sup> MT       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)  | Non-insulin Injectable Hypoglycemics | Victoza™ prefilled pen                           | must be currently on metformin and/or a sulfonylurea and/or a thiazolidinedione or  |
| Anti-Ulcer Preparations       Carafate <sup>®</sup> suspension       Preferred with PA criteria and step-edit trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow table         Anti-Ulcer Preparations       Cytotec <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       Carafate <sup>®</sup> tablets       Non-Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablet         Anti-Ulcer Preparations       sucralfate suspension       Non-Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablets         H2 Receptor Antagonists       nizatidine oral solution       Non-Preferred         Pancreatic Enzymes       Zenpep <sup>™</sup> capsules       Preferred         Pancreatic Enzymes       Pancrecarb <sup>®</sup> MS       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)         Pancreatic Enzymes       Ultrase <sup>®</sup> MT       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   | Anti-Ulcer Preparations              | sucralfate tablets                               | Preferred with PA criteria  |
| trial on tablets within the last 90 days is<br>required for patients 18 years of age and<br>older or must be unable to swallow tableAnti-Ulcer PreparationsCytotec® tabletsNon-Preferred with PA criteriaAnti-Ulcer PreparationsCarafate® tabletsNon-Preferred with PA criteria and step-<br>edit – trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unableAnti-Ulcer PreparationsSucralfate suspensionNon-Preferred with PA criteria and step-<br>edit – trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unable to<br>swallow tabletsH2 Receptor Antagonistsnizatidine oral solutionNon-PreferredPancreatic EnzymesZenpep™ capsulesPreferredPancreatic EnzymesUltrase®Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)Pancreatic EnzymesUltrase® MTRemove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)  | Anti-Ulcer Preparations              | misoprostol tablets                              | Preferred with PA criteria  |
| Anti-Ulcer Preparations       Carafate® tablets       Non-Preferred with PA criteria         Anti-Ulcer Preparations       sucralfate suspension       Non-Preferred with PA criteria and step-<br>edit – trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unable to<br>swallow tablets         H2 Receptor Antagonists       nizatidine oral solution       Non-Preferred         Pancreatic Enzymes       Zenpep™ capsules       Preferred         Pancreatic Enzymes       Pancrecarb® MS       Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)         Pancreatic Enzymes       Ultrase®       Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)   | Anti-Ulcer Preparations              | Carafate <sup>®</sup> suspension                 | Preferred with PA criteria and step-edit –<br>trial on tablets within the last 90 days is<br>required for patients 18 years of age and<br>older or must be unable to swallow tablet |
| Anti-Ulcer Preparationssucralfate suspensionNon-Preferred with PA criteria and step-<br>edit – trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unable to<br>swallow tabletsH2 Receptor Antagonistsnizatidine oral solutionNon-PreferredPancreatic EnzymesZenpep™ capsulesPreferredPancreatic EnzymesPancrecarb® MSRemove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)Pancreatic EnzymesUltrase®Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)  | Anti-Ulcer Preparations              | Cytotec <sup>®</sup> tablets                     | Non-Preferred with PA criteria  |
| edit – trial on tablets within the last 90<br>days is required for patients 18 years of<br>age and older or must be unable to<br>swallow tabletsH2 Receptor Antagonistsnizatidine oral solutionNon-PreferredPancreatic EnzymesZenpep™ capsulesPreferredPancreatic EnzymesPancrecarb® MSRemove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)Pancreatic EnzymesUltrase®Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)  | Anti-Ulcer Preparations              | Carafate <sup>®</sup> tablets                    | Non-Preferred with PA criteria  |
| Pancreatic Enzymes       Zenpep™ capsules       Preferred         Pancreatic Enzymes       Pancrecarb <sup>®</sup> MS       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)         Pancreatic Enzymes       Ultrase <sup>®</sup> Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)         Pancreatic Enzymes       Ultrase <sup>®</sup> Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)         Pancreatic Enzymes       Ultrase <sup>®</sup> MT       Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   | Anti-Ulcer Preparations              | sucralfate suspension                            | days is required for patients 18 years of age and older or must be unable to  |
| Pancreatic Enzymes     Pancrecarb <sup>®</sup> MS     Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)       Pancreatic Enzymes     Ultrase <sup>®</sup> Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)       Pancreatic Enzymes     Ultrase <sup>®</sup> Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)       Pancreatic Enzymes     Ultrase <sup>®</sup> MT     Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   | H2 Receptor Antagonists              | nizatidine oral solution                         | Non-Preferred   |
| Pancreatic Enzymes     Ultrase <sup>®</sup> Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)       Pancreatic Enzymes     Ultrase <sup>®</sup> MT     Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   | Pancreatic Enzymes                   | Zenpep™ capsules                                 | Preferred   |
| Pancreatic Enzymes     Ultrase <sup>®</sup> MT     Remove from PDL (No longer covered  | Pancreatic Enzymes                   | Pancrecarb <sup>®</sup> MS                       | because the FDA has determined this   |
|  | Pancreatic Enzymes                   | Ultrase <sup>®</sup>                             | because the FDA has determined this   |
|  | Pancreatic Enzymes                   | Ultrase <sup>®</sup> MT                          |   |

| Drug class                              | Drug                                       | PDL status   |
|---|--|--|
|   |  | product to be unapproved)  |
| Pancreatic Enzymes                      | Viokase <sup>®</sup>                       | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Proton Pump Inhibitors                  | lansoprazole capsules                      | Non-Preferred with a step-edit – must fail<br>omeprazole and then a preferred PPI for a<br>total length of therapy of 4 weeks, unless<br>patient is intolerant to these agents |
| Proton Pump Inhibitors                  | Prevacid <sup>®</sup> OTC 15 mg capsules   | Not covered  |
| BPH Agents                              | tamsulosin                                 | Non-Preferred  |
| Eye Antihistamine/Mast Cell Stabilizers | azelastine 0.05% ophthalmic solution       | Non-Preferred  |
| Eye Antihistamine/Mast Cell Stabilizers | ketotifen 0.025% eye drops                 | Preferred  |
| Ear Preparations                        | OtiRx®                                     | Preferred  |
| Ear Preparations                        | Oto-End <sup>®</sup>                       | Preferred  |
| Ear Preparations                        | acetic acid drops                          | Preferred  |
| Ear Preparations                        | Acetasol HC <sup>®</sup>                   | Non-Preferred  |
| Ear Preparations                        | acetic acid HC                             | Non-Preferred  |
| Ear Preparations                        | acetic acid/aluminum                       | Non-Preferred  |
| Ear Preparations                        | Borofair <sup>®</sup>                      | Non-Preferred  |
| Ear Preparations                        | RE-Pramoxine HC                            | Non-Preferred  |
| Ear Preparations                        | Vosol <sup>®</sup>                         | Non-Preferred  |
| Ear Preparations                        | Vosol HC <sup>®</sup>                      | Non-Preferred  |
| Glaucoma Agents                         | brimonidine 0.15% ophthalmic solution      | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | flurbiprofen eye drops                     | Preferred  |
| Eye Anti-Inflammatory Agents            | ketorolac 0.4% ophthalmic solution         | Preferred  |
| Eye Anti-Inflammatory Agents            | ketorolac 0.5% ophthalmic solution         | Preferred  |
| Eye Anti-Inflammatory Agents            | Voltaren <sup>®</sup> eye drops            | Preferred  |
| Eye Anti-Inflammatory Agents            | Acuvail <sup>®</sup> ophthalmic solution   | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | Acular <sup>®</sup> eye drops              | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | Acular <sup>®</sup> LS ophthalmic solution | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | diclofenac eye drops                       | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | Nevanac <sup>®</sup> eye drops             | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | Ocufen <sup>®</sup> eye drops              | Non-Preferred  |
| Eye Anti-Inflammatory Agents            | Xibrom <sup>®</sup> eye drops              | Non-Preferred  |

| Drug class  | Drug                                     | PDL status   |
|---|--|--|
| Ophthalmic Anti-Inflammatory,<br>Immunomodulator Type | Restasis <sup>®</sup> 0.05% eye emulsion | Non-Preferred with a quantity limit of 60 vials/month and a step-therapy edit – a trial of artificial tears is required within the last 90 days. |
| Topical Estrogen Agents                               | Vagifem <sup>®</sup> 10 mcg tablets      | Preferred  |
| Wound Care  | Accuzyme <sup>®</sup>                    | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Wound Care  | Allanfil <sup>®</sup>                    | Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)   |
| Wound Care  | Allanzyme <sup>®</sup>                   | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Wound Care  | Ethezyme <sup>®</sup>                    | Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)   |
| Wound Care  | Gladase <sup>®</sup>                     | Remove from PDL (No longer covered<br>because the FDA has determined this<br>product to be unapproved)   |
| Wound Care  | Gladase-C <sup>®</sup>                   | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Wound Care  | Kovia <sup>®</sup>                       | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Wound Care  | Panafil <sup>®</sup>                     | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |
| Wound Care  | Ziox <sup>®</sup>                        | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)   |

## **Questions?**

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.