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™ criteria can be accessed at www.indianapbm.com under Pharmacy Services. 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/. 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 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 HP Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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

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

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| Drug class | Drug | PDL status |
|---|---|---|
| Brand-Name Narcotics | fentanyl citrate lozenges | Non-Preferred with PA criteria |
| Brand-Name Narcotics | Onsolis™ buccal film | Non-Preferred with PA criteria |
| Brand-Name Narcotics | fentanyl products | Remove the following statement from PA criteria for fentanyl products: Have a medically justifiable diagnosis associated with moderate to severe pain |
| Brand-Name Narcotics | tramadol ER | Non-Preferred with a quantity limit of 1 tab/day |
| NSAID/Prostaglandin Combination | Arthrotec® | Non-Preferred with Smart PA Criteria |
| Acne Agents | benzoyl peroxide/clindamycin topical gel | Non-Preferred |
| Acne Agents | Differin® 0.1% lotion | Non-Preferred for all members with a step-edit – must have failed a tretinoin product |
| Anti-Psoriatic Agents | Soriatane® 17.5 mg and 22.5 mg | 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 the following step-edit – must be currently on metformin and/or a sulfonylurea and/or a thiazolidinedione or 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 and older or must be unable to swallow tablets |
| Anti-Ulcer Preparations | Cytotec® 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 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™ capsules | Preferred |
| Pancreatic Enzymes | Pancrecarb® MS | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Pancreatic Enzymes | Ultrase® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Pancreatic Enzymes | Ultrase® MT | Remove from PDL (No longer covered because the FDA has determined this |

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| Drug class | Drug | PDL status |
|---|---|---|
| | | product to be unapproved) |
| Pancreatic Enzymes | Viokase® | 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 omeprazole and then a preferred PPI for a total length of therapy of 4 weeks, unless patient is intolerant to these agents |
| Proton Pump Inhibitors | Prevacid® 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® | Preferred |
| Ear Preparations | acetic acid drops | Preferred |
| Ear Preparations | Acetasol HC® | Non-Preferred |
| Ear Preparations | acetic acid HC | Non-Preferred |
| Ear Preparations | acetic acid/aluminum | Non-Preferred |
| Ear Preparations | Borofair® | Non-Preferred |
| Ear Preparations | RE-Pramoxine HC | Non-Preferred |
| Ear Preparations | Vosol® | Non-Preferred |
| Ear Preparations | Vosol HC® | 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® eye drops | Preferred |
| Eye Anti-Inflammatory Agents | Acuvail ®ophthalmic solution | Non-Preferred |
| Eye Anti-Inflammatory Agents | Acular® eye drops | Non-Preferred |
| Eye Anti-Inflammatory Agents | Acular® LS ophthalmic solution | Non-Preferred |
| Eye Anti-Inflammatory Agents | diclofenac eye drops | Non-Preferred |
| Eye Anti-Inflammatory Agents | Nevanac® eye drops | Non-Preferred |
| Eye Anti-Inflammatory Agents | Ocufen® eye drops | Non-Preferred |
| Eye Anti-Inflammatory Agents | Xibrom® eye drops | Non-Preferred |

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| Drug class | Drug | PDL status |
|---|---|---|
| Ophthalmic Anti-Inflammatory, Immunomodulator Type | Restasis® 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® 10 mcg tablets | Preferred |
| Wound Care | Accuzyme® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Allanfil® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Allanzyme® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Ethezyme® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Gladase® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Gladase-C® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Kovia® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Panafil® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |
| Wound Care | Ziox® | Remove from PDL (No longer covered because the FDA has determined this product to be unapproved) |

## Questions?

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