

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201056

NOVEMBER 30, 2010



Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the November 19, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meetings held November 5, 2010. Please refer to the table on the next page for a summary of these changes. The changes are effective January 1, 2011.

The PDL can be accessed at the [Indiana Pharmacy Benefit Manager](#). Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) Web site](#). Click on "More Events" near the middle of the page to access the events calendar. Information about the Therapeutics Committee and the PDL is also available at the [Indiana Pharmacy Benefit Manager](#).

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 PDL effective January 1, 2011

Drug class	Drug	PDL status
Antiemetics	Zuplenz soluble film	Non-preferred with quantity limit of 10 films/rx
Narcotics	Exalgo extended-release tablets	Non-preferred with quantity limit of 1 tab/day for 8 mg and 12 mg tablets; and quantity limit of 64 mg/day for 16 mg tablets
Narcotics	Primlev tablets	Non-preferred
Narcotics	Rybix ODT tablets	Non-preferred with quantity limit of 400 mg/day
Narcotics	Suboxone oral film	Non-preferred with same PA criteria for Suboxone tablets
NSAID/PPI Combination	Vimovo tablets	Non-preferred with current SmartPA™ criteria for brand NSAIDs
Acne Agents	Acne gel (BP), BP creamy wash, BP gel, BP lotion, BP wash, BP wash kit, Clinac BPO gel, erythromycin-benzoyl gel, clindamycin gel, clindamycin lotion, clindamycin pledgets, clindamycin solution, erythromycin gel, and erythromycin solution	Preferred for patients 25 years old and under Non-preferred for patients over 25 years old
Acne Agents	adapalene cream, adapalene gel, Benprox wash, Benzac AC gel, Benzac AC wash, Benzac W wash liquid, Benzefoam, Benziq wash, BP cleanser, BP cream, BP pads, BP 10-1 wash, Brevoxyl complete pack, Brevoxyl gel, Neobenz microwash, Nuox gel, Oscion cleanser, Triaz cleanser, Triaz foaming cloths, Triaz pads, Zaclir lotion, Ovace shampoo, RE wash, Seb-prev wash, sodium sulfacetamide med pads, sulfacetamide sod top susp, Avar cleanser, Clarifoam EF, Clenia CR, Clenia wash, Plexion cleanser, Plexion cleansing cloths, Plexion SCT cream, Prascion cleanser, Prascion FC cleanser, Prascion RA cream, Rosaderm cleanser, Rosula cleanser, sodium sulfacetamide-sulfur lotion, sodium-sulf sulfur cleanser, sodium-sulf sulfur wash, Sulfacet-sulfur P, Sulfacet-sulfur susp, Benzamycin Pak gel, Clindagel, clindamycin foam, Ery pads, Evoclin, Peroderm gel, Zoderm cleanser, Zoderm cream, Zoderm gel, Zoderm pads, Rosac cream, Rosac wash, Rosac gel, Rosac cleanser, Rosula pads, Claris, Akne-mycin ointment and Veltin	Non-preferred
Acne Agents	Klaron	Preferred for patients 25 years old and under; Non-preferred for patients over 25 years old
Acne Agents	Duac CS and sulfacetamide sodium lotion	Non-preferred
Antipsoriatic Agents	calcipotriene ointment	Non-preferred
Antipsoriatic Agents	Amevive	Remove from this class (now reviewed with Targeted Immunomodulators)
Antipsoriatic Agents	Enbrel	Remove from this class (now reviewed with Targeted Immunomodulators)

Drug class	Drug	PDL status
Antipsoriatic Agents	Humira	Remove from this class (now reviewed with Targeted Immunomodulators)
Antipsoriatic Agents	Remicade	Remove from this class (now reviewed with Targeted Immunomodulators)
Antipsoriatic Agents	Stelara	Remove from this class (now reviewed with Targeted Immunomodulators)
Antidiabetic Agents, Oral	Actoplus Met	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Actos	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Avandamet	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Avandia	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Avandaryl	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Duetact	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	glipizide/metformin	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	glyburide/metformin	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Janumet	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Januvia	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Onglyza	Maintain as preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Actoplus Met XR tablets	Preferred with step edit "must fail metformin within the past 180 days." Patients with a paid

Drug class	Drug	PDL status
		claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Glucovance	Maintain as non-preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Antidiabetic Agents, Oral	Metaglip	Maintain as non-preferred with revised step edit "must fail metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Bone Resorption Inhibitors	Actonel with Calcium	Remove from PDL
Bone Resorption Inhibitors	Prolia injection	Non-preferred with the following criteria: must have a diagnosis of osteoporosis AND fail or be intolerant of previous osteoporosis therapy with a preferred bisphosphonate; OR must have a diagnosis of osteoporosis AND be determined to be a high-risk patient as demonstrated by the World Health Organization Fracture Risk Assessment Model; OR if patient is unable to take oral medications, physician documentation required indicating the reason Reclast is not appropriate. Prescriber must also confirm patient is not hypocalcemic.
Injectable Hypoglycemics, Insulin	Humulin 50/50 vials	Remove from PDL
Injectable Hypoglycemics, Non-insulin	Byetta	Revise step edit "must have a trial of metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
Injectable Hypoglycemics, Non-insulin	Victoza	Revise step edit "must have a trial of metformin within the past 180 days." Patients with a paid claim within 100 days prior to effective date will be grandfathered.
H2 Receptor Antagonists	famotidine oral suspension	Non-preferred
Pancreatic Enzymes	Pancreaze capsules	Preferred
Proton Pump Inhibitors	omeprazole magnesium/ sodium bicarbonate capsules	Non-preferred with current step edit for non-preferred agents
Proton Pump Inhibitors	Protonix tablets	Non-preferred with the following step edit and quantity limit: "patients using Protonix prior to effective date will be exempt from omeprazole trial; all other patients must fail omeprazole and then a preferred PPI for a total length of therapy of 4 weeks unless intolerant to these agents"; limit 1 tab/day
Proton Pump Inhibitors	Zegerid OTC capsules	Maintain as not covered
Ulcerative Colitis Agents	balsalazide capsules	Preferred
Ulcerative Colitis Agents	Colazal capsules	Non-preferred

Drug class	Drug	PDL status
Agents to Treat BPH	Flomax capsules	Non-preferred
Agents to Treat BPH	Jalyn capsules	Non-preferred
Agents to Treat BPH	tamsulosin capsules	Preferred
Urinary Tract Antispasmodics	Toviaz tablets	Preferred with SmartPA criteria
Urinary Tract Antispasmodics	Sanctura tablets	Non-preferred with SmartPA criteria
Urinary Tract Antispasmodics	Sanctura XR	Non-preferred with SmartPA criteria
Urinary Tract Antispasmodics	tropium tablets	Non-preferred with SmartPA criteria
Urinary Tract Antispasmodics	All other agents	Maintain current status, but add SmartPA criteria
Heparin and Related Preparations	enoxaparin syringes	Non-preferred
Glaucoma Agents	Lumigan 0.01% drops	Non-preferred
Topical Anti-inflammatory, NSAIDs	Pennsaid topical solution	Non-preferred with step edit currently in place for Flector Patch and Voltaren Gel: MD documentation required indicating oral medications are unsuitable for patient use
Oral Contraceptives	Gianvi tablets	Non-preferred
Oral Contraceptives	Natazia tablets	Non-preferred
Oral Contraceptives		Effective January 1, 2011, the post and pay edit will be removed and a PA will be required for all non-preferred agents
Prenatal Vitamins	Prenate softgels	Non-preferred
Prenatal Vitamins	PreQue tablets	Non-preferred
Prenatal Vitamins		Effective January 1, 2011, the post and pay edit will be removed and a PA will be required for all non-preferred agents
Targeted Immunomodulators	Amevive vials	Non-preferred with SmartPA criteria; and must have tried at least 2 preferred agents
Targeted Immunomodulators	Cimzia kits	Preferred with SmartPA criteria
Targeted Immunomodulators	Enbrel kit, sureclick, and syringes	Preferred with SmartPA criteria
Targeted Immunomodulators	Humira pens, starter pack, and syringes	Preferred with SmartPA criteria
Targeted Immunomodulators	Kineret syringes	Non-preferred with SmartPA criteria; and must have tried at least 2 preferred agents
Targeted Immunomodulators	Remicade vials	Non-preferred with the following criteria: physician documentation required indicating patient had tried and is intolerant to at least 1 preferred agent; or documentation required indicating preferred agents are unsuitable for patient use; or patient has diagnosis of

Drug class	Drug	PDL status
		fistulizing Crohn's disease
Targeted Immunomodulators	Simponi syringes	Non-preferred with SmartPA criteria; and must have tried at least 2 preferred agents
Targeted Immunomodulators	Stelara syringes and vials	Non-preferred with SmartPA criteria; and must have tried at least 2 preferred agents