

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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AUGUST 30, 2011



Changes to the Preferred Drug List and Over the Counter Drug Formulary

Changes to the Preferred Drug List (PDL) and Over the Counter (OTC) Drug Formulary were made at the August 19, 2011, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting August 5, 2011. Please refer to the tables on the following pages for a summary of these changes. **The changes are effective October 1, 2011, unless otherwise noted.**

As of October 1, 2011, the OTC Drug Formulary will be separated into a Pediatric OTC Drug Formulary for those 18 years of age and younger, and an Adult OTC Drug Formulary for those 19 years of age and older.

The PDL can be accessed on the [Indiana Pharmacy Benefits Manager website](http://indianapbm.com) at indianapbm.com under Pharmacy Services. The OTC Drug Formularies can be accessed at [Myers and Stauffer, LC](http://in.mslc.com) at in.mslc.com under Pharmacy > State MAC List. Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) website](http://state.in.us/fssa/) at state.in.us/fssa/ (choose **More Events** near the middle of the page to access the events calendar). Information about the Therapeutics Committee is available at indianapbm.com.

Please direct prior authorization (PA) requests and questions about the PDL and OTC Drug Formularies 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.

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Approved changes to the PDL and OTC Drug Formularies

Approved changes to the PDL

Drug Class	Drug	PDL Status
Antihistamine-Decongestant Combinations, 2 nd Generation Antihistamines	levocetirizine	Non-preferred
Antiviral Monoclonal Antibodies	Synagis®	<p>Non-preferred with the following PA criteria:</p> <p>The following infants will be eligible for a maximum of 5 doses per RSV season:</p> <p>Note: RSV season defined as November 1 through March 31; the season may be extended at the discretion of the Office of Medicaid Policy and Planning (OMPP) based on statewide virology data):</p> <ul style="list-style-type: none"> • Pre-term infants born before 32 weeks gestation • Infants < 24 months of age and requiring medical therapy within 6 months of the start of the RSV season • Infants < 24 months of age and requiring medical therapy for congenital heart disease • Infants < 24 months with neuromuscular disease or congenital abnormalities of the airways <p>The following infants will be eligible for a maximum of 3 doses per RSV season:</p> <ul style="list-style-type: none"> • Pre-term infants with a gestational age of 32 to less than 35 weeks with at least 1 risk factor • Prophylaxis will be given only until the infant reaches 90 days or a maximum of 3 doses (whichever comes first) <p>Risk factors:</p> <ul style="list-style-type: none"> • Infant attends child care • Siblings living in household are younger than 5 years of age
Beta Adrenergics and Corticosteroids	All diskus and inhaler formulations	Preferred with a quantity limit of 1 diskus or inhaler per month
Beta Adrenergics and Corticosteroids	Advair 500/50	<p>Preferred with the following step edit:</p> <p>Must have tried and failed Advair 100/50, Advair 250/50, or Flovent within the past 100 days</p>
Beta Adrenergics and Corticosteroids	Advair 230/21	<p>Preferred with the following step edit:</p> <p>Must have tried and failed Advair HFA 45/21, Advair HFA 115/21, or Flovent HFA within the past 100 days</p>

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Drug Class	Drug	PDL Status
Beta Agonists	albuterol 0.63mg/3mL, 1.25mg/3mL, 5mg/mL solutions	Non-preferred
Beta Agonists	Xopenex solution	Non-preferred with current quantity limit
Beta Agonists	Relion Ventolin HFA, Ventolin HFA inhaler	Non-preferred with current quantity limit
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Atrovent HFA	Non-preferred with a quantity limit of 2 inhalers per month
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Duoneb	Non-preferred with a quantity limit of 3 boxes per month
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	ipratropium solution	Preferred with a quantity limit of 2 boxes per month
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	ipratropium/albuterol solution	Preferred with a quantity limit of 3 boxes per month
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Spiriva handihaler	Preferred with a quantity limit of 1 handihaler per month
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Astepro 137mcg	Remove from PDL, product no longer available
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	azelastine nasal spray	Non-preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Veramyst spray	Non-preferred
Oral Inhaled Glucocorticoids	Flovent diskus, Flovent HFA inhaler	Non-preferred for those 19 years of age and older Preferred for those 18 years of age and younger
Oral Inhaled Glucocorticoids	Pulmicort Respules	Preferred temporarily, due to long-term back order of generic, for children 3 years of age and younger; current quantity limit

Approved changes to the PDL

Drug Class	Drug	PDL Status
Phosphodiesterase-4 Inhibitors	Daliresp	<p>Non-preferred with the following criteria:</p> <ul style="list-style-type: none"> • Must have severe COPD associated with chronic bronchitis • History of exacerbations • FEV-1 ≤ 50% predicted • Documentation that patient is inadequately controlled on bronchodilator therapy
Cephalosporins – 3 rd Generation	cefditoren tablets	Non-preferred
Cephalosporins – 3 rd Generation	Spectracef dose pack	Non-preferred
Fluoroquinolones	Levaquin 250mg, 500mg tablets	Non-preferred with the current quantity limit as of September 2, 2011
Fluoroquinolones	Levaquin 750mg tablets	Preferred with the current quantity limit as of September 2, 2011
Fluoroquinolones	levofloxacin, all strengths	Preferred with the current quantity limit as of September 2, 2011
Fluoroquinolones	Avelox, Avelox ABC PAC	Non-preferred with the current quantity limit
Fluoroquinolones	Cipro suspension	<p>Non-preferred with the current quantity limit and the following criteria:</p> <ul style="list-style-type: none"> • For adults, must be unable to swallow • For children < 12 years of age, must have one of the following diagnoses: anthrax, cystic fibrosis, pneumonic plague, or tularemia
Fluoroquinolones	Levaquin solution	<p>Non-preferred with the current quantity limit and the following criteria:</p> <ul style="list-style-type: none"> • For adults, must be unable to swallow • For children < 12 years of age, must have one of the following diagnoses: anthrax, cystic fibrosis, pneumonic plague, or tularemia

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Drug Class	Drug	PDL Status
Hepatitis C Agents	Incivek	<p>Preferred with the following criteria:</p> <ul style="list-style-type: none"> • Must be ≥ 18 years of age • Must have a diagnosis of chronic hepatitis C with compensated liver disease, including cirrhosis • For women of childbearing age, must confirm negative pregnancy test prior to therapy • Prescription must be written by an infectious disease or GI specialist <p>If request is for Incivek:</p> <ul style="list-style-type: none"> • Must confirm peginterferon alfa and ribavirin will be used concurrently with Incivek • Dosage approved will be 750mg three times daily • May receive one 12-week approval only • Patients with a history of Victrelis therapy will be denied <p><u>Note:</u> Approvals will be granted for up to 12 weeks.</p>
Hepatitis C Agents	Victrelis	<p>Preferred with the following criteria:</p> <ul style="list-style-type: none"> • Must be ≥ 18 years of age • Must have a diagnosis of chronic hepatitis C with compensated liver disease, including cirrhosis • For women of childbearing age, must confirm negative pregnancy test prior to therapy • Prescription must be written by an infectious disease or GI specialist <p>If request is for Victrelis:</p> <ul style="list-style-type: none"> • Must confirm concurrent peginterferon alfa and ribavirin administration for 4 weeks prior to adding Victrelis • Must confirm Victrelis will be added to peginterferon alfa and ribavirin therapy during week 5, indicating patient will be using a three-medicine regimen • For re-approvals, must confirm compliance on Victrelis, peginterferon alfa, and ribavirin combination • Dosage approved will be 800mg three times daily • May receive up to 3 approvals only; <u>however</u>, patients with cirrhosis may need an additional 8 weeks of therapy so they receive the three-medication regimens for a total of 44 weeks • Patients with a history of Incivek therapy will be denied <p><u>Note:</u> Approvals will be granted for up to 12 weeks.</p>
Hepatitis C Agents	ribapack dosepack	Non-preferred

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Drug Class	Drug	PDL Status
Ophthalmic Antibiotics	levofloxacin drops	Non-preferred
Ophthalmic Antibiotics	Moxeza ophthalmic drops	Preferred with current age limit and step edit
Ophthalmic Antibiotics	tobramycin/dexamethasone solution	Non-preferred
Ophthalmic Antibiotics	neomycin/polymyxin/hc drops	Non-preferred
Ophthalmic Antibiotics	neomycin/bacitracin/polymyxin/hc ointment	Non-preferred
Systemic Antifungals	voriconazole tablets	Non-preferred
Topical Antifungals	ciclopirox gel and topical suspension	Non-preferred
Topical Antiviral and Anti-inflammatory Steroid Combination	Xerese cream	Non-preferred with the following step edit: <ul style="list-style-type: none"> • Must have an adequate trial and failure of both Abreva and Denavir cream Quantity limit of 1 tube per claim per 90 days
Vaginal Antimicrobials	clindamycin cream	Non-preferred
Vaginal Antimicrobials	miconazole suppositories	Non-preferred
Vaginal Antimicrobials	terconazole suppositories	Non-preferred
ACE-Inhibitors (ACE-I)	captopril	Preferred for all patients and remove age restriction
ACE-I with Calcium Channel Blockers (CCB)	Lexxel	Remove from PDL, product no longer available
ACE-I with CCB	trandolapril/verapamil	Non-preferred
Angiotensin Receptor Blockers (ARBs)	Avapro	Non-preferred with current quantity limit but remove current step edit
ARBs	Cozaar	Non-preferred with current quantity limit but remove current step edit
ARBs	Edarbi tablets	Non-preferred with a quantity limit of 1 tablet per day
ARBs with CCBs and Diuretics	Tribenzor	Preferred with current step edit
ARBs with Diuretics	Avalide	Non-preferred and remove current step edit
ARBs with Diuretics	Hyzaar	Non-preferred and remove current step edit

Approved changes to the PDL		
Drug Class	Drug	PDL Status
CCB with HMG CoA Reductase Inhibitor	Caduet	Non-preferred
Direct Renin Inhibitor (DRI)	Tekturna	<p>Non-preferred with the following step edit:</p> <ul style="list-style-type: none"> • Trial and failure within the past 90 days of at least 2 of the following medications: ACE-I and/or ARB <p>Patients on Tekturna within 90 days of implementation will be grandfathered</p>
DRI with ARBs	Valturna	<p>Non-preferred with the following step edit:</p> <ul style="list-style-type: none"> • Trial and failure within the past 90 days of at least 2 of the following medications: ACE-I and/or ARB and/or DRI <p>Patients on Valturna within 90 days of implementation will be grandfathered</p>
DRI with CCB	Tekamlo	<p>Non-preferred with the following step edit:</p> <ul style="list-style-type: none"> • Trial and failure within the past 90 days of at least 2 of the following medications: ACE-I and/or ARB and/or CCB and/or DRI <p>Patients on Tekamlo within 90 days of implementation will be grandfathered</p>
DRI with CCB and Diuretics	Amturnide	<p>Non-preferred with the following step edit:</p> <ul style="list-style-type: none"> • Trial and failure within the past 90 days of at least 2 of the following medications: ACE-I and/or ARB, and/or CCB, and/or DRI <p>Patients on Amturnide within 90 days of implementation will be grandfathered</p>
DRI with Diuretic	Tekturna HCT	<p>Non-preferred with the following step edit:</p> <ul style="list-style-type: none"> • Trial and failure within the past 90 days of at least 2 of the following medications: ACE-I and/or ARB, and/or DRI <p>Patients on Tekturna HCT within 90 days of implementation will be grandfathered</p>
Bile Acid Sequestrants	colestipol granules	Non-preferred
HMG CoA Reductase Inhibitors	pravastatin	Preferred and remove the current step edit
Antimigraine Preparations	Axert tablets	Non-preferred with the current quantity limit
Antimigraine Preparations	Frova tablets	Non-preferred with the current quantity limit
Antimigraine Preparations	Treximet tablets	Non-preferred with the current quantity limit

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Drug Class	Drug	PDL Status
Antimigraine Preparations	Sumavel DosePro injection	Non-preferred with a quantity limit of 2 injections per month
Electrolyte Depleter Agents	Eliphos tablets	Preferred
Electrolyte Depleter Agents	Fosrenol tablets	Non-preferred with the following step edit: <ul style="list-style-type: none"> • Prior trial and failure of Renagel within the past 90 days
MS Agents	Extavia kit	Non-preferred with the following step edit: <ul style="list-style-type: none"> • Prior trial and failure of Betaseron within the past 180 days

Approved changes to the Adult OTC Drug Formulary

Drug Class	Drug	OTC Drug Formulary Status
Analgesics	Coverage only for: <ul style="list-style-type: none"> • acetaminophen 325mg and 500mg tablets/caplets/capsules • aspirin 81mg chewable and EC • aspirin 325mg tablets and EC • ibuprofen 200mg tablets • naproxen 220mg tablets 	Covered
Antacids	Coverage only for: <ul style="list-style-type: none"> • calcium carbonate 1.25mg/5mL liquid • calcium carbonate 500mg tablets • Mg hydrox/Al hydrox/simeth suspension • sodium bicarbonate 325mg and 650mg tablets 	Covered
Antiflatulents	All products	Not covered
Cough and Cold	Coverage only for: <ul style="list-style-type: none"> • chlorpheniramine tablets • clemastine tablets • diphenhydramine 12.5mg syrup, 25mg tablets/capsules/caplets • diphenhydramine 50mg capsules 	Covered
Electrolyte Replenishment	All products	Not covered

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Drug Class	Drug	OTC Drug Formulary Status
Emetics	All products	Not covered
Eye Products	Coverage only for: <ul style="list-style-type: none"> artificial tears solution ketotifen 0.025% drops 	Covered
GI Products	Coverage only for: <ul style="list-style-type: none"> docusate 100mg capsule/caplet and 150mg/15mL liquid loperamide 2mg capsules loperamide 1mg/5mL liquid milk of magnesia suspension 	Covered
Nasal Products	Saline 0.65%	Covered
Non-sedating Antihistamines	Coverage only for: <ul style="list-style-type: none"> cetirizine 10mg tablets loratadine 10mg tablets 	Covered
Otic Products	All products	Not Covered
Enzymes	All products	Not Covered
Glucose	All products	Not Covered
Iron	Iron drops	Not Covered
Magnesium	MagOx 400mg	Covered
Multi-vitamins	All products	Not Covered
Vitamins	Coverage only for: <ul style="list-style-type: none"> Magnebind Vitamin D 400 IU softgels/tablets Vitamin D 1000 IU softgels/tablets 	Covered
Zinc	All products	Not Covered

Approved changes to the Pediatric OTC Drug Formulary

Drug Class	Drug	OTC Drug Formulary Status
Vitamins	<ul style="list-style-type: none">Vitamin D 400 IU softgels/tablets/chewables	Covered
	<ul style="list-style-type: none">Vitamin D 1000 IU softgels/tablets/chewables	
Magnesium	MagOx 400mg tablets	Covered

Questions?

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