IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201218 MAY 29, 2012

Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the May 18, 2012, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting May 4, 2012. Please refer to Table 1 for a summary of these changes. The changes are effective July 1, 2012.

The PDL can be accessed on the Indiana Pharmacy Benefits Manager website at indianapbm.com. Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) website at state.in.us/fssa. Click “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 to the Xerox 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.

Continue

Table 1 – Approved changes to the PDL effective July 1, 2012

Drug class	**Drug**	**PDL status**
Antihistamine-Decongestant Combinations, 2nd Generation Antihistamines	levocetirizine oral solution	Non-preferred with the following quantity limit: • 10mL/day
Beta Agonist	albuterol 0.63mg/3mL, 1.25mg/3mL, 5mg/mL solutions	Preferred
Phosphodiesterase-4 Inhibitors	Daliresp	Non-preferred with the following modified criteria: • Must have severe COPD associated with chronic bronchitis • History of exacerbations • FEV1 ≤ 50% predicted • Must be inadequately controlled on long-acting beta agonist, long-acting muscarinic antagonist, or combination bronchodilator therapy
Fluoroquinolones	Levaquin 750mg tablets	Non-preferred
Fluoroquinolones	levofloxacin solution	Non-preferred with the following criteria: • For adults (18 years of age and older), must be unable to swallow • For children < 12 years of age, one of the following diagnoses is required: anthrax, cystic fibrosis, pneumonic plague, or tularemia
Hepatitis C Agents	Pegasys 135mcg/0.5mL and 180mcg/0.5mL Proclick auto-injectors	Preferred

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Drug class	**Drug**	**PDL status**
Macrolides	Dificid	Non-preferred with the following criteria and quantity limit: • Diagnosis of *clostridium difficile* associated diarrhea • History of recurrent* oral vancomycin therapy within the past 90 days OR • Documentation supporting diagnosis of vancomycin-resistant pseudomembranous colitis • Must be 18 years of age or older • Quantity limit: 20 tablets/Rx **Recurrent defined as more than one course of therapy of vancomycin 125mg to 500mg qid for 10 to 14 days*
Topical Antifungals	ketoconazole 2% topical foam	Non-preferred
Angiotensin Receptor Blockers	eprosartan 600mg tablets	Non-preferred with the following quantity limit: • One tablet/day
Angiotensin Receptor Blockers	Benicar	Preferred with the following quantity limits: • Benicar 5mg – three tablets/day • Benicar 20mg and 40mg – one tablet/day
Angiotensin Receptor Blockers	Diovan	Preferred with the following quantity limits: • Diovan 40mg, 80mg, and 160mg – two tablets or capsules/day • Diovan 320mg – one tablet/day

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Drug class	**Drug**	**PDL status**
Angiotensin Receptor Blockers	Atacand	Non-preferred with the following quantity limits: • Atacand 4mg, 8mg, and 16mg – two tablets/day • Atacand 32mg – one tablet/day
Angiotensin Receptor Blockers	Teveten	Non-preferred with the following quantity limits: • Teveten 400mg – two tablets/day • Teveten 600mg – one tablet/day
DPP4-HMG CoA Reductase Inhibitor Combinations	Juvisync	Non-preferred with step edit: "must have tried a preferred DPP4 or a combination DPP4 agent for 60 of the past 100 days"
Electrolyte Depleters	calcium acetate tablets	Non-preferred
Electrolyte Depleters	Phoslyra 667mg/5mL solution	Non-preferred with the following quantity limit: • 60mL/day
Gastroprotective Agents	Arthrotec	Non-preferred with COX-II Inhibitors and Brand-Only NSAIDs SmartPA criteria
Gastroprotective Agents	Celebrex	Non-preferred with COX-II Inhibitors and Brand-Only NSAIDs SmartPA criteria
Gastroprotective Agents	Duexis	Non-preferred with COX-II Inhibitors and Brand-Only NSAIDs SmartPA criteria
Gastroprotective Agents	Vimovo	Non-preferred with COX-II Inhibitors and Brand-Only NSAIDs SmartPA criteria

Table 1 – Approved changes to the PDL effective July 1, 2012

Drug class	**Drug**	**PDL status**
Narcotics	Butrans	Non-preferred; add to Opiate Overutilization SmartPA criteria; modify criteria to read as follows: • Patient must have a diagnosis of moderate to severe pain with need for around-the-clock analgesia for an extended period, and patients must be NPO or have dysphagia • Quantity limit of four patches/28 days
Narcotics	Conzip	Non-preferred with Opiate Over-utilization SmartPA criteria and the following quantity limit: • one tablet/day
Narcotics	Lazanda	Not covered – manufacturer not participating in federal rebate program
Narcotics	morphine ER capsules	Non-preferred with Opiate Over-utilization SmartPA criteria and the quantity limits **per Table 2**
Narcotics	Opana ER	Non-preferred with Opiate Over-utilization SmartPA criteria the quantity limits **per Table 2**
Narcotics	Oxecta	Non-preferred with Opiate Over-utilization SmartPA criteria
Narcotics	tramadol ER tablets	Non-preferred with Opiate Overutilization SmartPA criteria and the following quantity limit: • one tablet/day
Narcotics	Stadol NS	Remove from the PDL, product no longer available
Narcotics	Zerlor	Remove from the PDL, product no longer available
Narcotics	All long-acting narcotics	Modify current Opiate Overutilization SmartPA rule so that the check for previous therapy changes from six months to 90 days for preferred and non-preferred long-acting narcotics. If patient does not meet this criterion, the system will check for stable therapy, which is defined as 90 days of therapy in the past 105 days
Narcotics	All long-acting narcotics	Add quantity limits to the long-acting narcotics as stated in **Table 2**
Skeletal Muscle Relaxants	Lioresal tablets	Remove from the PDL, product no longer available
Skeletal Muscle Relaxants	Lorzone tablets	Non-preferred

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Skeletal Muscle Relaxants	Norgesic Forte	Remove from the PDL, product no longer available

Skeletal Muscle Relaxants	Soma, carisoprodol, carisoprodol combination products	Non-preferred with the following PA criteria:
		• Patient must have diagnosis of an acute musculoskeletal condition in the past six months
		• No history of meprobamate use in the past 90 days
		• History of at least one preferred agent in the past 30 days
		• Documented history of intolerance to preferred agents
		• Quantity limits:
		  ○ Four tablets/day for Soma and carisoprodol
		  ○ Eight tablets/day for combination products

Skeletal Muscle Relaxants	tizanidine capsules	Non-preferred
Acne Agents	Duac CS	Remove from the PDL, product no longer available
Acne Agents	Epiduo 45g pump	Non-preferred
Antidiabetic Agents, Oral	Januvia, Janumet, and Janumet XR	Non-preferred with step edit: “must have tried a preferred DPP4 or combination DPP4 agent for 60 of the past 100 days”
Antidiabetic Agents, Oral	Jentadueto	Preferred with step edit: “must have tried metformin in the past 100 days”
Antidiabetic Agents, Oral	All new requests for preferred agents	Modify the current step to “must have tried metformin in the past 100 days”
Antidiabetic Agents, Oral	All new requests for non-preferred agents	Modify the current step to “must have tried a preferred agent for 60 of the past 100 days”

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Drug class	**Drug**	**PDL status**
SERMs/Bone Resorption Inhibitors	Prolia	Non-preferred with the following criteria **added** based on new indications: • OR must have an indication for use to increase bone mass in men at high risk for fracture (demonstrated by the World Health Organization Fracture Risk Assessment Model) receiving androgen deprivation therapy for nonmetastatic prostate cancer • OR must have an indication for use to increase bone mass in women at high risk for fracture (demonstrated by the World Health Organization Fracture Risk Assessment Model) receiving adjuvant aromatase inhibitor therapy for breast cancer
Non-Insulin Injectable Antihyperglycemics	All new requests for preferred agents	Modify the current step to “must have tried metformin in the past 100 days”
Non-Insulin Injectable Antihyperglycemics	All new requests for non-preferred agents	Modify the current step to “must have tried a preferred agent for 60 of the past 100 days”
Non-Insulin Injectable Antihyperglycemics	Bydureon	Preferred with step edit: “must have tried metformin within the past 180 days”
Pancreatic Enzymes	Zenpep 3,000 units, Zenpep 25,000 units	Preferred
Proton-Pump Inhibitors	First Lansoprazole and First Omeprazole Compounding Kits	Not covered – manufacturer not participating in federal rebate program
Oral Contraceptives	Amethia Lo	Non-preferred
Oral Contraceptives	levonorgestrel/ethinyl estradiol 0.02mg/0.01mg/0.1mg	Non-preferred
Oral Contraceptives	norethindrone	Non-preferred
Oral Contraceptives	Vestura	Non-preferred
Oral Contraceptives	Zenchent FE	Non-preferred
Targeted Immunomodulators	Actemra	Non-preferred with SmartPA criteria
Targeted Immunomodulators	Orencia vials and syringes	Non-preferred with SmartPA criteria
Miotics-Intraocular Pressure Reducers	Cosopt PF	Non-preferred
Miotics-Intraocular Pressure Reducers	Zioptan	Non-preferred

Table 2 – Approved long-acting narcotics – quantity limits effective July 1, 2012

Drug	One per day	Two per day	Four per day	No limit
Avinza	30mg 45mg 60mg			75mg 90mg 120mg
Embeda		30mg/1.2mg 50mg/2mg	20mg/0.8mg	60mg/2.4mg 80mg/3.2mg 100mg/4mg
Kadian morphine ER capsules		10mg 30mg 50mg	20mg	60mg 80mg 100mg 200mg
MS Contin Oramorph SR morphine ER tablets		15mg 30mg		60mg 100mg 200mg
Opana ER oxymorphone		5mg 7.5mg 10mg 15mg 20mg		30mg 40mg

Questions?

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

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