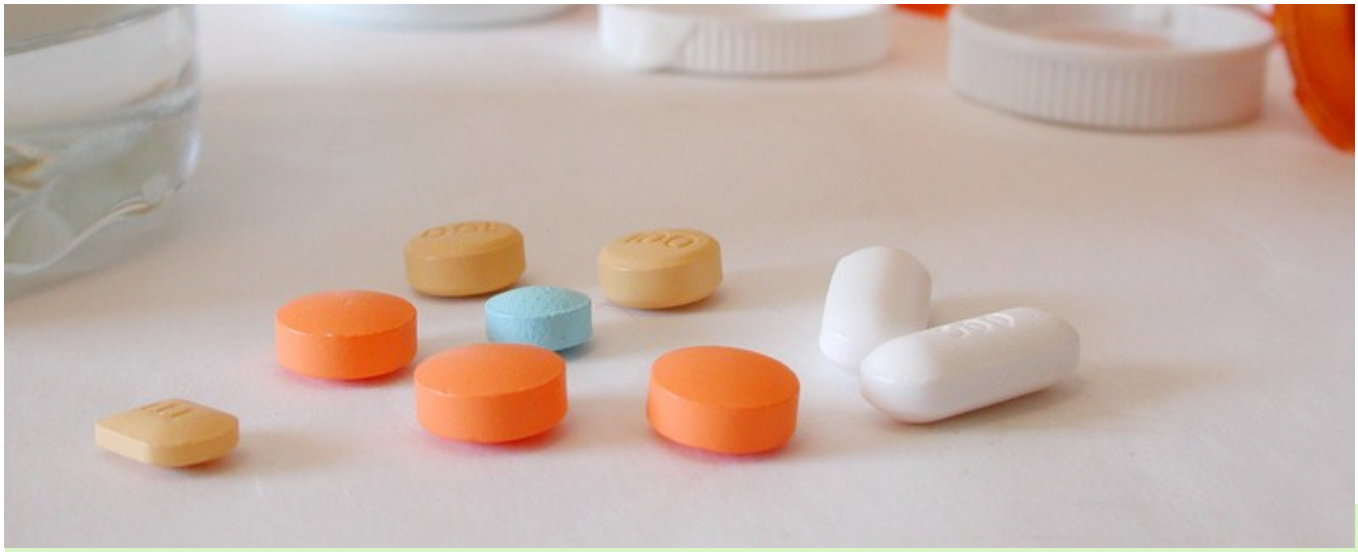
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201343 SEPTEMBER 24, 2013



Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the August 23, 2013, Drug Utilization Review (DUR) Board meeting. These decisions were based on recommendations from the Therapeutics Committee meeting August 2, 2013. Please see the following table for a summary of these changes. The changes are effective for claims with dates of service on or after October 24, 2013.

Changes to the PDL effective for dates of service on or after October 24, 2013

Drug Class	Drug	PDL Status
Beta Agonist	Proair HFA	Non-preferred with the following quantity limit and age limit: • (3) inhalers/30 days for ages 18 and younger • (2) inhalers/30 days for ages 19 and over
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Atrovent HFA	Preferred with the following quantity limit: • (2) inhalers/30 days
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Combivent Respimat	Non-preferred with the following criteria and quantity limit: • Must have a trial of albuterol HFA and Atrovent HFA for 90 of the past 120 days • (2) inhalers/30 days

Drug Class	Drug	PDL Status
Leukotriene Receptor Antagonist	Accolate	Non-preferred; added the following criteria: SilentAuth criteria for allergic rhinitis: • History of allergic rhinitis in the past two years AND a history of nasal steroid OR antihistamine therapy for at least 60 out of the past 100 days. Note: Clinical documentation of patient's inability to tolerate nasal steroids or antihistamines will be assessed at the call center
Leukotriene Receptor Antagonist	montelukast	Preferred (as current); added the following criteria: SilentAuth criteria for allergic rhinitis: • History of allergic rhinitis in the past two years AND a history of nasal steroid OR antihistamine therapy for at least 60 out of the past 100 days. Note: Clinical documentation of patient's inability to tolerate nasal steroids or antihistamines will be assessed at the call center • Removed PA requirement for Montelukast therapy for members with a diagnosis of asthma AND allergic rhinitis in the past 2 years
Leukotriene Receptor Antagonist	zafirlukast	Non-preferred (as current); added the following criteria: SilentAuth criteria for allergic rhinitis: • History of allergic rhinitis in the past two years AND a history of nasal steroid OR antihistamine therapy for at least 60 out of the past 100 days. Note: Clinical documentation of patient's inability to tolerate nasal steroids or antihistamines will be assessed at the call center (**requires age 5 years or older**)
Leukotriene Receptor Antagonist	Singulair	Non-preferred (as current); added the following criteria: SilentAuth criteria for allergic rhinitis: • History of allergic rhinitis in the past two years AND a history of nasal steroid OR antihistamine therapy for at least 60 out of the past 100 days. Note: Clinical documentation of patient's inability to tolerate nasal steroids or antihistamines will be assessed at the call center
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Veramyst	Preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Omnaris	Preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	flunisolide	Non-preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Nasacort AQ	Non-preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Astepro	Non-preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	triamcinolone Nasal	Non-preferred
Oral Inhaled Glucocorticoids	Pulmicort Flexhaler	Preferred with age restriction of 18 years and older

Drug Class	Drug	PDL Status
Oral Inhaled Glucocorticoids	Pulmicort Respules	Preferred with the following restrictions: • Age – 3 years and younger; • Quantity limit – 120mls/30 days (0.25mg/2ml vial, 0.5mg/2ml vial)
Oral Inhaled Glucocorticoids	budesonide inhalation suspension	Non-preferred with the following restrictions: • Age – 4 years and older; • Quantity limit – 120mls/30days (0.25mg/2ml vial, 0.5mg/2ml vial); 60 mls/30 days (1mg/2ml vial)
Bile Acid Sequestrants	cholestyramine packets; Prevalite packets	Preferred
Fibric Acid Derivatives	Vascepa	Non-preferred
Fibric Acid Derivatives	fenofibric Acid	Non-preferred
Lipotropics	Liptruzet	Non-preferred with the following criteria: • Must have a trial of an HMG-CoA reductase inhibitor for 90 of the past 120 days
Lipotropics	Vytorin	Preferred with the following criteria: • Must have a trial of an HMG-CoA reductase inhibitor for 90 of the past 120 days
Lipotropics	Zetia	Preferred with the following criteria: • Must have a trial of an HMG-CoA reductase inhibitor or fenofibrate for 90 of the past 120 days
Electrolyte Depleters	Eliphos	Preferred
Electrolyte Depleters	calcium acetate capsules and tablets	Non-preferred
Electrolyte Depleters	Fosrenol	Preferred; removed requirement for prior trial of Renagel
Multiple Sclerosis	Tecfidera	Non-preferred with the following criteria: • Quantity limit of 2 capsules per day. • SilentAuth – History of at least 28 days of therapy with each of 2 different preferred agents in the past 12 months OR allergy, contraindication or intolerance to a preferred agent AND prescribed by or in consultation with a neurologist
Fluoroquinolones	Cipro Suspension and levofloxacin solution	Nonpreferred (as current); updated PA criteria to include all medically accepted indications
Ophthalmic Antibiotics	chloramphenicol; terramycin/polymyxin B; Cortisporin ophthalmic; Iquix; Quixin	Removed from PDL – no longer manufactured/CMS termed
Ophthalmic Antibiotics/Corticosteroid Combinations	neomycin/polymyxin B/HC oint; Poly-Pred	Removed from PDL – no longer manufactured/CMS termed
Otic Antibiotics	Pediotic	Removed from PDL – no longer manufactured/CMS termed
Topical Antifungals	Vusion Oint. Pediaderm AF Kit	Non-preferred

Drug Class	Drug	PDL Status
Vaginal Antimicrobials	Mycelex	Removed from PDL – no longer manufactured/CMS termed
ACE Inhibitors	Capoten	Removed from PDL – no longer manufactured/CMS termed
ACE Inhibitors	quinapril, trandolapril; perindopril	Non-preferred
Angiotensin Receptor Blockers	candesartan	Non-preferred
Angiotensin Receptor Blockers	Micardis; losartan; Benicar; Diovan	Preferred (as current); removed step edit requiring prior trial of an ACE
ARBs with CCBs	Azor; Exforge	Preferred (as current); added the following criteria • Requires prior trial of an ARB, ACE, or CCB within the past 90 days
ARBs w/ CCBs and Diuretics	Exforge HCT; Tribenzor	Preferred (as current); revised criteria as follows • Added requirement of prior trial of an ARB, ACE, or CCB within the past 90 days • Removed step edit requiring prior trial of a diuretic
ARBs w/ Diuretics	Benicar HCT; Diovan HCT; losartan/hct; Micardis HCT	Preferred (as current); removed step edit requiring prior trial of an ACE
Beta Blockers	Tenormin; Inderal; Inderal LA; Lopressor; Toprol XL	Non-preferred
Beta Blockers	propranolol ER Caps	Preferred
Beta Blockers w/ Diuretics	Inderide	Removed from PDL – no longer manufactured/CMS termed
Calcium Channel Blockers	Cardene (non-time release); Covera HS; Dynacirc CR; Plendil	Removed from PDL – no longer manufactured/CMS termed
Direct Renin Inhibitors w ARBs	Valturna	Removed drug and class from PDL – no longer manufactured/removed from market
Antimigraine	Zomig ODT	Preferred (status subject to change at State's discretion) with quantity limit of 1 box (6 tabs/30 days)
Antimigraine	rizatriptan ODT	Non-preferred with quantity limit of 1 box (12 tabs/30 days)
Antimigraine	zolmitriptan; zolmitriptan ODT	Non-preferred

The PDL can be accessed under the Pharmacy Services link on indianamedicaid.com. Notices of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) website at in.gov/ fssa. Click "FSSA Calendar" on the left side of the page to access the events calendar.

Please direct PA requests and questions about the PDL or this bulletin to the Catamaran Clinical Call Center toll-free at 1-855-577-6317.

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