

# IHCP *bulletin*

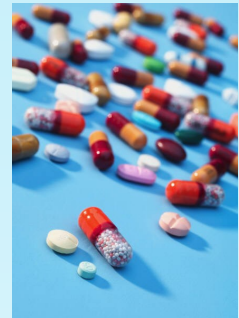
INDIANA HEALTH COVERAGE PROGRAMS BT201455 NOVEMBER 4, 2014

## Pharmacy updates approved by Drug Utilization Review Board September 2014

Indiana Health Coverage Programs (IHCP) announces changes to the Preferred Drug List (PDL) and the Over-the-Counter (OTC) Drug Formulary approved by the Drug Utilization Review (DUR) Board at its September 26, 2014, meeting.

### Changes to the PDL

The DUR Board approved changes to the PDL. The drug-specific changes are summarized in Table 1. These changes are effective for dates of service (DOS) on or after December 15, 2014, unless otherwise noted.



*Table 1 - Approved changes to the PDL effective for DOS on or after December 15, 2014*

Drug Class	Drug	PDL Status
Agents for the treatment of Opiate Addiction	Buprenorphine; Buprenorphine/naloxone	Maintain current PDL status; add a quantity limit of 24 mg/day
Vitamins	Aquasol A	Preferred
	Aqueous Vitamin E Oral Formulations	Preferred; under 18 years of age
	Vitamin A 10,000 IU capsule/tablet	Preferred; under 18 years of age
	Vitamin D 1,000 IU tablet chewable	Preferred; under 18 years of age
	Vitamin D 1,000 IU tablet/softgel	Preferred
	Vitamin D 400 IU softgel/tablet/chewable tablet	Preferred
	Vitamin D drops (ergocalciferol) 400 and 8,000 IU/mL	Preferred; under 18 years of age
	Vitamin D 50,000 IU capsule	Preferred
	Vitamin E 100 IU capsule	Preferred; under 18 years of age
	Vitamin E 200 IU capsule	Preferred; under 18 years of age
Vitamin E 400 IU liquid/capsule	Preferred; under 18 years of age	

**Changes to the OTC Drug Formulary**

The DUR Board approved updates to the IHCP OTC Drug Formulary as summarized in Table 2. These updates are effective for DOS on or after December 15, 2014, unless otherwise noted.

*Table 2 - Approved changes to the OTC Drug Formulary effective for DOS on or after December 15, 2014*

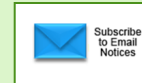
<b>Drug Class</b>	<b>Drug</b>	<b>OTC Drug Formulary Status/Criteria</b>
Vitamins	Aqueous Vitamin E Oral Formulations	Covered; under 18 years of age
	Vitamin A 10,000 IU capsule/tablet	Covered; under 18 years of age

The PDL, prior authorization (PA) criteria, and OTC Drug Formulary can be accessed under the [Pharmacy Services](#) link at 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, questions about the PDL and OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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