



PROVIDER BULLETIN

BT200243

AUGUST 14, 2002

To: All Pharmacy Providers and Practitioners Prescribing and Dispensing Medications

Subject: Preferred Drug List (PDL)—New Additions, Follow Up Information

The information in this bulletin regarding prior authorization payment methodology does not apply to practitioners and providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview and Background; New PDL Additions

As stated in a prior bulletin (BT200235, dated July 8, 2002), an Indiana Medicaid Preferred Drug List is being implemented effective August 21, 2002, with non-sedating antihistamines being the first class included on the list. Since the prior bulletin, the DUR Board, at their July 26 meeting, accepted the recommendations of the Therapeutics Committee regarding proton pump inhibitors (PPIs), ACE Inhibitors and Cox II inhibitors. Those recommendations are set out in this bulletin, and constitute the second group of drugs to be subject to the PDL.

As noted previously and above, PDL requirements for non-sedating antihistamines are being implemented on **August 21, 2002**. Also, as of **September 25, 2002**, all covered PPIs and ACE inhibitors *except the ones included on the PDL* will require prior authorization from ACS State Health Care at **1-866-879-0106**. Please note that since the Cox II inhibitors did not have a preferred drug added to the PDL, they will remain subject to the Indiana Rational Drug Program (IRDP) as is currently the case (see Provider bulletin BT200148) and, as such, require prior authorization from Health Care Excel (HCE). Phone numbers for HCE are (317) 347-4511 in the Indianapolis local area, or 1-800-457-4518 toll free.

As additional categories of drugs are reviewed by the Therapeutics Committee and recommendations are subsequently made to the DUR Board, providers will be given 30 days advance notice of additions to the PDL. The Therapeutics Committee is scheduled to review the following classes of drugs at their August 2nd meeting: calcium channel blockers (CCB), loop diuretics, beta adrenergic blocking agents, alpha adrenergic blocking agents, angiotensin receptor blockers (ARB), and platelet aggregation inhibitors. Notice of meetings of the Committee and agendas for the meetings are posted in accordance with public notice requirements on the FSSA Web site, <http://www.state.in.us/fssa/>, under the heading "Calendar and News". Additional information regarding the Therapeutics Committee and the PDL may be accessed at <http://www.indianapbm.com/>. Please also note that additional information regarding the PDL and related processes will be provided in the near future via banner page messages or bulletins.

The following are effective as of September 25, 2002:

Preferred Drug List (PPIs)	Maximum Quantity Limitations
Protonix 40 mg	1 tablet per day
Prilosec 20 mg (Preferred for children 12 years old and under)	

As of the same date, all other proton pump inhibitors, including the following, are not preferred (non-preferred) and thereby require prior authorization:

Non-Preferred Drug List (PPIs)		
Aciphex 20 mg tablets	Prevacid 15 mg suspension	Prilosec 20 mg (For > 12 years old)
Nexium 20 mg capsule	Prevacid 30 mg capsule	Prilosec 40 mg capsule
Nexium 40 mg capsule	Prevacid 30 mg suspension	Protonix 20 mg tablets
Prevacid 15 mg capsule	Prilosec 10 mg capsule	Protonix IV 40 mg vial

Note: Prior authorization will be required for all:

- 1) *Non-preferred drugs in this class*
- 2) *Requests for quantities of preferred drugs in this class that exceed the stated limits*

Preferred Drug List (ACE Inhibitors)		
Captopril 25 mg (For children 12 years old and under)	Mavik 1mg tablet	Monopril 10 mg tablet
Captopril 50 mg (For children 12 years old and under)	Mavik 2mg tablet	Monopril 20 mg tablet
Captopril 100 mg (For children 12 years old and under)	Mavik 4mg tablet	Monopril 40 mg tablet
Lotensin 10mg tablet	Enalapril 2.5mg tablet	Enalapril 20mg tablet
Lotensin 20 mg tablet	Enalapril 5 mg tablet	
Lotensin 40 mg tablet	Enalapril 10 mg tablet	

As of the same date, all other ACE inhibitors, including the following, are not preferred (non-preferred) and thereby require prior authorization:

Non-Preferred Drug List (ACE Inhibitors)		
Accupril 5 mg tablet	Altace 1.25 mg capsule	Prinivil (generic preferred)
Accupril 10 mg tablet	Altace 2.5 mg capsule	Vasotec (generic preferred)
Accupril 20 mg tablet	Altace 5 mg capsule	Univasc 7.5 mg tablet
Accupril 40 mg tablet	Altace 10 mg capsule	Univasc 15 mg tablet
Aceon 2 mg tablet	Captopril 25 mg (For > 12 years old)	Zestril (generic preferred)
Aceon 4 mg tablet	Captopril 50 mg (For > 12 years old)	
Aceon 8 mg tablet	Captopril 100 mg (For > 12 years old)	

Note: Prior authorization will be required for all:
1) *Non-preferred drugs in this class*
2) *Requests for quantities of preferred drugs in this class that exceed the stated limit*

We hope and anticipate that prescribers and pharmacists will support and encourage the use of the PDL as it is implemented and further developed, and recognize and appreciate the clinical and cost effectiveness that it will bring to the Indiana Medicaid pharmacy benefit. Please bear in mind that the cost savings to be realized from the PDL approach will enable OMPP to provide for the funding of other critically needed services under Medicaid, at a time when every possible means of conserving program costs is being explored.

- **Please direct any questions that you have regarding this bulletin to EDS Customer Assistance at 1-800-577-1278 or (317) 655-3240.**
- **Please direct any questions about IRDP prior authorization to Health Care Excel Prior Authorization Department at (317) 347-4511, in the Indianapolis local area, or 1-800-457-4518.**
- **Please direct any questions about the PDL and prior authorization needed for non-PDL drugs to ACS State Health Care at 1-866-879-0106.**

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