



PROVIDER BULLETIN

BT200247

SEPTEMBER 9, 2002

To: All Pharmacy Providers and Practitioners Prescribing and Dispensing Medications

Subject: Preferred Drug List—New Additions (Phase 3)

Note: The information in this bulletin is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system

New PDL Additions

With Phase 1 of the Indiana Medicaid Preferred Drug List (PDL) implementation on August 21, 2002, (reference bulletin *BT200235*) and Phase 2 on September 17, 2002, (reference bulletin *BT200243*), this bulletin serves to notify you of Phase 3 of the PDL effective October 9, 2002. The Drug Utilization Review (DUR) Board accepted the PDL recommendations of the Therapeutics Committee at the Board's meeting on August 16, 2002, for the following therapeutic classes:

- Calcium Channel Blockers
- Loop Diuretics
- Beta Adrenergic Blocking Agents
- Alpha Adrenergic Blocking Agents
- Platelet Aggregation Inhibitors

Notice of meetings of the DUR Board and agendas are posted on the Family and Social Services Administration (FSSA) Web site, <http://www.state.in.us/fssa/>, under the heading *Calendar and News*. Information regarding the Therapeutics Committee and the PDL may be accessed at <http://www.indianapbm.com>.

Therapeutic Consultation Program and PDL

The Therapeutic Consultation Program (TCP) is an in-bound call center in which *prescribers* call to review the member's profile for all non-preferred drugs (non-PDL) with a TCP clinical pharmacist. The TCP hours of operation are from 8 am – 6 pm Indianapolis time, Monday through Friday. To assist the dispensing pharmacist, a summary of the prior authorization (PA) process and point of service (POS) Edit codes is listed in the table below. For a more thorough explanation please refer to provider bulletin *BT200246*.

POS Edit Codes			
Edit 3017	PDL/Non-preferred drugs Brand Medically Necessary associated with PDL	Call ACS	1-866-879-0106
Edit 3002	Indiana Rationale Drug Program	Call HCE	(317) 347-4511 1-800-457-4518
Edit 4026	NDC/Days Supply Limitation	Call HCE	(317) 347-4511 1-800-457-4518
Edit 0570	Refill too soon	Call HCE	(317) 347-4511 1-800-457-4518
Edit 6806	IRDP Therapy exceeds limitation	Call HCE	(317) 347-4511 1-800-457-4518

The Following Are Effective as of October 9, 2002:

Preferred Drug List (Calcium Channel Blockers)	Non-Preferred Drug List (Calcium Channel Blockers)
Adalat CC 90mg tablets	Adalat 10mg, 20mg capsules
Covera-HS 180mg, 240mg tablets	*Adalat CC 30mg, 60mg tablets
Diltiazem (all strengths and formulations)	*Calan (all strengths)
DynaCirc (all strengths)	*Cardene 20mg, 30mg capsules
Nicardipine (all generic strengths)	Cardene SR 30mg, 45mg, 60mg capsules
Nifedipine (all sustained release products)	*Cardizem (all strengths)
Nimotop 30mg capsules	*Dilacor XR 120mg, 180mg, 240mg capsules
Norvasc (all strengths)	*Isoptin (all strengths)
Plendil (all strengths)	Nifedipine (short acting) 10mg, 20mg capsules
Sular (all strengths)	Procardia 10mg, 20mg capsules
Tiazac (all strengths)	*Procardia XL 30mg, 60mg, 90mg tablets
Verapamil (all strengths and formulations)	Vasacor 200 mg, 300mg tablets
Verelan PM 100mg, 200, 300mg capsules	*Verelan 120mg, 180mg, 240mg, 360mg capsules

**Please note that Brand products are considered Non-Preferred if a generic equivalent is available and is listed above in the Non-PDL. Thus, generic equivalents listed in the PDL will not require PA.*

Preferred Drug List (Loop Diuretics)	Non-Preferred Drug List (Loop Diuretics)
Bumetanide (all strengths and formulations)	*Bumex 0.5 mg, 1mg, 2mg tablets
Furosemide (all strengths and formulations)	*Demadex 5mg, 10mg, 20mg, 100mg tablets
Torseamide (all strengths and formulations)	Edecrin 25mg, 50mg tablets
	*Lasix 20mg, 40mg, 80mg tablets

**Please note that brand products are considered Non-Preferred if a generic equivalent is available and is listed above in the Non-PDL. Thus, generic equivalents listed in the PDL will not require PA.*

Preferred Drug List (Beta Adrenergic Blocking Agents)	Non-Preferred Drug List (Beta Adrenergic Blocking Agents)
Acebutolol (all strengths)	*Betapace 80mg, 120mg, 160mg, 240mg tablets
Atenolol (all strengths)	Betapace AF 80mg, 120mg, 160mg tablets
Betaxolol 10mg, 20mg tablets	*Blocadren 5mg, 10mg, 20mg tablets
Bisoprolol (all strengths)	Cartrol 2.5mg, 5mg tablets
Inderal - LA (all LA strengths)	†Coreg 3.125mg, 6.25mg, 12.5mg, 25mg tablets
Labetalol (all strengths and formulations)	*Corgard 20mg, 40mg, 80mg, 120mg, 160mg tablets
Metoprolol (all strengths and formulations)	*Inderal 10mg, 20mg, 40mg, 60mg, 80mg tablets
Nadolol (all strengths)	*Kerlone 10mg, 20mg tablets
Pindolol (all strengths)	Levatol 20mg tablets
Propranolol (all strengths and formulations)	*Lopressor 50 mg, 100mg tablets
Sotalol 80mg, 120mg, 160mg, 240mg, tablets	*Normodyne 100mg, 200mg, 300mg tablets
Timolol 5mg, 10mg, 20mg tablets	*Sectral 200mg, 400mg capsules
Toprol XL 25mg, 50mg, 100mg, 200mg tablets	*Tenormin 25mg, 50mg, 100mg tablets
	*Trandate 100mg, 200mg, 300mg tablets
	*Visken 5mg, 10mg tablets
	*Zebeta 5 mg, 10mg tablets

*Please note that brand products are considered Non-Preferred if a generic equivalent is available and is listed above in the Non-PDL. Thus, generic equivalents listed in the PDL will not require PA.

† Please note that patients currently on Coreg **will not** be subjected to the Non-PDL Edit.

Preferred Drug List (Alpha Adrenergic Blocking Agents)	Non-Preferred Drug List (Alpha Adrenergic Blocking Agents)
Doxazosin (all strengths)	*Cardura 1mg, 2mg, 4mg, 8mg tablets
Prazosin (all strengths)	*Hytrin 1mg, 2mg, 5mg, 10mg
Terazosin (all strengths)	*Minipress 1 mg, 2mg, 5mg

*Please note that brand products are considered Non-Preferred if a generic equivalent is available and is listed above in the Non-PDL. Thus, generic equivalents listed in the PDL will not require PA.

Preferred Drug List (Platelet Aggregation Inhibitors)	Non-Preferred Drug List (Platelet Aggregation Inhibitors)
Plavix 75 mg tablets	Aggrenox capsules
Pletal 50 mg, 100 mg tablets	Ticlid 250 mg tablets
	Ticlopidine 250 mg tablets

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 the Office of Medicaid Policy and Planning (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 (317) 655-3240 or 1-800-577-1278.
- Please direct any questions about PA to Health Care Excel PA Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.
- Please direct any questions about the PDL and PA needed for non-PDL drugs to ACS State Health Care at 1-866-879-0106.

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