



PROVIDER BULLETIN

BT200255

NOVEMBER 11, 2002

To: All Pharmacy Providers and Practitioners Prescribing and Dispensing Medications

Subject: Preferred Drug List—New Additions (Phases 4 and 5)

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

Overview and Background

As stated in a previous bulletin (*Bulletin BT200247*, dated September 9, 2002), an Indiana Health Coverage Programs (IHCP) Preferred Drug List (PDL) is being implemented. The program began August 21, 2002, with non-sedating antihistamines as the first class on the list. The Drug Utilization Review (DUR) Board, at its September 20, 2002, (Phase 4) meeting, accepted the recommendations of the Therapeutics Committee regarding inhaled corticosteroids, short and long acting beta agonists, nasal corticosteroids, leukotriene inhibitors, and HMG COA reductase inhibitors. At its October 18, 2002, (Phase 5) meeting, the DUR Board accepted the recommendations of the Therapeutics Committee regarding triptans, thiazolidenediones, ACEI/CCB combinations, ACEI with diuretics, ARBs with diuretics, and BPH medications. The recommendations from both meetings are in this bulletin and constitute the fourth and fifth groups of drugs to be subject to the PDL.

The Therapeutics Committee recommends drugs for the PDL after extensive clinical review. The OMPP hopes and anticipates 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 IHCP.

Note: Prior authorizations (PAs) assigned under the current Indiana Rational Drug Program clinical programs will bypass PDL edits until those PAs expire. Existing PAs for brand medically necessary will likewise be honored through the assigned through date of the PA.

Phase 4 PDL Additions

The following are effective as of December 10, 2002:

Preferred Drug List (Inhaled Corticosteroids)	Non-Preferred Drug List (Inhaled Corticosteroids)
Triamcinolone (Azmacort®)	Fluticasone (Flovent® 220 mcg)
Budesonide (Pulmicort Turbohaler® and Respules®) The Pulmicort Turbohaler® is for members more than six years old with a limit of one canister per month. Pulmicort Respules are restricted to members six years old or younger.	Fluticasone (Flovent Rotadisk®)
Fluticasone (Flovent® 44mcg and 110mcg)	Beclomethasone (Beclvent®, Vanceryl®, Vanceryl DS®)
Beclomethasone dipropionate HFA (Qvar®)	Flunisolide (AeroBID®, AeroBID M®)
Fluticasone/Salmeterol (Advair®)	

Preferred Drug List (Short Acting Beta Agonists)	Non-Preferred Drug List (Short Acting Beta Agonists)
Albuterol	Levalbuterol (Xopenex®)
	Bitolterol (Tornalate®)
	Metaproteranol (Alupent®, Prometa®)
	Pibuterol (MaxAir®)
	Terbutaline (Brethine®)
	Proventil®, Proventil HFA®, Ventolin®, (Brand)*

Preferred Drug List (Long Acting Beta Agonists)	Non-Preferred Drug List (Long Acting Beta Agonists)
Salmeterol (Serevent®)	Formeterol (Foradil®)

Preferred Drug List (Nasal Corticosteroids)	Non-Preferred Drug List (Nasal Corticosteroids)
Azelastine (Astelin®)	
Beclomethasone (Beconase®, Beconase AQ®, Vancenase®, Vancenase®, Vancenase AQ DS®)	
Flunisolide (Nasalide®and Nasarel®)	
Fluticasone (Flonase®)	
Triamcinolone (Nasacort®, Nasacort AQ®, Tri-Nasal®)	
Budesonide (Rhinocort®, Rhinocort AQ®)	
Mometasone (Nasonex®)	

Preferred Drug List (Leukotriene Inhibitors)	Non-Preferred Drug List (Leukotriene Inhibitors)
Montelukast (Singulair®)	Zileuton (ZyFlo®)
Zafirlukast (Accolate®)	

Preferred Drug List (HMG CoA Reductase Inhibitors)	Non-Preferred Drug List (HMG CoA Reductase Inhibitors)
Atorvastatin (Lipitor®)	Extended release lovastatin (Altacor®)
Fluvastatin (Lescol®, Lescol XL®)	Niacin/Lovastatin (Advicor®)
Pravastatin (Pravachol®)-for patients receiving HIV antiretroviral therapy	Mevacor® (Brand)*
Simvastatin (Zocor®)	
All forms of generic lovastatin	

*Please note that the brand products on the non-PDL with generic equivalents on the PDL are considered non-preferred. These generic equivalents do not require PA for non-PDL edits.

Phase 5 PDL Additions

The following are effective as of December 10, 2002:

Preferred Drug List (Triptans)	Non-Preferred Drug List (Triptans)
Sumatriptan (Imitrex®) 25, 50, 100mg tablets: limited to one box (9 tablets) per month	Naratriptan (Amerge®)
Sumatriptan (Imitrex®) 5, 20mg nasal spray: limited to 1 box (6 inhalers, 6mls) per month	Frovatriptan (Frova®)
Sumatriptan (Imitrex®) stat dose refill: limited to 1 box (2 injections) per month	Rizatriptan (Maxalt®, Maxalt MLT®)
Sumatriptan (Imitrex®) vial: limited to 2 vials (2 injections per month)	Zolmitriptan (Zomig®, Zomig ZMT®)
Almotriptan (Axert®) tablets: limited to one box (6 tablets) per month	

Preferred Drug List (Thiazolidenediones)	Non-Preferred Drug List (Thiazolidenediones)
Pioglitazone (Actos®) 15mg only: limited to 90 tablets per month	Pioglitazone (Actos®) 30 and 45mg
Rosiglitazone (Avandia®) 4 and 8mg: limited to 30 tablets per month	Rosiglitazone (Avandia®) 2mg

Preferred Drug List (ACEIs with CCB)	Non-Preferred Drug List (ACEIs with CCB)
Amlodipine/Benazepril (Lotrel®): limited to 30 tablets per month	Trandolapril/Verapamil (Tarka®)
	Felodipine/Enalapril (Lexxel®)

Preferred Drug List (ACEIs with Diuretics)	Non-Preferred Drug List (ACEIs with Diuretics)
Lisinopril/HCTZ	Quinapril/HCTZ (Accuretic®)
Captopril/HCTZ	Capozide® (Brand)*
Enalapril/HCTZ	Prinzide® (Brand)*
Fosinopril/HCTZ (Monopril HCT®)	Zestoretic® (Brand)*
Benazepril/HCTZ (Lotensin HCT®)	Vaseretic® (Brand)*

Preferred Drug List (ARBs with Diuretics)	Non-Preferred Drug List (ARBs with Diuretics)
Losartan/HCTZ (Hyzaar®)	Candesartan/HCTZ (Atacand HCT®)
Telmisartan/HCTZ (Micardis®)	Irbesartan/HCTZ (Avalide®)

Preferred Drug List (BPH)	Non-Preferred Drug List (BPH)
Tamsulosin (Flomax®)	
Finasteride (Proscar®)	

*Please note that the brand products on the non-PDL with generic equivalents on the PDL are considered non-preferred. These generic equivalents do not require PA for non-PDL edits.

Effective December 10, 2002, inhaled corticosteroids, short and long acting beta agonists, nasal corticosteroids, leukotriene inhibitors, and HMG COA reductase inhibitors, and on that same date triptans, thiazolidenediones, ACEI/CCB combinations, ACEI with diuretics, ARBs with diuretics, and BPH medications not on the PDL will require PA from ACS State Health Care at 1-866-879-0106.

Please note that in accordance with Indiana law, all anti-anxiety, antidepressant, anti-psychotic, and cross-indicated drugs are considered as being on the PDL.

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

- Please direct any questions about this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.
- Please direct any questions about PA to the 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.

Edit Code	Description	Contact Name	Contact Number
3017	PDL/Non-PDL Brand Med Necessary associated with PDL/Non-PDL	ACS	1-866-879-0106
3002	IRDP – Indiana Rational Drug Program	HCE	(317) 347-4511 1-800-457-4518
4026	NDC/Days Supply Limits	HCE	(317) 347-4511 1-800-457-4518
0570	Refill too Soon	HCE	(317) 347-4511 1-800-457-4518
6806	IRDP Therapy exceeds limitation	HCE	(317) 347-4511 1-800-457-4518

As additional categories of drugs are reviewed by the Therapeutics Committee and recommendations are subsequently made to the DUR Board, providers will be given at least 30 days advance notice of additions to the PDL. The Therapeutics Committee is scheduled to review the following classes of drugs at the November 1, 2002, meeting: Macrolides (W1D), Quinolones (W1Q), Cephalosporins, 2nd & 3rd generations (W1X & W1Y), Antifungals (W3B).

Notice of meetings of the Therapeutics Committee and agendas for the meetings are posted in accordance with public notice requirements on the Family and Social Services Administration (FSSA) Web site at <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.

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