P R O V I D E R B U L L E T I N

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To: All Pharmacy Providers and Prescribing Practitioners

Subject: Changes to the Preferred Drug List Effective for Dates of Service On or After November 1, 2006

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

This bulletin announces the Preferred Drug List (PDL) decisions made at the August 18, 2006, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting held August 4, 2006. Table 1 summarizes these changes.

The changes listed in this bulletin are effective for dates of service on or after November 1, 2006.

The PDL can be accessed at http://www.indianapbm.com. Notice of the DUR Board meetings and agendas may be accessed from the *Calendar* page of the Family and Social Services Administration (FSSA) Web site at http://www.state.in.us/serv/eventcal?PF=fssa&Clist=3. Information about the Therapeutics Committee and the PDL is available at http://www.indianapbm.com.

Direct prior authorization (PA) requests and questions about the PDL to the ACS Clinical Call Center at 1-866-879-0106. Questions about this bulletin should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Table 1 – Approved Changes to the PDL,
Effective for Dates of Service On or After November 1, 2006

Drug Class	Drug	PDL Status
Beta-Agonist	Xopenex HFA	Non-Preferred (limit of three canisters/ month for ages 18 and younger; two canisters/month for ages 19 and over)
Non-Sedating Antihistamines	Clarinex D	Preferred (step edit – must have failed a trial of over-the-counter (OTC) loratadine/ pseudoephedrine within the previous three months)
Non-Sedating Antihistamines	fexofenadine	Non-Preferred (step edit – must have failed a trial of OTC loratadine within the previous three months)
Non-Sedating Antihistamines	Allegra	Non-Preferred (step edit – must have failed a trial of OTC loratadine within the previous three months)

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Drug Class	Drug	PDL Status
Non-Sedating Antihistamines	fexofenadine/pseudoephedrine	Non-Preferred (step edit – must have failed a trial of OTC loratadine/pseudoephedrine within the previous three months)
Non-Sedating Antihistamines	Allegra D	Non-Preferred (step edit – must have failed a trial of OTC loratadine/pseudoephedrine within the previous three months)
Nasal Preparations	Atrovent	Non-Preferred
Nasal Preparations	fluticasone	Non-Preferred
Oral Inhaled Corticosteroids	Aerobid	Preferred
Oral Inhaled Corticosteroids	Aerobid-M	Preferred
Fluoroquinolones	Tequin	Non-Preferred
Fluoroquinolones	Tequin TEQ-PAC	Non-Preferred
Fluoroquinolones	Proquin XR	Non-Preferred
Ophthalmic Antibiotics	Zylet	Non-Preferred
Otic Antibiotics	Floxin Otic soln (multi-use bottle)	Preferred
Otic Antibiotics	Floxin Otic Singles	Non-Preferred
Vaginal Antimicrobials	Metrogel Vaginal Gel	Preferred
ACE Inhibitors	Monopril	Non-Preferred
ACE Inhibitors	Lotensin	Non-Preferred
ACE/Diuretics	Monopril HCT	Non-Preferred
ACE/Diuretics	Lotensin HCT	Non-Preferred
Calcium Channel Blockers	Plendil	Non-Preferred
Calcium Channel Blockers	Isradipine (non-time released)	Non-Preferred
Calcium Channel Blockers	Cardizem LA	Non-Preferred
Fibric Acid Derivatives	Tricor	Preferred
Fibric Acid Derivatives	Lofibra	Non-Preferred
Fibric Acid Derivatives	fenofibrate	Non-Preferred
HMG CoA Reductase Inhibitors	simvastatin	Preferred
HMG CoA Reductase Inhibitors	Zocor	Non-Preferred
HMG CoA Reductase Inhibitors	pravastatin	Preferred (step-edit – patient must have a clinically significant drug-drug interaction with other statin-type cholesterol lowering agents)
HMG CoA Reductase Inhibitors	Pravachol	Non-Preferred (step-edit – patient must have a clinically significant drug-drug interaction with other statin-type cholesterol lowering agents)
Other Lipotropics	Zetia	Preferred (step edit – patients currently on an HMG CoA reductase inhibitor or fenofibrate may receive Zetia to augment therapy)
Triptans	Maxalt (plain)	Non-Preferred