



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

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To: Pharmacy Providers and Prescribing Practitioners

Subject: Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the February 19, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on recommendations from the Therapeutics Committee meeting on February 5, 2010. Please refer to the table below for a summary of these changes, which are effective April 1, 2010.

The PDL can be accessed at <http://www.indianapbm.com/>. Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) Web site at <http://www.state.in.us/fssa/> under the Calendar tab. Information about the Therapeutics Committee and the PDL is available at <http://www.indianapbm.com>.

Please direct prior authorization requests and questions about the PDL to the Affiliated Computer Services (ACS) Clinical Call Center at 1-866-879-0106.

Table 1 – Approved Changes to the PDL Effective April 1, 2010

Drug Class	Drug	PDL Status
Beta-agonist	levalbuterol inhalation solution	Non-preferred with a quantity limit of two prescriptions per six months, one box of 24 per prescription
Nasal preparations	Astepro [®] 0.15% Nasal Spray	Preferred
Nasal preparations	Flonase [®]	Non-preferred
Nasal preparations	fluticasone	Preferred
Anti-virals (anti-herpetic)	valacyclovir	Non-preferred with a step-edit – requires HIV therapy
Topical antifungals	ciclopirox 1% topical shampoo	Non-preferred
ACE inhibitors	perindopril tablets	Preferred
Angiotensin II receptor blockers with calcium channel blockers	Twynsta [™]	Non-preferred
Direct Renin Inhibitor and ARB Combination	Valturna [™]	Non-preferred with a step-edit – requires a trial of an ACE, ARB, or DRI within the past 90 days
Fibric acid derivatives	Fibracor [™]	Non-preferred

Drug Class	Drug	PDL Status
Triptans	Sumavel™ Dosepro	Not covered
Triptans	Imitrex® Tablets	Non-preferred with current quantity limits
Triptans	sumatriptan	Preferred with current quantity limits
Electrolyte depleters	Renvela® Packets	Non-preferred
Multiple sclerosis agents	Extavia™	Non-preferred
Platelet aggregation inhibitors	Effient™	Non-preferred with Smart PA™ criteria
Topical antiparasitics	All products	Add the quantity limit of one bottle or one tube per claim

Contact Information

If you have questions regarding this bulletin, call HP Customer Assistance at (317) 655-3240 or toll-free at 1-800-577-1278.

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