

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201021 JUNE 29, 2010



Revised: Changes to the Preferred Drug List

Note: Indiana Health Coverage Program (IHCP) bulletin BT201016, dated May 27, 2010, has been revised. Zyrtec Itchy Eye Drops was removed from the bulletin and will not appear on the Preferred Drug List that is effective July 1, 2010. Zyrtec Itchy Eye Drops is not a product covered through Indiana Medicaid.

Changes to the Preferred Drug List (PDL) were made at the May 21, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting on May 7, 2010. Please refer to the table below for a summary of these changes. **The changes are effective July 1, 2010.**

The PDL and Smart PA™ criteria can be accessed at www.indianapbm.com under Pharmacy Services. 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/>. Click “**More Events**” near the middle of the page to access the events calendar. 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. Please direct questions about this bulletin to HP Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

Approved changes to the Preferred Drug List effective July 1, 2010

Drug Class	Drug	PDL Status
COX-II Inhibitors	Celebrex®	Non-Preferred with Smart PA criteria
Brand-Name Narcotics	buprenorphine sublingual tablets	Non-Preferred with PA criteria

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Drug class	Drug	PDL status
Brand-Name Narcotics	fentanyl citrate lozenges	Non-Preferred with PA criteria
Brand-Name Narcotics	Onsolis™ buccal film	Non-Preferred with PA criteria
Brand-Name Narcotics	fentanyl products	Remove the following statement from PA criteria for fentanyl products: Have a medically justifiable diagnosis associated with moderate to severe pain
Brand-Name Narcotics	tramadol ER	Non-Preferred with a quantity limit of 1 tab/day
NSAID/Prostaglandin Combination	Arthrotec®	Non-Preferred with Smart PA Criteria
Acne Agents	benzoyl peroxide/clindamycin topical gel	Non-Preferred
Acne Agents	Differin® 0.1% lotion	Non-Preferred for all members with a step-edit – must have failed a tretinoin product
Anti-Psoriatic Agents	Soriatane® 17.5 mg and 22.5 mg	Preferred
Anti-Psoriatic Agents	Stelara™ prefilled syringes and vials	Non-Preferred
Growth Hormones	Genotropin® 5 mg and 12 mg	Preferred with PA criteria
Growth Hormones	Nutropin® AQ 5mg/2ml	Preferred with PA criteria
Non-insulin Injectable Hypoglycemics	Victoza™ prefilled pen	Preferred with the following step-edit – must be currently on metformin and/or a sulfonylurea and/or a thiazolidinedione or combination including such
Anti-Ulcer Preparations	sucralfate tablets	Preferred with PA criteria
Anti-Ulcer Preparations	misoprostol tablets	Preferred with PA criteria
Anti-Ulcer Preparations	Carafate® suspension	Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablets
Anti-Ulcer Preparations	Cytotec® tablets	Non-Preferred with PA criteria
Anti-Ulcer Preparations	Carafate® tablets	Non-Preferred with PA criteria
Anti-Ulcer Preparations	sucralfate suspension	Non-Preferred with PA criteria and step-edit – trial on tablets within the last 90 days is required for patients 18 years of age and older or must be unable to swallow tablets
H2 Receptor Antagonists	nizatidine oral solution	Non-Preferred
Pancreatic Enzymes	Zenpep™ capsules	Preferred
Pancreatic Enzymes	Pancrecarb® MS	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Pancreatic Enzymes	Ultrase®	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Pancreatic Enzymes	Ultrase® MT	Remove from PDL (No longer covered because the FDA has determined this

Continue

Drug class	Drug	PDL status
		product to be unapproved)
Pancreatic Enzymes	Viokase [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Proton Pump Inhibitors	lansoprazole capsules	Non-Preferred with a step-edit – must fail omeprazole and then a preferred PPI for a total length of therapy of 4 weeks, unless patient is intolerant to these agents
Proton Pump Inhibitors	Prevacid [®] OTC 15 mg capsules	Not covered
BPH Agents	tamsulosin	Non-Preferred
Eye Antihistamine/Mast Cell Stabilizers	azelastine 0.05% ophthalmic solution	Non-Preferred
Eye Antihistamine/Mast Cell Stabilizers	ketotifen 0.025% eye drops	Preferred
Ear Preparations	OtiRx [®]	Preferred
Ear Preparations	Oto-End [®]	Preferred
Ear Preparations	acetic acid drops	Preferred
Ear Preparations	Acetasol HC [®]	Non-Preferred
Ear Preparations	acetic acid HC	Non-Preferred
Ear Preparations	acetic acid/aluminum	Non-Preferred
Ear Preparations	Borofair [®]	Non-Preferred
Ear Preparations	RE-Pramoxine HC	Non-Preferred
Ear Preparations	Vosol [®]	Non-Preferred
Ear Preparations	Vosol HC [®]	Non-Preferred
Glaucoma Agents	brimonidine 0.15% ophthalmic solution	Non-Preferred
Eye Anti-Inflammatory Agents	flurbiprofen eye drops	Preferred
Eye Anti-Inflammatory Agents	ketorolac 0.4% ophthalmic solution	Preferred
Eye Anti-Inflammatory Agents	ketorolac 0.5% ophthalmic solution	Preferred
Eye Anti-Inflammatory Agents	Voltaren [®] eye drops	Preferred
Eye Anti-Inflammatory Agents	Acuvail [®] ophthalmic solution	Non-Preferred
Eye Anti-Inflammatory Agents	Acular [®] eye drops	Non-Preferred
Eye Anti-Inflammatory Agents	Acular [®] LS ophthalmic solution	Non-Preferred
Eye Anti-Inflammatory Agents	diclofenac eye drops	Non-Preferred
Eye Anti-Inflammatory Agents	Nevanac [®] eye drops	Non-Preferred
Eye Anti-Inflammatory Agents	Ocufen [®] eye drops	Non-Preferred
Eye Anti-Inflammatory Agents	Xibrom [®] eye drops	Non-Preferred

Drug class	Drug	PDL status
Ophthalmic Anti-Inflammatory, Immunomodulator Type	Restasis [®] 0.05% eye emulsion	Non-Preferred with a quantity limit of 60 vials/month and a step-therapy edit – a trial of artificial tears is required within the last 90 days.
Topical Estrogen Agents	Vagifem [®] 10 mcg tablets	Preferred
Wound Care	Accuzyme [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Allanfil [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Allanzyme [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Ethezyme [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Gladase [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Gladase-C [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Kovia [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Panafil [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)
Wound Care	Ziox [®]	Remove from PDL (No longer covered because the FDA has determined this product to be unapproved)

Questions?

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