

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201031 AUGUST 31, 2010

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## Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the August 20, 2010, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meetings on August 6, 2010. Please refer to the table on the next page for a summary of these changes. The changes are effective October 1, 2010.

NOTE: The Food and Drug Administration (FDA) is in the process of phasing out metered-dose inhalers containing chlorofluorocarbon (CFC). Please refer to this [drug safety Web site](#) for full information regarding the affected products.

The PDL can be accessed at the [Indiana Pharmacy Benefit Manager](#). Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) Web site](#). Click **More Events** near the middle of the page to access the events calendar. You may also find information about the Therapeutics Committee and the PDL at the [Indiana Pharmacy Benefit Manager site](#).

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.

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*Approved changes to the PDL effective October 1, 2010*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Beta-agonists	Serevent <sup>®</sup>	Non-preferred
Nasal preparations	Flonase <sup>®</sup>	Non-preferred
Non-sedating antihistamines	Zyrtec <sup>®</sup> 1 mg/ml (Rx) syrup	Non-preferred with quantity limit of 10 mls/day
Oral inhaled corticosteroids	Pulmicort <sup>®</sup> Respules	Non-preferred with quantity limits as follows: <ul style="list-style-type: none"> <li>• 240 mls/month for the 0.25mg/2ml vial</li> <li>• 120 mls/month for the 0.5mg/2ml vial</li> <li>• 60 mls/month for the 1mg/2ml vial</li> </ul>
Oral inhaled corticosteroids	budesonide inhalation suspension	Preferred with quantity limits as follows: <ul style="list-style-type: none"> <li>• 240 mls/month for the 0.25mg/2ml vial</li> <li>• 120 mls/month for the 0.5mg/2ml vial</li> <li>• 60 mls/month for the 1mg/2ml vial</li> </ul>
Oral inhaled corticosteroids	Asmanex <sup>®</sup>	Preferred
Hepatitis C agents	Rebetol <sup>®</sup> oral solution	Preferred
Ophthalmic antibiotics	Zymaxid <sup>®</sup>	Non-preferred
Angiotensin receptor blockers	losartan	Non-preferred with quantity limit of one tab/day and step edit of "prior use of an ACE inhibitor"
Angiotensin receptor blockers w/calcium channel blockers	Azor <sup>®</sup>	Preferred
Angiotensin receptor blockers w/diuretics	losartan/hydrochlorothiazide	Non-preferred with step edit of "prior use of an ACE inhibitor"
Direct renin inhibitor and ARB combination	Valturna <sup>®</sup>	Preferred with step edit of "trial of an ACE, ARB, or direct renin inhibitor within the past 90 days"
Bile acid sequestrants	Welchol <sup>®</sup> oral suspension	Non-preferred
HMG CoA reductase inhibitors	pravastatin	Revise step edit to state "patient must have the potential for a clinically significant drug-drug interaction with other statin-type cholesterol-lowering agents"
HMG CoA reductase inhibitors	Livalo <sup>®</sup>	Non-preferred with step edit of "patient must have had a minimum of a 90-day trial of pravastatin"
Other lipotropic agents	Lovaza <sup>®</sup>	Non-preferred
Triptans	Relpax <sup>®</sup>	Non-preferred with quantity limit of six tabs/month

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