

JANUARY 3, 2011 PDL CHANGES

December 9, 2010

Dear Pharmacy Provider:

The New Year will bring a variety of changes to the Department of Vermont Health Access (DVHA) Preferred Drug List and associated clinical criteria for non-preferred drugs. We are alerting you now so that you can adjust your inventory accordingly and help patients transition to new therapies, if desired.

Generic omeprazole 20 mg and 40 mg RX capsules will become our preferred omeprazole product and **Prilosec[®] OTC** will become non-preferred for all members enrolled in Vermont's publicly funded programs, including those who have Medicare Part D with cost sharing provided by DVHA. Prescribers have been sent a notice and a list of patients as new prescriptions will be required for patient's switching from Prilosec[®] 20 mg OTC to generic omeprazole. We have supplied the pharmacy name, phone number and fax number to assist them in providing you with new prescriptions. If you would like a list of patients who have filled Prilosec OTC[®] prescriptions at your pharmacy and who will be affected by this change, please contact our new on-site MedMetrics' Program Representative, Michelle Sirois at 1-802-879-5940.

Generic Product (Preferred as of 01/03/2011)	Branded Product (PA required as of 01/03/2011)
Buprenorphine SL Tablets	Subutex [®] SL Tablets
Bupropion/Budeprion XL Tablets	Wellbutrin [®] XL Tablets
Pramipexole Dihydrochloride Tablets	Mirapex [®] Tablets
Tamsulosin Capsules	Flomax [®] Capsules

Products moving to non-preferred status:

1. Adderall XR[®] for new users. Current users grandfathered (brand continues to be preferred before generic).
2. Advicor[®]. Individual components should be prescribed.
3. Avodart[®]. Current users granted 1 year PAs.
4. Boniva[®] 150 mg tablets. Current users grandfathered for 3 months.
5. Uroxatral[®]. Current users granted 1 year PAs.

Other changes:

6. Pancreatic Enzyme Products. Preferred products are the FDA approved Creon[®], Pancreaze[®] and Zenpep[®].
7. Prenatal Vitamins. Preferred products will be PrenaPlus[®], Prenatal Plus/Iron[®], Prenatal Plus[®] and Prenate Plus[®] (these are the 4 most commonly dispensed prenatal vitamins)
8. Singulair[®]. Preferred for patients with asthma diagnosis (will process via automated step therapy for patients with asthma medications in profile). Non-preferred for allergic rhinitis diagnosis (trials of a non-sedating second generation antihistamines AND a nasal corticosteroid required first).
9. Suboxone[®] Film available after Prior Authorization. The film will be our preferred Suboxone[®] dosage form. There will be a gradual transition of patients from the SL tablet to the film.

We greatly appreciate your understanding and cooperation with these efforts. If you have questions related to these changes in benefit coverage, please feel free to contact our on-site MedMetrics' Clinical Account Manager, Diane Neal, R.Ph., at 1-802-879-5605. Thank you for your continued support of the State of Vermont's pharmacy programs.

Sincerely,

Nancy Hogue, Pharm.D.
Director of Pharmacy Services