A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts
http://ovha.vermont.gov/provider-services/provider-services
Volume 10 January 2008

To submit questions or suggest topics send an email to: OVHA-PH@ahs.state.vt.us

PREFERRED DRUG LIST (PDL) CHANGES – 01/01/08 DELETIONS

Medication Class	Medication Removed from PDL	Effective Date	Notes/Comments	Alternative Medications
Antihypertensive: ACE Inhibitor/ACEI Combinations	**Lotrel® (brand)** (benazepril/amlodipine)	01/01/08	Existing users of 5/40 and 10/40 strengths grandfathered	benazepril/amlodipine (generic) or individual components
Antihypertensive: ACE Inhibitor/ACEI Combinations	**Tarka®** (trandolapril/verapamil)	01/01/08	Existing users grandfathered	benazepril/amlodipine (generic)
Antihypertensives: Calcium Channel Blockers	**Sular®** (nisoldipine)	01/01/08	Existing users grandfathered	Multiple: see page 16 01/01/08 PDL
Anti-Infectives: Cephalosporins 3rd Generation	**Cedax®** (ceftibuten) **capsule/suspension**	01/01/08		cefpodoxime tablet, Omnicef® capsule/suspension, Suprax® suspension
Anti-Infectives: Topical Antibiotics	**Bactroban® CREAM** (mupirocin)	01/01/08	**CREAM** dosage form **ONLY**	Bactroban® ointment, mupirocin ointment
Growth-Stimulating Agents	**Tev-Tropin®**	01/01/08		Various: see page 26 01/01/08 PDL
Lipotropics: Fibric Acid Derivatives	**Triglide®** (fenofibrate)	01/01/08	Existing users grandfathered	gemfibrozil or Tricor® (if on concurrent statin) – see page 27, 01/01/08 PDL
Lipotropics: Statins	**Lescol®** and **Lescol XL®** (fluvastatin) **Pravastatin 80 mg** (generic)	01/01/08	Existing users grandfathered 80 mg tablet **ONLY**	lovastatin, pravastatin Use 2 x 40mg tablets
Lipotropics: Miscellaneous/Combinations	**Vytorin®** (ezetimibe/simvastatin)	01/01/08	Existing users grandfathered	simvastatin – 1st line, Crestor® – 2nd line
Pulmonary: Inhaled Glucocorticoids	**QVAR®** (beclomethasone)	01/01/08	Existing users grandfathered	Asmanex®, Azmacort®, Flovent®, Pulmicort®
Pulmonary: Nasal Glucocorticoids	**Flonase® (brand)** (fluticasone propionate)	01/01/08		fluticasone propionate (generic)
Urinary Antispasmodics	**Ditropan XL® (brand)** (oxybutynin XL)	01/01/08		oxybutynin XL (generic) - see page 38 01/01/08 PDL for long acting urinary antispasmodic criteria
Vaginal: Anti-infectives	**Metrogel® (brand)** (metronidazole vaginal gel)	01/01/08		metronidazole vaginal gel (generic) or Vandazole

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PREFERRED DRUG LIST (PDL) CHANGES – 01/01/08 **ADDITIONS**

Medication Class	Medication Added to PDL	Notes/Comments
Alzheimer's Medications: Cholinesterase Inhibitors/NMDA Receptor Antagonists	**Exelon ®** (rivastigmine) **Capsule**	Quantity limits established for many drugs in this category
Anticoagulants	**Fragmin ®** (dalteparin)	
Antihypertensive: ACE Inhibitor/ACEI Combinations	**benazepril/amlodipine (generic)**	
Antihypertensives: ARB & ARB Combinations	**Avapro ®** (irbesartan) **Avalide ®** (irbesartan/HCTZ)	Coverage contingent upon previous trial of angiotensin converting enzyme inhibitor (ACEI)
Growth-Stimulating Agents	**Norditropin ®**	Must meet clinical criteria
Multiple Sclerosis Self Administered Injectables	**Avonex ®** (interferon *B*-1a)	
Pulmonary: Beta-Adrenergic Agents	**Foradil ®** (formoterol)	Must meet criteria for LABA (on controller medication or diagnosis of COPD)
Pulmonary: Inhaled Glucocorticoids	**Pulmicort ® Flexhaler** (budesonide)	
Pulmonary: Nasal Glucocorticoids	**fluticasone propionate (generic)**	
Urinary Antispasmodics	**oxybutynin XL (generic)**	See page 38 01/01/08 PDL for long acting urinary antispasmodic criteria
Vaginal: Anti-infectives	**metronidazole vaginal gel (generic)**	

DRUGS MOVED TO PREFERRED AFTER CLINICAL CRITERIA MET OR OTHER CHANGES

Medication Class	Medications Included	Required Clinical Criteria/Other
Anti-Diabetic: Oral: Thiazolidinediones (TZDs) and Combinations	**All**	Prior trial of metformin for all new starts
Anti-Diabetics: Oral: Dipeptidyl Peptidase (DPP-4) Inhibitors	**All**	Prior trial of metformin for all new starts
Gastrointestinals: Proton Pump Inhibitors	**Prevacid ®** (lansoprazole) **solutabs**	Available without PA to patients < 12 years old
Lipotropics: Statins	**Crestor ®** (rosuvastatin)	Prior trial of generic simvastatin for all new starts Quantity limits established for many drugs in this category
Lipotropics: Miscellaneous/Combinations	**Zetia ®** (ezetimibe)	Prior trial of both generic simvastatin and Crestor ® for all new starts

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