A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts
http://www.state.vt.us/ProviderPharmacyServices.cfm
Volume 2 January 2007

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

PREFERRED DRUG LIST (PDL) CHANGES – 01/01/07 **DELETIONS**

Medication Class	Medication Removed from PDL	Effective Date	Notes/Comments	Alternative Medications
Alzheimer's Disease	**Exelon®** (rivastigmine)	01/01/07	Existing users grandfathered	Aricept® (donepezil)
Analgesics:Long Acting Narcotics	**Duragesic® (brand)**	01/01/07	Interchangeable generics available on PDL	Fentanyl Patch (generic) Quantity Limits: see page 3, 01/01/07 PDL
Antihypertensives: ARB & ARB Combinations	**Teveten®** (eprosartan) **Teveten-HCT®** (eprosartan/HCTZ)	01/01/07	Existing users grandfathered	Various: see page 9 01/01/07 PDL
Anti-Infectives: Macrolides	**Zithromax® (brand)**	01/01/07		Azithromycin (generic)
Anti-Infectives: Quinolones	**Avelox ®** (moxifloxacin) **Avelox ABC Pack®**	01/01/07		Levaquin®, Ciprofloxacin, Ofloxacin
GI: Proton Pump Inhibitors	**Prevacid®** (lansoprazole) **SOLUTAB**	01/01/07	No PA required if age ≤ 7 years. Pt specific letter sent to prescribers.	Prevacid® Capsules, other PPI: see page 15 01/01/07 PDL
Growth-Stimulating Agents	**Norditropin® Saizen®**	01/01/07	Existing users grandfathered	Various: see page 16 01/01/07 PDL
Hepatitis C Agents	**Copegus® (brand)**	01/01/07		Ribavirin (generic)
Lipotropics: Fibric Acid Derivatives	**Fenofibrate (generic)**	01/01/07		Gemfibrozil or Tricor®/Triglide® if on concurrent statin – see page 17, 01/01/07 PDL
Lipotropics: Statins	**Zocor® (brand)**	01/01/07 – new starts 02/01/07 – existing users		Simvastatin (generic)
Multiple Sclerosis Injectables	**Avonex®** (interferon β-1a)	01/01/07	Existing users grandfathered	Rebif®, Betaseron®, Copaxone®
Ossification Enhancers	**Actonel®** (risedronate), **Actonel w/Calcium®**	01/01/07 – new starts 02/01/07 – existing users	Patient specific letter sent to prescribers in December	Boniva® (ibandronate), Fosamax® (alendronate), Fosamax PLUS D®
Parkinson's Treatments	**Parlodel® (brand) Permax® (brand) Eldepryl® (brand) Symmetrel® (brand)**	01/01/07	Interchangeable generics available on PDL	Bromocriptine (generic) Pergolide (generic) Selegiline (generic) Amantadine (generic)
Pulmonary: Antihistamines	**Allegra® (brand)**	01/01/07	Generic after loratadine failure	Fexofenadine (generic)
Pulmonary: Nasal Glucocorticoids	**Fluticasone (generic)**	01/01/07		Flonase® (brand)

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PREFERRED DRUG LIST (PDL) CHANGES – 01/01/07 **ADDITIONS**

Medication Class	Medication Added to PDL	Notes/Comments
Antidepressants: Novel	**Wellbutrin XL®** (bupropion XL)	Generic bupropion-XL will be restricted from coverage in favor of brand; Use DAW=6 to process.
Antidiabetics: Peptide Hormones	**Byetta®** (exenatide)	Automated step therapy edit to ensure previous trial of at least 2 orals (one medication from 2 different classes). Quantity Limit = 1 pen/month
Antihypertensives: ACE with CCB	**Tarka®** (trandolapril/verapamil)	
Antihypertensives: ARB & ARB Combinations	**Micardis®** (telmisartan) **Micardis-HCT®** (telmisartan/HCTZ)	
Anti-Infectives: Cephalosporins – 3rd Generation	**Suprax ®** (cefixime)	
Anti-Migraine Agents: Triptans	**Axert®** (amlotriptan)	Quantity Limit = 6 tablets/month
BPH Agents: Alpha Blockers	**Uroxatral®** (alfuzosin)	
Hepatitis C Agents	**Ribavirin (generic)**	
Lipotropics: Statins	**Simvastatin (generic)**	
Ophthalmics: Glaucoma Agents/Miotics	**Travatan®** (travoprost) **Travatan Z®** (travoprost)	Coverage contingent upon previous trial of PDL beta-blocker, alpha-adrenergic, or CAI agent.
Ossification Enhancers	**Boniva®** (ibandronate)	150 mg tablet – Quantity limit = 1 tablet/28 days
Parkinson's Treatments	**Parcopa®** (carbidopa/levodopa) MLT	
Pulmonary: Nasal Glucocorticoids	**Nasacort AQ®** (triamcinolone)	

NEW DRUG CLASSES ADDED TO PREFERRED DRUG LIST (PDL)

Medication Class	Preferred	PA Required
Anemia Medications: Hematopoietic/Erythropoietic Agents	**Aranesp®** (darpepoetin alfa) **Procrit®** (epoetin alfa)	**Epogen®** (epoetin alfa)
Anti-Infectives: Topical Antibiotics	**All**	N/A
Cardiac Glycosides	**All**	N/A