



OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts

<http://ovha.vermont.gov/provider-services/provider-services>

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

ACNE VULGARIS and ROSACEA MEDICATIONS TO BE ADDED AS MANAGED DRUG CLASSES on PDL EFFECTIVE 03/01/07

On December 12, 2006, the DUR Board voted to add several new categories of medications to the Preferred Drug List (PDL) in order to promote the most cost-effective yet clinically appropriate drug therapy for acne vulgaris and rosacea. Physicians were contacted and asked to transition patients who were on medications that will be considered non-preferred to one of the PDL preferred products or, alternatively, to obtain PA for non-preferred products. These changes go into effect **03/01/07**.

Acne Drugs: Topical Anti-Infectives		<i>Length of Authorization: 1 year</i>
Key: † Generic product, *Indicates generic equivalent is available without a PA		
PREFERRED DRUGS (No PA Required)	PA REQUIRED	
<u>BENZOYL PEROXIDE PRODUCTS</u>		
BENZOYL PEROXIDE 2.5%, 5%, 10% <i>G, L, W</i> ; 10% <i>C</i> ; 3%, 5%, 6%, 8%, 9%, 10% <i>L</i> ; 3%, 6%, 9% <i>P</i> †	Benzac AC [®] 2.5%, 5%, 10% <i>G, W</i> Benzashave [®] 5%, 10% <i>C</i> Brevoxyl [®] 4%, 8% <i>W</i> ; 4% <i>G</i> ; 4%, 8% <i>L</i> Clinac BPO [®] 7% <i>G</i> Desquam-E/X [®] 2.5%, 5%, 10% <i>G</i> ; 5%, 10% <i>W</i> Inova 4% <i>P</i> Panoxyl/AQ 2.5%, 5%, 10% <i>G</i> ; 5%, 10% <i>B</i> Triaz [®] 3%, 6%, 9% <i>G</i> ; 3%, 6%, 9% <i>P</i> Zaclii [®] 4%, 8% <i>L</i>	
<u>CLINDAMYCIN PRODUCTS</u>		
CLINDAMYCIN 1% <i>S, G, L, P</i> †	Cleocin-T ^{®*} (clindamycin 2% <i>G</i>) Evoclin [®] (clindamycin 2% <i>F</i>) Clindagel [®] (clindamycin 1% <i>G</i>)	
<u>ERYTHROMYCIN PRODUCTS</u>		
ERYTHROMYCIN 2% <i>S, G, P</i> †	Akne-Mycin [®] (erythromycin 2% <i>O</i>) Erygel ^{®*} (erythromycin 2% <i>G</i>)	
<u>SODIUM SULFACETAMIDE PRODUCTS</u>		
SODIUM SULFACETAMIDE 10% <i>L</i> †	Klaron ^{®*} (sodium sulfacetamide 10% <i>L</i>)	
<u>COMBINATION PRODUCTS</u>		
ERYTHROMYCIN / BENZOYL PEROXIDE †	Benzaclin [®] , DUAC [®] (clindamycin/benzoyl peroxide) Benzamycin ^{®*} (erythromycin/benzoyl peroxide) Sulfoxyl (erythromycin/benzoyl peroxide) Z-Clinz [®] (clindamycin/benzoyl peroxide kit)	
SODIUM SULFACETAMIDE / SULFUR <i>L</i> †	Avar [®] (sodium sulfacetamide/sulfur <i>G</i>) Sulfacet-R ^{®*} (sodium sulfacetamide/sulfur <i>L</i>) Plexion [®] (sulfacetamide/sulfur <i>S</i>)	
<u>OTHER</u>		
	Azelex [®] (azelaic acid 20% <i>C</i>)	

C=cream, E=emulsion, F=foam, G=gel, L=lotion, O=ointment, P=pads, S=solution, W=wash, B=bar



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Acne Drugs: Oral

Length of Authorization: 1 year

Key: † Generic product, *Indicates generic equivalent is available without a PA

PREFERRED DRUGS (No PA Required)	PA REQUIRED
DOXYCYCLINE† 20 mg, 50 mg, 75 mg, 100 mg tab, cap	All brands: Adoxa®* (doxycycline monohydrate) 50 mg, 100 mg tab Doryx®* (doxycycline hyclate) 75 mg, 100 mg cap Monodox®* (doxycycline monohydrate) 50 mg, 100 mg cap Periostat®* (doxycycline hyclate) 20 mg, 100 mg tab Vibramycin®* (doxycycline hyclate) 50 mg, 100 mg cap Vibramycin® (doxycycline hyclate) suspension Vibratab®* (doxycycline hyclate) 100 mg tab
ERY-TAB® (erythromycin base, delayed release) ERYTHROCIN† (erythromycin stearate) ERYTHROMYCIN BASE† ERYTHROMYCIN ESTOLATE† ERYTHROMYCIN ETHYLSUCCINATE† (compare to E.E.S.®, Eryped®) ERYTHROMYCIN STEARATE†	E.E.S.®* (erythromycin ethylsuccinate) Eryc®* (erythromycin base, delayed release) Eryped® (erythromycin ethylsuccinate) PCE Dispertab® (erythromycin base)
MINOCYCLINE† 50 mg, 75 mg, 100 mg	All brands : Minocin®* (minocycline) 50 mg, 75 mg, 100 mg cap Dynacin®* (minocycline) 50 mg, 75 mg, 100 mg cap/tab Solodyn® (minocycline) 45 mg, 90 mg, 135 mg tabs
ISOTRETINOIN† 10 mg, 20 mg, 40 mg cap (SOTRET, CLARAVIS, AMNESTEEM)	Accutane®* (isotretinoin) 10 mg, 20 mg, 40 mg cap

Acne Drugs: Topical - Retinoids

Length of Authorization: 1 year

Key: † Generic product, *Indicates generic equivalent is available without a PA

PREFERRED DRUGS (No PA Required)	PA REQUIRED
TRETINOIN† (<i>specific criteria required for ages <10 or >34</i>) 0.025%, 0.05%, 0.1% C; 0.01%, 0.025% G TAZORAC® (tazarotene) 0.05%, 0.1% C, G	All brand tretinoin products (Avita®*, Retin-A®*, Retin-A Micro® 0.1%, 0.04%, Tretin-X® etc.) Differin® (adapalene) 0.1% C, G Avage® (tazarotene) ♣ Renova® (tretinoin) ♣ Solage® (tretinoin/mequinol) ♣ Tri-Luma® (tretinoin/hydroquinone/fluocinolone) ♣ ♣ Not indicated for acne. Coverage of topical retinoid products will not be approved for cosmetic use (wrinkles, age spots, etc.).

C=cream, G=gel



A Monthly Update from the Office of Vermont Health Access

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Volume 4

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Acne Drugs: Topical – Rosacea

Length of Authorization: 1 year

Key: † Generic product, *Indicates generic equivalent is available without a PA

PREFERRED DRUGS (No PA Required)

METRONIDAZOLE† 0.75% C, G, L

PA REQUIRED

All brand metronidazole products (MetroCream®* 0.75% C, Metrogel®* 0.75% G, Metrogel® 1% G, MetroLotion®* 0.75% L, Noritate® 1% C, Rozex® 0.75% G etc.)

Finacea® (azelaic acid) 15% G

C=cream, G=gel, L=lotion

SMOKING CESSATION THERAPIES TO BE ADDED AS MANAGED DRUG CLASSES on PDL EFFECTIVE 03/01/07

SMOKING CESSATION THERAPIES

Length of Authorization: see table

Key: † Generic product, *Indicates generic equivalent is available without a PA

PREFERRED DRUGS (No PA Required)

PA REQUIRED

NICOTINE REPLACEMENT (Maximum duration is 16 weeks (2 x 8 weeks)/365 days)♣

NICODERM CQ PATCH®

nicotine patch OTC†

NICORETTE GUM®

nicotine patch RX† (compare to Habitrol®)

COMMIT LOZENGE®

nicotine gum†

NICOTROL INHALER®

Nicotrol Nasal Spray®

ORAL THERAPY

BUPROPION SR†

Zyban®* (bupropion SR)

CHANTIX® (varenicline) (Limited to 18 years and older, quantity Limit = 2 tabs/day, maximum duration 24 weeks (2 x 12 weeks)/365 days)♣

♣ For approval of therapy beyond the established maximum duration, the prescriber must provide evidence that the patient is engaged in a smoking cessation counseling program

** PLEASE NOTE: Patients receiving Chantix® should not concomitantly be using nicotine replacement therapies. **

NEW DRUG CLASSES ADDED TO PREFERRED DRUG LIST (PDL)

Medication Class	Date of Addition to PDL
Anti-infectives: Penicillins (Oral)	02/01/07
Constipation: Chronic	02/01/07
Lipotropics: Bile Acid Sequestrants	02/01/07
Ophthalmics: NSAIDs	03/01/07
Otic: Anti-infectives	03/01/07
Psoriasis: Non-biological	02/01/07
Vaginal: Topical Anti-infectives	03/01/07

Please consult the online Preferred Drug List and Clinical Criteria Manual for details. (see link above)