C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator **DIVISION OF MEDICAID** Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

March 31, 2010

REVISED MEDICAID INFORMATION RELEASE MA10-03

To:

Prescribing Providers, Pharmacists, and Hospitals

From:

Leslie M. Clement, Administrator Division of Medicaid

Subject:

Preferred Agents for Drug Classes Reviewed at Pharmacy and Therapeutics

Committee Meetings on January 15, 2010, and February 19, 2010.

Drug/Drug Classes:

Noted below

Implementation Date:

Effective for dates of service on or after April 1, 2010

Idaho Medicaid is noting preferred agents and prior authorization (PA) criteria for the following drug classes as part of the Enhanced PA Program. The information is included in the attached Preferred Drug List.

The Enhanced PA Program and drug-class specific PA criteria are based on nationally recognized peer-reviewed information and evidence-based clinical criteria. Medicaid designates preferred agents within a drug class based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and, secondarily, on cost.

Questions regarding the Enhanced PA Program can be referred to the Idaho Medicaid Pharmacy Unit at (208) 364-1829. A current listing of preferred agents, non-preferred agents, and prior authorization criteria for all drug classes is available online at www.medicaidpharmacy.idaho.gov

Agents **bolded** below indicate changes in the Preferred Drug List

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Analgesics, Narcotics Long-Acting	methadone generic, Kadian [®] , fentanyl transdermal generic and morphine ER generic .	Embeda [®] , Duragesic [®] , Duragesic Matrix [®] , Ultram ER [®] , Ryzolt [®] , Tramadol ER [®] , Avinza [®] , Opana ER [®] , Oxycontin [®] and oxycodone extended release generic
Analgesics, Narcotics Short-Acting	Reprexain [®] , acetaminophen/codeine generic, tramadol generic, hydrocodone/acetaminophen generic, aspirin/codeine generic, codeine generic, morphine IR generic, oxycodone IR generic, oxycodone/acetaminophen generic, pentazocine/naloxone generic, hydromorphone generic, and tramadol/acetaminophen generic.	Nucynta [®] , Onsolis [®] , levorphanol generic, propoxyphene/acetaminophen generic, pentazocine/acetaminophen generic, oxycodone/aspirin generic, propoxyphene generic, meperidine oral generic, Darvon N [®] , Panlor DC/SS [®] , Opana [®] , fentanyl buccal generic, Fentora [®] , hydrocodone/ibuprofen generic, oxycodone/ibuprofen generic, butalbital compound/codeine generic, and dihydrocodeine/acetaminophen/caffeine generic
Angiotensin Modulators	ramipril generic, benazepril and benazepril/HCTZ generic, captopril and captopril/HCTZ generic, generic, enalapril and enalapril/HCTZ generic, fosinopril and fosinopril/HCTZ generic, lisinopril and lisinopril/HCTZ generic, quinapril and quinapril/HCTZ generic, Diovan HCT®, Benicar, Benicar HCT®, Micardis®, Micardis HCT®, Cozaar®, Hyzaar®, Avapro® and Avalide®	Teveten [®] , Tevetan HCT [®] , Atacand [®] , Atacand HCT [®] , moexepril and moexepril/HCTZ generic, Tekturna [®] , Tekturna HCT [®] , and trandolapril generic

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Angiotensin Modulator—Calcium Channel Blocker	Exforge [®] and Azor [®]	benazepril/amlodipine generic, Tarka [®] , Twynsta [®] , and Valturna [®]
Combination Drugs		The separate component drugs must be used in place of benazepril/amlodipine combinations.
Anticoagulants,	Fragmin®, Lovenox®, and	There are no agents in this class designated as
Injectable	Arixtra [®]	non-preferred
Anticonvulsants	Tegretol XR®, Trileptal® suspension, levetiracetam generic, divalproex generic, methobarbital generic, phenobarbital generic, clonazepam generic, carbamazepine generic, Carbatrol®, Equetro®, phenytoin generic, mephobarbital generic, primidone generic, valproic acid generic, Depakote® sprinkle, Depakote ER®, Celontin®, Peganone®, Gabitril®, ethosuximide generic, oxcarbezapine tablets, zonisamide generic¹, Lyrica®¹, gabapentin generic¹, Keppra tablets, divalproex ER, divalproex sprinkle, Lamictal	Banzel®, Vimpat®, Lamictal®¹ and Lamictal ODT®¹, Keppra®¹ solution, Keppra®¹ XR, Depakote®, Trileptal® oral, Stavzor®, Phenytek®, Felbatol®, lamotrigine generic¹ oxcarbazine suspension generic, Topamax sprinkle®¹, Topomax tablets®¹ ¹ These anticonvulsants are recommended as preferred for epilepsy and other seizure orders only. Non-seizure indications will still require that therapeutic prior authorization criteria are met.
	XR [®] , and Diastat [®]	
Antihistamines, Minimally Sedating	Allegra®, loratadine generic, loratadine syrup, cetirizine generic, cetirizine syrup OTC and cetirizine syrup RX	Claritin® chew, Semprex D®, Clarinex/Clarinex D®, Clarinex® syrup, Xyzal,®, Xyzal® syrup, Allegra®syrup, Allegra ODT, and fexofenadine generic
Antimigraine Agents, Triptans	Maxalt/Maxalt MLT®, Relpax®, Imitrex (oral)®, Imitrex (nasal)®, and Imitrex® SQ	sumatriptan generic, Treximet [®] , Amerge [®] , Axert [®] , Frova [®] , Zomig/ZomigZMT [®] , and Zomig [®] (nasal)
Beta Blockers	Levatol®, Innopran XL®, atenolol generic, metoprolol generic, propranolol generic, sotalol generic, nadolol generic, acebutolol generic, labetalol generic, pindolol generic, timolol generic, bisoprolol generic, and carvedilol generic	Bystolic [®] , betaxolol generic, and Coreg CR [®]
Bladder Relaxant	Toviaz [®] , Enablex [®] ,	Oxytrol [®] transdermal, Detrol LA [®] , Detrol [®] ,
Preparations	oxybutynin generic, and	Sanctura®, Sanctura XR®, and oxybutynin ER

	Vesicare®	generic
THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
BPH Treatments	doxazosin generic, terazosin generic, Proscar [®] , Uroxatral [®] , Cardura XL [®] , and Flomax [®]	Rapaflo®, Avodart® and finasteride generic
Calcium Channel Blockers	Dynacirc CR®, verapamil generic, diltiazem generic, nifedipine IR/ER generic, felodipine ER generic and amlodipine generic	nisoldipine generic, Cardizem LA [®] , verapamil ER PM, nicardipine generic, Cardene SR [®] , Covera-HS [®] , isradipine generic and Sular [®]
Erythropoiesis Stimulating Proteins	Epogen®, Aranesp® and Procrit®	There were no agents in this class recommended as non-preferred
Growth Hormone	Genotropin [®] , Nutropin [®] , Nutropin AQ [®] and Norditropin [®]	Saizen®, Tev-Tropin®, Serostim®, Humatrope®, Omnitrope® and Zorbtive®
		Current therapeutic criteria for growth hormone will continue to be required for all agents. Patients currently receiving non-preferred agents will be "grandfathered". These agents will be non-preferred and require priorauthorization for new patients.
Hepatitis C Agents	Pegasys [®] , Peg-Intron [®] , Peg-Intron [®] Redipen, and ribavirin generic	Infergen®
Hypoglycemics, Meglitinides	Starlix® and Prandin®	Prandimet® and nateglinide
Hypoglycemics, TZD	Avandia [®] , Actos [®] , Avandamet [®] , Avandaryl [®] , Actoplus Met [®] , and Duetact [®]	There were no agents designated as non-preferred
Impetigo Agents, Topical	mupirocin ointment generic	Altabax [®] and Bactroban [®] cream
Lipotropics, Other	Trilipix [®] , Niacor [®] , Niaspan [®] , Antara [®] , gemfibrozil generic, colestipol generic, cholestyramine generic	Fibricor®, Zetia®, Triglide®, Welchol®, Lipofen®, Fenoglide®, fenofibrate generic, fenofibric acid, and Lovaza®
Lipotropics, Statins	Crestor®, Simcor®, Lescol/Lescol XL®, Lipitor®, lovostatin generic, pravastatin generic and simvastatin generic	Caduet®, Altoprev®, Advicor®, and Vytorin®
Multiple Sclerosis Agents	Betaseron [®] , Avonex [®] , Rebif [®] and Copaxone [®]	Extavia [®]

Otic Antibiotics	Coly-Mycin S [®] , Cortisporin [®] , neomycin/polymyxin/HC, Floxin [®] , ofloxacin generic otic and Ciprodex [®] otic	Cetraxal®, and Cipro®HC
THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS*
Phosphate Binders	PhosLo®, and Renagel®	Eliphos [®] , Fosrenol [®] , Renvela [®] , and calcium acetate generic
Proton Pump Inhibitors	omeprazole generic and OTC, Aciphex®, Prevacid® solutab, and Nexium® capsule	Prilosec® OTC and suspension, Kapidex®, Prevacid® capsule and OTC, Nexium® suspension, pantoprazole generic, lasoprazole generic, and Zegerid®
Sedative Hypnotics	zaleplon generic, triazolam generic, chloral hydrate generic, temazepam generic, and zolpidem generic	Edluar®, temazepam 22.5mg, temazepam 7.5mg, Restoril® 7.5mg, Lunesta®, flurazepam generic, Rozerem®, Ambien CR®, Doral®, and estazolam generic
Skeletal Muscle Relaxants	baclofen generic, chlorzoxazone generic, cyclobenzaprine generic, dantrolene generic, methocarbamol generic, and tizanidine generic	Amrix [®] , orphenadrine generic, orphenadrine compound generic, carisoprodol generic, carisoprodol compound, Soma [®] , Skelaxin [®] , Zanaflex [®] , and Fexmid [®] All current therapeutic prior authorization criteria for carisoprodol remain in effect.
Ulcerative Colitis Agents	Apriso [®] , sulfasalazine generic, Asacol [®] , Pentasa [®] , and Canasa [®]	Sfrowasa [®] , mesalamine rectal generic, balsalazide generic, Dipentum [®] and Lialda [®]
Pulmonary Arterial Hypertension (PAH) Agents, Oral	Tracleer®, Revatio® and Letairis®	Adcirca [®]
Cough and Cold Agents	All generic products both prescription and non-prescription	All branded products
	Cough and Cold preparations restricted to participants 7 years and older. Quantity limits of 4 oz. per prescription and no more than two prescriptions per six months per participant.	
Fibromyalgia Agents	Savella [®] , Lyrica [®] and Cymbalta [®]	
	Prescriptions will require a fibromyalgia diagnosis.	

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Immunosuppressives	azathioprine generic, Cellcept®, cyclosporine modified generic, Gengraf®, mycophenolate mofetil generic, Neoral®, Prograf®, Rapamune®, Sandimmune®, and Tacrolimus®	Azasan [®] , cyclosporine generic, and Myfortic [®]
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<u>Idaho Medicaid Provider Handbook</u>
This Information Release does **not** replace information in your Idaho Medicaid Handbook.

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^{*}Use of non-preferred agents must meet prior authorization requirements.
*Use of any covered product may be subject to prior authorization for quantities or uses outside the Food and Drug Administration (FDA) guidelines or indications.