

Changes to the Preferred Drug List, Effective June 1, 2006

Following discussions with First Health Services Corporation regarding the results of the National Medicaid Pooling Initiative (NMPI) bids received earlier this year, and review of the recommendations made by the Michigan Pharmacy and Therapeutics Committee (Committee, P and T) at the March 7, 2006 meeting, the Department has made the following changes to the Preferred Drug List:

Cardiac Medications

Angiotensin Receptor Antagonists:

Remove the prior authorization requirement from

Atacand®

Atacand HCT®

Benicar®

Benicar HCT®

The other pharmaceuticals in this class will remain as previously designated.

The P and T Workgroup had recommended adding two more drugs to be available without prior authorization, in addition to Cozaar®, Hyzaar®, Diovan® and Diovan HCT®. The Committee had embellished that recommendation, but, analysis of current medical literature reviews of these medications, study of utilization patterns which reveal overwhelming acceptance by prescribers of Cozaar®, Hyzaar®, Diovan® and Diovan HCT®, and the very low level of requests for drugs needing prior authorization made it apparent that removing PA from all the medications in the class was clinically unnecessary and was contrary to the State's position with the NMPI.

Cardiac Medications

Lipotropics: Statins

Continue the current list of medications available without prior authorization and those requiring prior authorization.

The P and T Workgroup had recommended using clinical criteria regarding the ability of different medications to lower LDL C. However, that recommendation is honored by the current PDL listings. Prescribers have consistently utilized the current drugs available without PA, and requests for drugs needing PA are handled expeditiously, based on clinical circumstances. As well, this year two major drugs in this class, Pravachol® and Zocor® will become available as generics. The drugs currently with a requirement for prior authorization do not offer any licensed indication or literature supported use not available from the drugs without PA.