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MEDICAID INFORMATION RELEASE 2006-19

TO: Prescribing Providers, Pharmacists, and Pharmacies
FROM: Leslie M. Clement, Administrator
SUBJECT: Preferred Agents for Drug Classes Reviewed at May 19, 2006 Pharmacy and Therapeutics Committee Meeting

Drug/Drug Classes: Noted below

Implementation Date: Effective for dates of service on or after July 1, 2006

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

Drug Classes Reviewed at May 19, 2006 P&T Meeting	
ACE Inhibitors/Calcium Channel Blockers	Injectable Anticoagulants
Angiotensin-2 Receptor Antagonists	Lipotropics
Anticonvulsants	Meglitinides
Benign Prostatic Hyperplasia (BPH) Treatments	Multiple Sclerosis Agents
Bladder Relaxant Preparations	Narcotic Analgesics, Long-Acting and Short-Acting
Cephalosporins and Related Antibiotics	Otic Antibiotics
Cytokine and CAM Antagonists	Phosphate Binders
Erythropoiesis Stimulating Proteins	Proton Pump Inhibitors
Growth Hormones	Sedative Hypnotics
Hepatitis C Agents	Thiazolidinediones (TZDs)

Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829. A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at www.medicaidpharmacy.idaho.gov.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release does **not** replace information in your Idaho Medicaid Handbook.

