

**Indiana Hoosier Healthwise  
PDL Changes  
April 2008 DUR Board Presentation**

**Additions to PDL with NO Clinical Edits**  
Pristiq®

**Additions to PDL with Clinical Edits**

<b>Product</b>	<b>Rationale</b>
alendronate	To ensure appropriate use: <ul style="list-style-type: none"> <li>➤ 5mg, 10,g 40mg, QL of 30 tablets in 30 days</li> <li>➤ 35mg, 70mg QL of 4 tablets in 28 days</li> </ul>
BYETTA®	To ensure appropriate use: <ul style="list-style-type: none"> <li>➤ 1 prefilled pen in 30 days</li> </ul>

**Removal of Clinical Edits from Existing PDL products**  
NA

**Addition of Clinical Edits to Existing PDL products**  
NA

**Change to Non-Preferred**

<b>Product</b>	<b>Rationale</b>	<b>Alternative</b>
ACTONEL, ACTONEL +D® , FOSAMAX, FOSAMAX +D®	No efficacy or safety advantages over generically available product	PDL alternatives include alendronate
NASONEX®	No efficacy or safety advantages over generically available product	PDL alternative is flunisolide, fluticasone
CANASA®	Very minimal utilization. No safety or efficacy advantages over available products.	PDL alternatives include ASACOL, CORTIFOAM, DIPENTUM, ENTOCORT EC, PENTASA
REMICADE®	PA currently required ensuring appropriate use. Previously approved criteria are in place for this product- changing PDL designation from preferred with PA to nonpreferred	PDL alternatives for Crohns include ASACOL, ENTOCORT EC, PENTASA