

**Indiana Hoosier Healthwise**  
**PDL Changes**  
 August 28, 2009 DUR Board Presentation

Additions to PDL with NO Clinical Edits  
 EDLUAR (Zolpidem SL)

Additions to PDL with Clinical Edits  
 NA

Removal of Clinical Edits from Existing PDL products  
 NA

Addition of Clinical Edits to Existing PDL products

Product	Rationale
ALDARA	<p>To encourage appropriate use based on FDA approved or medically accepted indications:</p> <p>Fill limit of 6 weeks</p> <ul style="list-style-type: none"> <li>• Requests for greater length of therapy for Aldara (imiquimod) may be approved for members who meet the following criteria:               <ol style="list-style-type: none"> <li>I. For diagnosis of Actinic Keratosis or External Genital Warts, may approve up to 16 weeks; <b>OR</b></li> <li>II. For diagnosis of Superficial Basal Cell Carcinoma, Non-melanoma skin cancer or Molluscum contagiosum, may approve up to 6 weeks</li> </ol> </li> </ul> <p>Do <b>NOT</b> override the quantity limit if the diagnosis is:</p> <ul style="list-style-type: none"> <li>➤ Verucca vulgaris (common wart)</li> <li>➤ Urethral, intravaginal, cervical, rectal, intra-anal or oral HPV warts.</li> </ul> <ul style="list-style-type: none"> <li>• Requests for greater length of therapy will be reviewed on a case by case basis</li> </ul> <p>QL of 12 packets for 28 days</p> <ul style="list-style-type: none"> <li>• Quantity limits may be increased for treatments greater than 3 times per week if the member has one of the following diagnoses:               <ul style="list-style-type: none"> <li>➤ Superficial Basal Cell Carcinoma</li> <li>➤ Molluscum Contagiosum</li> <li>➤ Non-melanoma Skin Cancer</li> </ul> </li> <li>➤ Requests for a greater quantity will be reviewed on a case by case basis.</li> </ul>

SUMATRIPTAN	<p>To encourage oral tablet utilization as first line</p> <ul style="list-style-type: none"> <li>• Step edit on sumatriptan nasal spray</li> </ul> <p>To promote safety and ensure the doses outlined in the product labeling are not exceeded.</p> <ul style="list-style-type: none"> <li>• QL of 6 nasal spray inhalers; 4 syringes; 5 vials; 9 tablets for 30 days</li> <li>• Quantities exceeding dosage units per rolling 30 days will be considered for people who meet all of the following:             <ol style="list-style-type: none"> <li>1. Diagnosis of migraine headache, AND</li> <li>2. Demonstrated failure with alternative acute therapy (NSAIDs, analgesics, ergots) within the previous 180 days, AND</li> <li>3. Currently using effective preventive agent(s).</li> </ol> </li> </ul>
SINGULAIR	<p>To encourage appropriate use based on FDA approved dosage guidelines:</p> <ul style="list-style-type: none"> <li>• QL of 1 tab/day</li> <li>• Requests for greater quantity will be reviewed on a case by case basis</li> </ul>

### Change to Non-Preferred

<b>Product</b>	<b>Rationale</b>	<b>Alternative</b>
MAXALT, MAXALT MLT	Comparable safety and efficacy to a generic alternative	PDL available alternatives include sumatriptan
PRIOSEC OTC	Comparable safety and efficacy to generic alternative	PDL available alternatives include omeprazole OTC and legend

