

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

Additions to PDL with NO Clinical Edits

NA

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
PROCRIT®	<p>To ensure appropriate monitoring in accordance with the FDA approved guidelines Approval duration of 2 months</p> <p>For continued approval of Procrit after 2 months, the member must meet the following:</p> <ul style="list-style-type: none"> ➤ Hemoglobin does not exceed 12 g/dL ➤ Iron stores (including transferrin saturation and ferritin) are adequately maintained and monitored periodically during therapy

Change to Non-Preferred

Product	Rationale	Alternative
LOESTRIN® 24 FE, ORTHO TRI-CYCLIN LO®	No efficacy or safety advantages over generically available oral contraceptives	PDL alternative includes multiple monophasic and triphasic generic products (i.e. Junel Fe® and Trinessa®)
MYFORTIC®	Similar efficacy and safety to CellCept. CellCept offers wider variety of dosing and a lower approved age limit for patients 3 months and older.	PDL alternative is CellCept®
All cough and cold preparations containing methscopolamine and pyrilamine: AH CHEW, DEHISTINE, DRIHIST, DURADRYL, DURATANN, EXTENDRYL, HISTATAB, HISTAVENT, K-TAN, PYRILAFEN, REDUR PCM, RY-T-12	Very minimal utilization. No safety or efficacy advantages over other generically available antihistamine/ anticholinergic cough and cold preparations.	Cough and cold preparations containing belladonna alkaloids, brompheniramine, chlorpheniramine, and diphenhydramine