

**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
PRILOSEC OTC	Comparable safety and efficacy to generic alternative	PDL available alternatives include omeprazole OTC and legend

	Description	HICL1	Drug
<b>1. TWO OR MORE ANTIDIABETIC COMBINATIONS OR</b>			
	TZD-Biguanide	24353	Avandamet
	Sulfonylurea-Biguanide	35478	glyburide-metformin
	Sulfonylurea-Biguanide	24429	glipizide-metformin
	TZD-sulfonylurea	33371	Avandaryl Duetact
	TZD-sulfonylurea	33991	(PIOGLITAZONE/GLIMEPIRIDE)
	TZD-Biguanide	33202	ActoPlusMet
<b>1. TWO OR MORE STEROID INHALANTS OR</b>			
	ICS	00070	QVAR
	ICS	06545	Pulmicort
	ICS	06607	Aerobid
	ICS	07873	Flovent
	ICS	03329	Asmanex
	ICS	02891	Azmacort
<b>3. TWO OR MORE PHOSPHATE BINDER AGENTS OR</b>			
	Phosphate Binder	04884	PhosLo
	Phosphate Binder	26756	Fosrenol
	Phosphate Binder	18832	Renagel
	Phosphate Binder	35262	Renvela
<b>4. TWO OR MORE NSAIDS OR</b>			
	NSAIDs	01776	
	NSAIDs	03719	indomethacin
	NSAIDs	03720	
	NSAIDs	03721	
	NSAIDs	03722	
	NSAIDs	03723	ibuprofen
	NSAIDs	03724	fenoprofen
	NSAIDs	03725	tolmetin
	NSAIDs	03726	naproxen sodium
	NSAIDs	03727	naproxen
	NSAIDs	03728	flurbiprofen
	NSAIDs	03729	sulindac
	NSAIDs	03730	meclufenamate
	NSAIDs	03732	piroxicam
	NSAIDs	03733	diclofenac
	NSAIDs	03736	ketoprofen
	NSAIDs	05175	ketorolac
	NSAIDs	06089	etodolac
	NSAIDs	06311	nabumetone
	NSAIDs	06445	
	NSAIDs	06620	oxaprozin
	NSAIDs	08824	diclofenac potassium
	NSAIDs	12181	meloxicam

	NSAIDs	13633	
<b>5. TWO OR MORE TOPICAL STEROIDS OR</b>			
	Topical Steroid	02863	HYDROCORTISONE ACETATE
	Topical Steroid	02867	HYDROCORTISONE
	Topical Steroid	02883	BETAMETHASONE VALERATE
	Topical Steroid	02891	TRIAMCINOLONE ACETONIDE
	Topical Steroid	02896	FLUOCINOLONE ACETONIDE
	Topical Steroid	03031	MICONAZOLE NITRATE
	Topical Steroid	03108	CLIOQUINOL/HYDROCORTISONE
	Topical Steroid	03113	HYDROCORTISONE/IODOQUINOL
	Topical Steroid	03161	NYSTATIN/TRIAMCIN
	Topical Steroid	03186	TOLNAFTATE
	Topical Steroid	03197	CLOTRIMAZOLE/BETAMET DIPROP
	Topical Steroid	03203	CICLOPIROX OLAMINE
	Topical Steroid	03288	HYDROCORTISONE ACETATE/ALO VER
	Topical Steroid	03294	HYDROCORTISONE ACETATE/UREA
	Topical Steroid	03297	HYDROCORTISONE BUTYRATE
	Topical Steroid	03298	HYDROCORTISONE VALERATE
	Topical Steroid	03302	BETAMET DIPROP/PROP GLY BETAMETHASONE DIPROPIONATE
	Topical Steroid	03304	DESOXIMETASONE
	Topical Steroid	03309	TRIAMCINOLONE ACETONIDE/L.S.B.
	Topical Steroid	03311	FLUOCINONIDE/EMOLLIENT
	Topical Steroid	03317	FLUOCINONIDE
	Topical Steroid	03318	DESONIDE
	Topical Steroid	03322	DIFLORASONE DIACETATE
	Topical Steroid	03325	AMCINONIDE
	Topical Steroid	03326	ALCLOMETASONE DIPROPIONATE
	Topical Steroid	03328	MOMETASONE FUROATE
<b>6. TWO OR MORE DIAGNOSTIC REAGENTS OR</b>			
	Test Strip	34400	AccuChek
	Test Strip	02748	multiple
	Test Strip	34383	Breeze
<b>7. TWO OR MORE COMBINATION CONTRACEPTIVES OR</b>			
	Combination Oral Contraceptive	04845	NORGESTIMATE-ETHINYL ESTRADIOL
	Combination Oral Contraceptive	01433	NORETHINDRONE ACETATE
	Combination Oral Contraceptive	01452	NORETHINDRONE-MESTRANOL
	Combination Oral Contraceptive	01453	NORETHINDRONE-ETHINYL ESTRAD
	Combination Oral Contraceptive	01454	NORETH A-ET ESTRA/FE FUMARATE
	Combination Oral Contraceptive	01455	NORETHINDRONE A-E ESTRADIOL
	Combination Oral Contraceptive	01456	ETHYNODIOL D-ETHINYL ESTRADIOL
	Combination Oral Contraceptive	01457	NORGESTREL-ETHINYL ESTRADIOL

	Combination Oral Contraceptive	01459	NORETHINDRONE
	Combination Oral Contraceptive	01460	LEVONORGESTREL-ETH ESTRA