



PDL Changes Submission to DUR Board

PDL Additions **without** Clinical Edits

- Docosate Sodium/Phenolphthalein 100-65mg
- Docosate Sodium/Sennosides 50-8.6mg
- Lactulose Solution
- Polyethylene Glycol 3350 Powder/Packets
- Psyllium Capsules/Powder

PDL Additions **with** Clinical Edits

Rationale: To ensure appropriate usage

- |                                |                |
|--------------------------------|----------------|
| Aminocaproic Acid 500mg tab    | QL=24          |
| Aminocaproic Acid Syr 250mg/ml | QL=60mls       |
| Coartem 20mg; 120mg            | QL=24 per fill |
| Glycerin Supp 1.5g             | QL=12          |
| Glycerin Supp 3g               | QL=24          |
| Terbinafine 250mg              | QL=90/120 days |
| Veripred 20                    | QL=3mls        |
| Vigamox Soln                   | QL=150mls      |

Changes to Clinical Edits to existing PDL medications

- |                              |        |  |
|------------------------------|--------|--|
| Beconase AQ                  |        | Change in ST to require fluticasone use first line |
| Kaletra 25mg; 100mg          | QL=120 | Incr QL form 2/day to 4/day                        |
| Ketotolac 10mg               | AL=17  | Add AL   |
| Lovastatin 40mg              | QL=60  | Incr from 1/day to 2/day                           |
| TrueResult Blood Glucose Kit |        | Allow 1 kit every 18 months                        |
| TrueTrack Blood Glucose Kit  |        | Allow 1 kit every 18 months                        |
| TrueTest Test Strips         | QL=150 | Incr QL to 5/day                                   |

Cefdinir

ST Criteria Change

**Children and Adolescents (cefdinir suspension restricted to ages <13 years old):**  
**For the treatment of acute bacterial otitis media or pharyngitis/tonsillitis**  
**(no allergies present):** Evidence of taking at least a three (3) day course of amoxicillin or amoxicillin/clavulanate, in the past 45 days.

**For the treatment of community acquired pneumonia:** Cefdinir will be approved for this indication; no other antibiotics are required as first line therapy.

**Adults:**

**For the treatment of pharyngitis/tonsillitis, chronic bronchitis, or sinusitis (no allergies present):** Evidence of taking at least a three (3) day course of levofloxacin, amoxicillin, or amoxicillin/clavulanate, in the past 45 days.

**For the treatment of community acquired pneumonia:** Evidence of taking at least a three (3) day course of levofloxacin or azithromycin.

Singulair

**ST Criteria Change**

Change Criteria for Approval from “Use of Singulair® for allergic rhinitis is approvable only after compliant trials on combination nasal steroids and non-sedating antihistamines with loratadine and cetirizine as the preferred PDL agents. Treatment periods should be at least 3 months.” to “Use of Singulair® for allergic rhinitis is subject to a programmed step edit of claims history, for the prior 180 days, evidencing prior use of an inhaled nasal steroid, a leukotriene modulator or a non-sedating antihistamine.”

Add the following FDA Labeled Indication: Exercise-induced bronchoconstriction  $\geq$  15 years of age (Singulair® only).

Remove from the PDL  
Pepcid Susp 40mg/5ml