



## MDwise PDL Changes February 2008 DUR Board Presentation

### Additions to PDL with NO Clinical Edits

ACTOPLUS MET  
SYMBICORT  
ISENTRESS  
ABREVA

### Additions to PDL with Clinical Edits

Product	Rationale
<b>ZOMIG (Zolmitriptan) Tablets QL</b>	9 tablets per month
<b>ZOMIG-ZMT (Zolmitriptan) Tablets QL</b>	9 tablets per month
<b>ZOMIG (Zolmitriptan) Nasal Spray QL</b>	6 nasal spray doses per month
<b>AZOR (amlodipine/olmesartan) ST</b>	Requires history of ACEI in last 60 days
<b>Nicotine Lozenges TD</b>	Will not allow concurrent therapy with CHANTIX.
<b>REBIF (interferon beta-1a) PA</b>	Preferred immunomodulator for the treatment of multiple sclerosis.
<b>COPAXONE (glatiramer acetate) PA</b>	Preferred immunomodulator for the treatment of multiple sclerosis.
<b>SUBOXONE (buprenorphine/naloxone) PA</b>	Approved for 3 months for the treatment of opiate dependence/addiction; may approve an additional 3 months.
<b>SUBUTEX (buprenorphine) PA</b>	Approved for 4 weeks for the treatment of opiate dependence/addiction before moving to SUBOXONE.

### Changes to or Additions of Clinical Edits

Product	Rationale
<b>ACUTANE (Isotretinoin) PA</b>	Removal of Step Edit – Requires evidence of trial of oral antibiotic therapy of 8 weeks duration, or more, and diagnosis of severe recalcitrant nodular acne.
<b>SINGULAIR (Montelukast) CT</b>	Change in Concurrent Therapy Requirements: <ul style="list-style-type: none"> <li>• Children 11 y/o and under requires concurrent therapy with an inhaled corticosteroid.</li> <li>• Children 12 y/o and older requires concurrent therapy with both an inhaled corticosteroid and a long-acting beta-adrenergic agent.</li> </ul>



<b>ACCOLATE (Zafirlukast) CT</b>	Change in Concurrent Therapy Requirements: <ul style="list-style-type: none"> <li>• Children 11 y/o and under requires concurrent therapy with an inhaled corticosteroid.</li> <li>• Children 12 y/o and older requires concurrent therapy with both an inhaled corticosteroid and a long-acting beta-adrenergic agent.</li> </ul>
<b>RELPAK (Eletriptan) Tablets QL</b>	Increased from 6 tabs to 9 tabs per month.
<b>Nicotine Gum TD</b>	Will not allow concurrent therapy with CHANTIX.
<b>Nicotine Patches TD</b>	Will not allow concurrent therapy with CHANTIX.
<b>PREVACID SOLUTABS (lansoprazole) ST</b>	Step therapy edit changed from requiring 2 claims of first line agents in last 90 days to requiring 21 days of therapy with a first line agent in the last 30 days.
<b>PROTONIX (pantoprazole) ST</b>	Step therapy edit changed from requiring 2 claims of first line agents in last 90 days to requiring 21 days of therapy with a first line agent in the last 30 days.
<b>Ondansetron Oral Solution QL</b>	150mls per month
<b>Acyclovir Cream ST</b>	Requires trial of Abreva (10% docosanol) for herpes labialis (cold sores).
<b>Acyclovir Ointment ST</b>	Requires trial with oral acyclovir or VALTREX for genital herpes.
<b>CHANTIX (Varenicline Tartrate) QL TD</b>	Therapy limited to 24 weeks duration and will not allow concurrent therapy with nicotine replacement products.

**Remove from PDL**

<b>Product</b>	<b>Rationale</b>
<b>AVONEX (interferon beta-1a)</b>	Preferred product is REBIF, COPAXONE
<b>INTRON-A (interferon alpha-2b)</b>	Preferred Agent is PEGASYS