



Q4 MHS PDL Changes – Provider Notice

The following list of recommended PDL changes were reviewed and approved by the MHS P&T Committee on December 14th, 2016.

Table 1: Summary of Medicaid PDL Additions - Effective 2/1/2017

Drug Name	Ingredients	Dosage Form	Strength	Notes
bismuth subsalicylate	bismuth subsalicylate	suspension	525mg/15ml	Add to PDL
mesalamine	mesalamine	DR tablet	800mg	Add to PDL with a quantity limit of 3 tablets daily.
Depen	penicillamine	tablet	250mg	Add to PDL.
Basaglar	insulin glargine	injection	100 units/ml	Add to PDL with a QL of 30/30 days.
Zarxio	filgrastim	prefilled syringe	300mcg/0.5ml	Add to PDL with PA.
Zarxio	filgrastim	prefilled syringe	480mcg/0.8ml	Add to PDL with PA.

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Table 2: Summary of PDL Terminations – Effective 4/1/2017

MHS will transition members to preferred alternatives by working directly with the prescriber and only as approval is granted.

Drug Name	Ingredients	Dosage Form	Strength	Notes
Ciprodex	ciprofloxacin/dexamethasone	otic suspension	0.3%/0.1%	Prefer ofloxacin otic soln., neomycin/polymixin/HC
Pentasa	mesalamine	capsule	250mg, 500mg	Remove from the PDL. Grandfather current utilizers indefinitely Prefer Delzicol, Balsalazide
Cuprimine	penicillamine	capsule	250mg	Available through PA. No current utilizers.
clindamycin phosphate/benzoyl peroxide	clindamycin phosphate/benzoyl peroxide	gel	1%/5%	12 month grandfather current utilizers
Neupogen	filgrastim	vial	300mcg/0.5ml, 480mcg/0.8ml	Prefer Zarxio
Granix	tbo-filgrastim	prefilled syringe	300mcg/0.5ml 480mcg/0.8ml	Prefer Zarxio

Drugs currently on PDL that are no longer on the market and will be removed from PDL Document:

Drug Name	Ingredients	Dosage Form	Strength
Foradil	formoterol fumarate	inhalation capsule	12mcg
quinidine sulfate er	quinidine sulfate er	tablet	300mg
bismuth subsalicylate	bismuth subsalicylate	suspension	527mg/30ml
aminophylline	aminophylline	tablet	100mg, 200mg
tobramycin	tobramycin	injection	60mg/50ml-0.9%
Asacol	mesalamine	DR tablet	400mg
flunisolide	flunisolide	nasal solution	29mcg
isosorbide dinitrate	isosorbide dinitrate	SL tablet	2.5mg, 5mg
	butabarbital sodium	Tab	50mg, 30mg/5ml
Stavzor	valproic acid	CPDR	125 mg, 250mg, 500mg
Lamictal	lamotrigine	Chew	2mg

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Table 3: Additions of new or modified utilization edits – Effective 4/1/2017

Drug Name	Ingredients	Dosage Form	Strength	Notes
colestipol hydrochloride	colestipol hydrochloride	tablet	1g	Remove quantity limit of 2 tablets per day.
sirolimus	sirolimus	tablet	1mg	Remove QL of 6/day; current limit does not allow max dose of 40mg/day.
sirolimus	sirolimus	tablet	2mg	Remove QL of 2/day; current limit does not allow max dose of 40mg/day.
Rapamune	sirolimus	oral solution	1mg/ml	Remove QL of 4ml/day; current limit does not allow max dose of 40mg/day.
sumatriptan succinate	sumatriptan succinate	auto-injector	6mg/0.5ml	Add a max quantity limit of 2ml per 30 days and limited to ages 12 and older.
sumatriptan succinate	sumatriptan succinate	cartridge	6mg/0.5ml	Add a max quantity limit of 2ml per 30 days and limited to ages 12 and older.
sumatriptan succinate	sumatriptan succinate	prefilled syringe	6mg/0.5ml	Add a max quantity limit of 2ml per 30 days and limited to ages 12 and older.
Zomig	zolmitriptan	nasal spray	5mg	Change age limit to: limited to ages 12 years and older.
rizatriptan benzoate	rizatriptan benzoate	tablet	5mg	Add age limit of: limited to ages 6 years and older.
rizatriptan benzoate	rizatriptan benzoate	tablet	10mg	Add age limit of: limited to ages 6 years and older.
naratriptan hcl	naratriptan hcl	tablet	1mg	Add age limit of: limited to ages 18 years and older.
naratriptan hcl	naratriptan hcl	tablet	2.5mg	Add age limit of: limited to ages 18 years and older.
Jublia	efinaconazole	solution	10%	Add QL of 8ml per 30 days.
Estrogen Products	Removed female gender restriction to all estrogen containing products in accordance with ACA Non-Discrimination Notice (Section 1557 of PPACA)			





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Updated PA Requirements for Methadone:

Initial Approval Criteria

A. Pain Management (must meet all):

1. Prescribed for pain management for use around-the-clock (not as needed);
2. Previous use of a short-acting narcotic analgesic with inadequate response;
3. One of the following (a or b):
 - a. Prescribed by or in consultation with pain management specialist, oncologist, or for use in palliative or hospice care;
 - b. Failure of fentanyl patch and morphine sulfate ER (generic MS Contin), unless member has contraindication(s) to both agents;
4. Request does not exceed health plan approved daily quantity limit.

Approval duration: duration of request or 12 months (whichever is less)

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