



The following list of recommended PDL and policy changes were reviewed and approved by the MHS P&T Committee on September 21st, 2016.

Table 1: Summary of Medicaid PDL Additions - Effective 12/1/2016

Drug Name	Ingredients	Dosage Form	Strength	Notes
alogliptin	alogliptin	tablet	6.25mg 12.5mg 25mg	Add to PDL with a quantity limit of 1 tablet/day; availability in generic now
alogliptin/pioglitazone	alogliptin/pioglitazone	tablet	12.5mg/15mg 12.5mg/30mg 12.5mg/45mg 25mg/15mg 25mg/30mg 25mg/45mg	Add to PDL with a quantity limit of 1 tablet/day; availability in generic now
alogliptin/metformin	alogliptin/metformin	tablet	12.5mg/500mg 12.5mg/1000mg	Add to PDL with a quantity limit of 1 tablet/day; availability in generic now
Victoza	liraglutide	pen	18mg/3ml	Add to PDL with PA and a quantity limit of 1.8mg (0.3 ml) daily
lidocaine	lidocaine	cream	4%	Add to PDL with a quantity limit of 1 package per claim
lidocaine hcl	lidocaine hcl	cream	4%	Add to PDL with a quantity limit of 1 package per claim
HPC	hydroxyprogesterone caproate	injection	250mg/ml	Add to PDL with PA, a quantity limit of 5ml (1250mg) per 30 days, and age limit of ≥ 16 years
Prezcobix	Darunavir/cobicistat	tablet	300-150mg	Add to PDL with quantity limit of 1 tab per day

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

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
Onglyza	saxagliptin	tablet	2.5mg, 5mg	Add ST of alogliptin
Kombiglyze XR	saxagliptin/metformin	tablet	All	Add ST of alogliptin/metformin
lidocaine	lidocaine	ointment kit	5%	ST of preferred lidocaine alternatives
Endometrin	progesterone	vaginal insert	100mg	Non-covered Medicaid Indication
Banzel	Rufinamide	Tab, Susp	All	Add ST: Try at least 2 preferred PDL agents including carbamazepine, divalproex, lamotrigine, levetiracetam, oxcarbamazepine, topiramate, valproic acid, zonisamide.
Aptiom	Eslicarbazepine Acetate	Tab	All	
Vimpat	Lacosamide	Tab, Soln	All	
Peganone	Ethotoin	Tab	All	
Celontin	Methsuximide	Cap	All	
Potiga	Ezogabine	Tab	All	

Table 3: Additions of new or modified utilization edits – Effective 12/1/2016

Drug Name	Ingredients	Dosage Form	Strength	Notes
trandolapril	trandolapril	tablet	1mg, 2mg, 4mg	Change quantity limit to 1 tab per day
nevirapine XR	nevirapine	tablet	100mg	Change quantity limit to 3 tabs per day
lidocaine	lidocaine	ointment	5%	Add claim limit of 3 claims per month
Epipen-JR	epinephrine	auto-injector	0.15mg/0.3ml	Add quantity limit of 4 pens per year
Epipen	epinephrine	auto-injector	0.3mg/0.3ml	Add quantity limit of 4 pens per year
spinosad	spinosad	suspension	0.9%	Change age limit to: limited to ages ≥ 6 months
Tazorac	tazarotene	cream	0.05%, 0.1%	Add: limited to ages 21 years and under
Tazorac	tazarotene	gel	0.05%, 0.1%	Add: limited to ages 21 years and under
drospirenone/ethinyl estradiol	drospirenone/ethinyl estradiol	tablet	3.0mg/0.02mg	Add quantity limit of 1 tablet per day.
Estrace	estradiol	vaginal cream	0.1mg	Add: limited to female
Zovia	ethynodiol diacetate /ethinylestradiol	tablet	1mg/50mcg	Add: limited to female; add a quantity limit of 1 tablet per day.
Ella	ulipristal acetate	tablet	30mg	Add: limited to female

Advair Medical Necessity Guideline:

I. Asthma (must meet all):

- A. Diagnosis of asthma;
- B. Member meets 1 or 2:
 - 1. Age between 4 – 11 years, and request is for Advair Diskus;
 - 2. Failure of PDL agents: Dulera **and** Symbicort, each trialed for ≥ 6 weeks, with pharmacy claims record supporting the use of either agent in the last 60 days, unless contraindicated;
- C. Requested dose does not exceed FDA approved maximum recommended dose and health plan approved daily quantity limit.

II. Chronic Obstructive Pulmonary Disease (COPD) (must meet all):

- A. Diagnosis of COPD;
- B. Failure of ≥ 6 -week trial of PDL agent: Symbicort, with pharmacy claims record supporting use in the last 60 days, unless contraindicated;
- C. Request is for Advair Diskus;
- D. Requested dose does not exceed FDA approved maximum recommended dose and health plan approved daily quantity limit.