



The following list of recommended PDL changes were reviewed and approved by the MHS P&T Committee on January 18<sup>th</sup>, 2017.

**Table 1: Summary of Medicaid PDL Additions - Effective 4/1/2017**

Drug Name	Ingredients	Dosage Form	Strength	Notes
amlodipine besylate/benazepril hcl	amlodipine besylate/benazepril hcl	capsule	5mg/40mg	Add to PDL with a QL of 1/day.
amlodipine besylate/benazepril hcl	amlodipine besylate/benazepril hcl	capsule	10mg/40mg	Add to PDL with a QL of 1/day.
bisoprolol/hctz	bisoprolol/hctz	tablet	2.5mg/6.25mg	Add to PDL with a QL of 1/day.
verapamil hcl er	verapamil hcl er	capsule	100mg	Add to PDL with a QL of 2/day.
verapamil hcl er	verapamil hcl er	capsule	200mg	Add y to PDL with a QL of 2/day.
verapamil hcl er	verapamil hcl er	capsule	300mg	Add to PDL with a QL of 1/day.

**Table 2: Summary of PDL Terminations – Effective 6/1/2017**

Drug Name	Ingredients	Dosage Form	Strength	Notes
chlorpheniramine/ phenylephrine	chlorpheniramine/ phenylephrine	solution	1mg-3.5mg/ml	Remove from PDL due to no longer available on market.
brompheniramine/ pseudoephedrine cr	brompheniramine/ pseudoephedrine cr	capsule	6mg-60mg	Remove from PDL due to no longer available on market.
brompheniramine/ pseudoephedrine cr	brompheniramine/pseudoephedrine cr	capsule	12mg-120mg	Remove from PDL due to no longer available on market.
guaifenesin/codeine	guaifenesin/codeine	solution	200mg-10mg/5ml	Remove from PDL due to no longer available on market.
guaifenesin/codeine	guaifenesin/codeine	solution	300mg-10mg/5ml	Remove from PDL due to no longer available on market.
pramoxine/ chloroxylenol	pramoxine/ chloroxylenol	otic solution	1/0.1%	Remove from PDL due to no longer available on market.



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

Drug Name	Ingredients	Dosage Form	Strength	Notes
phenylephrine hcl/ promethazine hcl/ codeine phosphate	phenylephrine hcl/ promethazine hcl/ codeine phosphate	syrup	5mg- 6.25mg- 10mg/5ml	Change AL to: Limited to ages 6 years and older. Drug is contraindicated for ages less than 6.
promethazine hcl/ codeine phosphate	promethazine hcl/ codeine phosphate	syrup	6.25mg- 10mg/5ml	Change AL to: Limited to ages 6 years and older. Drug is contraindicated for ages less than 6.
budesonide	budesonide	nebulizer suspension	0.25mg/2m l	Change AL to: Limited to ages 1-8 years. Drug is FDA indicated for ages 1-8.
budesonide	budesonide	nebulizer suspension	0.5mg/ 2ml	Change AL to: Limited to ages 1-8 years. Drug is FDA indicated for ages 1-8.
budesonide	budesonide	nebulizer suspension	1mg/2ml	Change AL to: Limited to ages 1-8 years. Drug is FDA indicated for ages 1-8.
propranolol/hctz	propranolol/hctz	tablet	40mg/ 25mg	Add QL of 2 tablets/day.
propranolol/hctz	propranolol/hctz	tablet	80mg/ 25mg	Add QL of 2 tablets/day.
diphenhydramine/ps eudoephedrine	diphenhydramine/pseu doephedrine	tablet	25mg/ 60mg	Add QL of 4 tablets/day.

**Newly Developed Guidelines:**

**Intrarosa (prasterone, dehydroepiandrosterone, DHEA)**

**Initial Approval Criteria**

**A. Dyspareunia (must meet all):**

1. Diagnosis of dyspareunia due to menopause
2. Failure or clinically significant adverse effects to two vaginal lubricants or vaginal moisturizers
3. Failure of one vaginal estrogen at maximally tolerated therapeutic doses for at least 4 weeks, unless member experiences clinically significant adverse effects or has contraindication(s)
4. Dose does not exceed one vaginal insert daily

