

Quick Reference Drug List (PDL)



Involve Prior Authorization Phone: 1-866-399-0928 | Fax: 1-866-399-0929 | MHS Provider Inquiry Line: 1-877-647-4848

<p>ADHD</p> <p>Adderall* (QL) Adderall-XR* (QL) Dextroamphetamine IR*, SR* (QL) Metadate CD (QL) Methylin ER (QL) Methylphenidate SA OSM* (QL) Methylphenidate SR* (QL) Methylphenidate* (QL)</p> <p>ANALGESICS</p> <p>Acetaminophen w/ cod.* (QL) Fentanyl patches 72HR* (QL) Hydrocodone/APAP* (QL) Hydromorphone* (QL) Meperidine* (QL) Methadone* (QL) Morphine sulfate IR, SR (QL) Oxycodone* (QL) Oxycodone/APAP* (QL) Oxycontin* (PA, QL) Tramadol* (QL) Tramadol/APAP* (QL)</p> <p>ANTI-ANXIETY</p> <p>Alprazolam* (QL) Clonazepam* (QL) Diazepam* (QL) Lorazepam* (QL)</p> <p>ANTIASTHMATICS</p> <p>Atrovent (QL) Aerospan (QL) Combivent (QL) Cromolyn sodium* (QL) Dulera (QL) Flovent (QL) Incruse Ellipta (QL) Pulmicort (QL) Pulmicort Respules (QL, AL) Serevent Diskus (QL) Symbicort (QL) Ventolin HFA (QL)</p> <p>ANTICONSULSANTS</p> <p>Carbamazepine* Divalproex sodium* ER* (QL) Ethosuximide* Gabapentin* Lamotrigine* Levetiracetam* Phenobarbital* Phenytoin* Topiramate* Valproic Acid Zonisamide</p> <p>ANTIDEPRESSANTS</p> <p>Amitriptyline* Bupropion SR*, XL* (QL) Bupropion* (QL) Citalopram* (QL) Clomipramine* (QL) Desipramine* Doxepin* Duloxetine* (QL) Escitalopram* (QL) Fluoxetine* (QL) Fluvoxamine* (QL) Imipramine* Mirtazapine* (QL)</p>	<p>Nortriptyline (QL) Paroxetine* (QL) Sertraline* (QL) Trazadone* (QL) Venlafaxine* (QL) Venlafaxine-XR* (QL)</p> <p>ANTIDIABETIC</p> <p>Alogliptin (QL) Alogliptin/pioglitazone* (QL) Alogliptin/metformin* (QL) Bydureon (PA, QL) Basaglar (QL) Byetta (PA, QL) Glimepiride* (QL) Glipizide IR/ER/XL* Glyburide* Glyburide/metformin* Humalog (QL) Humulin Metformin IR/ER* (QL) Nateglinide* (QL) Novolog (QL) Pioglitazone* (QL) Pioglitazone/metformin* (QL) Tradjenta (QL) Victoza (PA, QL)</p> <p>ANTIFUNGAL</p> <p>Fluconazole* (QL, AL) Griseofulvin* Ketoconazole* (QL) Nystatin* Terbinafine* (QL)</p> <p>ANTI-HISTAMINES</p> <p>Cetirizine* (OTC, QL) Chlorpheniramine* (OTC) Diphenhydramine* (OTC) Fexofenadine* (QL) Hydroxyzine* Loratadine* (OTC, QL) Loratadine-D* (OTC, QL)</p> <p>ANTIHYPERTENSIVES</p> <p>Amlodipine* (QL) Amlodipine/benazepril* (QL) Atenolol* (QL) Atenolol & Chlorthalidone* (QL) Benazepril* (QL) Bisoprolol* (QL) Bisoprolol/HCTZ* (QL) Bumetanide* (QL) Captopril* (QL) Captopril HCTZ* (QL) Carvedilol* (QL) Diltiazem* (QL) Doxazosin* Enalapril* (QL) Enalapril HCTZ* (QL) Felodipine* (QL) Fosinopril* (QL) Furesomide*</p>	<p>HCTZ* Hydralazine* (QL) Indapamide* (QL) Irbesartan* (QL) Irbesartan/HCTZ* (QL) Labetolol* (QL) Linsinopril* (QL) Linsinopril/HCTZ* (QL) Losartan* (QL) Losartan/HCTZ* (QL) Metolazone* (AL, GL) Metoprolol* (QL) Metoprolol HCTZ* (QL) Nadolol* (QL) Nicardipine* (QL) Nifedipine IE/ER* (QL) Propranolol* (QL) Quinapril* (QL) Ramipril* (QL) Spironolactone* (QL) Torsemide* (QL) Triamterene & HCTZ* Valsartan* (QL) Valsartan/HCTZ* (QL) Verapamil* (QL)</p> <p>ANTIPARASITICS</p> <p>Eurax (QL) Permethrin Cream* (QL) Permethrin Creme Rinse* (OTC) Spinosad* (QL)</p> <p>ANTIVIRAL</p> <p>Acyclovir* Valacyclovir* (QL) Valganciclovir* (QL)</p> <p>CEPHALOSPORINS</p> <p>Cefaclor* Cefadroxil* Cefdinir* Cefprozil* (QL) Cefuroxime* (QL) Cephalexin*</p> <p>CONTRACEPTIVES (brands listed for easy reference)</p> <p>Alesse* (QL) Demulen* (QL) Depo Provera* (QL) Desogen* (QL) Lo/Ovral* (QL) Mircette* (QL) Modicon* (QL) Nordette* (QL) Norinyl* (QL) Nor-QD* (QL) Nuvaring (QL) Ortho 777* (QL) Ortho Cyclen* (QL) Ortho Tri Cyclen* (QL) Ovral* (QL) Triphasil* (QL) Yasmin* (QL) YAZ* (QL)</p> <p>CORTICOSTEROIDS-ORAL</p> <p>Dexamethasone* Fludrocortisone* Hydrocortisone* Methylprednisolone* Prednisolone*</p>	<p>Prednisone* Veripred</p> <p>COUGH/COLD</p> <p>Benzonatate* (QL, AL) Brompheniramine & phenylephrine* (QL) Brompheniramine & pseudoephedrine* (QL) Cetirizine-PSE* (QL) Chlorpheniramine-phenylephrine* Delsym* (OTC, QL) Dextromethorphan-Nadolol* (QL) Guaifenesin Liquid* (QL) Guaifenesin DM* (OTC, QL) Guaifenesin* (OTC, QL) Guaifenesin/PSE* (QL) Guaifenesin-Codeine Soln* (QL) Hydrocodone-Homatropine* (QL) Phenyleph-Chlorphen w/ DM-GG* (QL) Phenylephrine-Chlorphen-DM* (QL) Promethazine-Codeine* (QL, AL)</p> <p>INTRANASAL STEROIDS</p> <p>Fluticasone propionate* (QL) Nasacort AQ* (QL)</p> <p>LRA'S</p> <p>Montelukast* (QL)</p> <p>MACROLIDES</p> <p>Azithromycin* (QL) Clarithromycin* (QL) Erythromycin*</p> <p>MIGRAINE</p> <p>Butalbital-APAP-Caffeine* (QL) Butalbital-ASA-Caffeine* (QL) Naratriptan* (QL) Rizatriptan* (QL) Sumatriptan* (AL, QL) Zolmitriptan tab/disp (QL)</p> <p>MISC. ANTI-INFECTIVES</p> <p>Doxycycline hyclate* Metronidazole* Minocycline* Sulfamethoxazole-TMP DS*</p> <p>MUSCLE RELAXANTS</p> <p>Baclofen* Chlorzoxazone* Cyclobenzaprine* (QL) Methocarbamol* Tizanidine tabs*</p> <p>NSAIDS AND COX II'S (ORAL)</p> <p>Celebrex (PA, QL) Diclofenac* Etodolac* Ibuprofen* Indomethacin* Meloxicam* Nabumetone* Naproxen sodium* (QL) Oxaprozin* Piroxicam* Salsalate*</p>	<p>Sulindac*</p> <p>PENICILLINS</p> <p>Amoxicillin & K clavulanate* (QL) Amoxicillin* Ampicillin* Penicillin VK*</p> <p>TOPICALS</p> <p>Ciprofloxacin* (QL) Levofloxacin* (QL) Ofloxacin* (QL)</p> <p>ULCER TREATMENT & PREVENTION</p> <p>Cimetidine* (QL) Famotidine* (QL) Nexium 24HR (QL) Omeprazole* caps (QL) Prevacid 24HR (QID dosing allowed) (OTC only) Prilosec OTC (QL) Ranitidine* (QL) Ranitidine Syrup* (AL, QL)</p> <p>VAGINAL PREPARATIONS</p> <p>Estrace Gynazole-1 Metronidazole vaginal* (QL) Miconazole Premarin cream Terconazole vaginal* (QL)</p>
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KEY: PA - Prior Authorization
OTC - Over-the-Counter

ST - Step Therapy
* - Generic Substitution Required

QL - Quantity Limit

AL - Age Limit

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Disclaimer: This chart is intended to be used as a quick reference, and does not contain all items available on the MHS Preferred Drug List. For a complete listing of all items available, please consult the text version of the MHS PDL which is available online at mhsindiana.com.