

ISSUE DATE July 7, 2014	EFFECTIVE DATE July 22, 2014	NUMBER *See Below
SUBJECT Preferred Drug List (PDL) Update July 22, 2014 – Pharmacy Services	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL), effective July 22, 2014.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service (FFS) delivery system, including pharmacy services to residents of long term care facilities.

BACKGROUND:

The Department of Public Welfare’s (Department) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and make recommendations relating to new drugs in therapeutic classes already included in the PDL, changes in the status of drugs on the PDL from preferred to non-preferred and non-preferred to preferred, new quantity limits, and new classes of drugs to be added to or deleted from the PDL. The P&T Committee also recommends new guidelines or modifications to existing guidelines to evaluate requests for prior authorization of prescriptions for medical necessity.

DISCUSSION:

The P&T Committee’s most recent semi-annual meeting was held on May 28, 2014. The update to the PDL resulting from that meeting and a final review by the Department is as follows:

*01-14-26	09-14-21	27-14-19	33-14-20
02-14-18	11-14-18	30-14-18	
03-14-21	14-14-18	31-14-24	
08-14-22	24-14-18	32-14-18	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

1. Classes of drugs subject to the PDL with no changes:

- Androgenic Agents
- Antibiotics, GI
- Antibiotics, Topical
- Antibiotics, Vaginal
- Anticoagulants
- Beta-Blockers
- BPH Agents
- Erythropoiesis Stimulating Proteins
- Growth Factors
- Growth Hormones
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin & Related Agents
- Hypoglycemics, Meglitinides
- Hypoglycemics, TZDs
- Irritable Bowel Syndrome
- Pancreatic Enzymes
- Platelet Aggregation Inhibitors
- Skeletal Muscle Relaxants
- Vasodilators, Coronary

2. Classes of drugs added to the PDL:

- Antimigraine Agents, Other
- HAE Treatments
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Metformins
- Hypoglycemics, SGLT2
- Hypoglycemics, Sulfonylureas
- Nitrofurans Derivatives
- Thyroid Hormones

3. Classes of drugs or drugs removed from the PDL

- None

4. PDL status of new drug classes, new drugs, drugs not previously reviewed, and drugs with a change in status

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Acne Agents, Topical	Benzoyl Peroxide 5% Wash OTC		X	
	Retin-A Gel		X	
	Retin-A Cream			X
Acne Agents, Topical	Retin-A			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
(continued)	Micro			
Analgesics, Narcotics Long	Zohydro ER			X
		morphine ER capsule		X
Analgesics, Narcotics Short		APAP/codeine tablet		X
		APAP/ codeine elixir		X
		dihydrocodeine/ASA/caffeine		X
		morphine suppositories		X
		oxycodone/APAP capsule		X
Angiotensin Modulators Combinations		telmisartan/amlodipine		X
Angiotensin Modulators	Diovan HCT			X
	Epaned			X
		telmisartan		X
		telmisartan HCTZ		X
Antibiotics, Inhaled	Bethkis		X	
	TOBI Podhaler			X
		tobramycin solution		X
Antiemetics/Antivertigo Agents	Compazine Suppository			X
	Diclegis			X
Antifungals, Oral	Noxafil Tablet			X
		voriconazole suspension		X
Antifungals, Topical	Luzu			X
	Nizoral A-D Shampoo OTC			X
		clotrimazole-betamethasone cream	X	
		clotrimazole-betamethasone lotion	X	
		ketoconazole cream	X	
		nystatin-triamcinolone ointment		X
		nystatin-triamcinolone cream		X
Antimigraine Agents, Other	Cambia			X
	Migranal (Nasal)			X
		Cafergot		X
		dihydroergotamine mesylate (nasal)		X
		dihydroergotamine mesylate (inj.)		X
		Migergot (rectal)		X
Antimigraine Agents,		Migragesic IDA		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Other (continued)		Nodolor		X
Antimigraine Agents, Triptans	Imitrex Vial			X
		rizatriptan tablet	X	
		rizatriptan ODT	X	
		sumatriptan vial	X	
		zolmitriptan tablet		X
Antiparasitics, Topical		zolmitriptan ODT		X
	Eurax Lotion			X
	Natroba			X
	Ulesfia		X	
		Elimite		X
Antivirals, Oral		amantadine capsule	X	
Antivirals, Topical	Zovirax Cream		X	
	Zovirax Ointment			X
		acyclovir ointment		X
Bladder Relaxants	Oxytrol			X
	Oxytrol For Women OTC		X	
	Vesicare		X	
		oxybutynin ER	X	
		tolterodine ER		X
Bone Resorption Suppression and Related Agents	Zometa			X
		alendronate solution		X
		zoledronic acid (Zometa)	X	
Calcium Channel Blockers	Nymalize			X
	Tiazac		X	
Cephalosporins & Related Antibiotics	Suprax Capsule		X	
	Suprax Tablet			X
		ceftibuten capsule		X
		ceftibuten suspension		X
Colony Stimulating Factors	Granix			X
Contraceptives, Oral	Brevicon		X	
	Lo Minastrin FE			X
Contraceptives, Oral (continued)	Minastrin 24 FE			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	Quartette			X
		Aubra	X	
		Daysee		X
		Enpresse		X
		Enskyce		X
		Estartylla		X
		Jencycla		X
		Lessina		X
		Levonest	X	
		Lomedia 24 FE		X
		Lyza	X	
		Microgestin		X
		Pirmella		X
		Tri-Estartylla		X
Fluoroquinolones, Oral		moxifloxacin		X
H. Pylori Treatment	Prevpac			X
		Lansoprazole/amoxicillin/clarithromycin		X
HAE Treatments	Berinert		X	
	Cinryze			X
	Firazyr		X	
	Kalbitor			X
Hepatitis B Agents		adefovir dipivoxil		X
		lamivudine HBV tablet		X
Hepatitis C Agents	Olysio		X	
	Sovaldi		X	
		Ribavirin Dose Pack		X
HIV/AIDS	Isentress Tab Chew		X	
	Selzentry			X
	Stribild			X
	Tivicay		X	
Hypoglycemics, Alpha-Glucosidase Inhibitors	Glyset		X	
	Precose			X
		acarbose	X	
Hypoglycemics, Metformins	Fortamet			X
	Glucophage XR			X
	Glucophage			X
	Glucovance			X
	Glumetza			X
Hypoglycemics, Metformins	Riomet			X
		Glipizide-metformin	X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
(continued)		Glyburide-metformin	X	
		Metformin	X	
		Metformin ER (Fortamet)		X
		Metformin ER (Glucophage XR)	X	
Hypoglycemics, SGLT2	Farxiga			X
	Invokana			X
Hypoglycemics, Sulfonylureas	Amaryl			X
	Diabeta			X
	Glucotrol			X
	Glucotrol XL			X
		chlorpropamide		X
		glimepiride	X	
		glipizide	X	
		glipizide ER	X	
		glyburide	X	
		glyburide micronized	X	
		tolazamide		X
		tolbutamide		X
Immunosuppressives, Oral	Astagraf XL			X
	Neoral Solution			X
	Rapamune Tablet			X
		cyclosporine capsule	X	
		cyclosporine softgel		X
		mycophenolic acid		X
	sirolimus	X		
Lipotropics, Other	Juxtapid			X
	Kynamro		X	
	Restora OTC			X
		fenofibric acid (Trilipix)		X
		niacin ER		X
Lipotropics, Statins	Liptruzet			X
Macrolides/Ketolides	PCE		X	
		E.E.S. 400 tablet		X
		Erythrocin		X
		erythromycin base tablet		X
MS Agents	Betaseron Kit			X
MS Agents (continued)	Copaxone Syringe			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	Extavia Kit		X	
	Extavia Vial		X	
	Gilenya			X
	Rebif		X	
	Rebidose		X	
	Tecfidera		X	
Nitrofurantoin Derivatives	Furadantin Suspension			X
	Macrobid		X	
	Macrochantin		X	
		nitrofurantoin macrocrystals	X	
		Nitrofurantoin mono-macro capsules	X	
		Nitrofurantoin suspension		X
Opiate Dependence Treatments	Zubsolv			X
PAH Agents, Oral & Inhaled	Adempas			X
	Letairis			X
	Opsumit			X
Phosphate Binders	Velphoro			X
Pituitary Suppressant Agents, LHRH	Lupaneta Pack			X
Prenatal Vitamins	EZFE Forte		X	
	Natal Vit		X	
		Citranatal 90 DHA	X	
		Citranatal Assure	X	
		Completenate		X
		Folivane-OB		X
		Folivane-PRX DHA NF		X
		Iron 100 Plus OTC	X	
		Marnatal-F	X	
		Natal-V RX Tablet	X	
		O-CAL FA	X	
		PNV No.115/iron Fumarate/FA	X	
		PNV115/iron Fumarate/FA/DSS	X	
		Prenata		X
		Prenatal One OTC		X
		Prenatal Tab Chew OTC	X	
		Prenatal Vit #60/iron Fum/FA	X	
		ProFE Forte OTC	X	
		PureFE Plus	X	
Prenatal Vitamins (continued)		Taron-C DHA		X
		TL-Select DHA		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		Triveen-PRX RNF		X
		Ultimatecare One NF		X
Proton Pump Inhibitors	Aciphex Sprinkle			X
		esomeprazole strontium		X
		rabeprazole tablet		X
Tetracyclines		doxycycline monohydrate suspension		X
Thyroid Hormones	Cytomel		X	
	Thyrolar			X
	Tirosint			X
		Levothyroxine Sodium Tablets	X	
		Levothyroxine Sodium Injection		X
		Liothyronine Sodium Tablets		X
		Liothyronine Sodium Injection		X
		Synthroid		X
	thyroid, pork tablets	X		
Ulcerative Colitis Agents	Delzicol			X
	Pentasa		X	
	Uceris			X

5. New Preferred Drugs that require clinical prior authorization:

- Retin-A Gel
- Berinert
- Firazyr
- Olysio
- Sovaldi
- Kynamro
- Tecfidera

PROCEDURE:

The procedures for prescribers to request prior authorization of non-preferred drugs, preferred drugs that require prior authorization, and drugs not subject to the PDL that require prior authorization and for pharmacies to dispense an emergency supply of medication when necessary and without prior authorization are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapters related to specific therapeutic classes of drugs) in reviewing the prior authorization request to determine medical necessity.

The requirements for prior authorization and clinical review guidelines to determine medical necessity of non-preferred and preferred drugs listed above and updated handbook chapters will be published in separate MA Bulletins.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

SECTION I

- Providers can view the most recent PDL at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
- Providers can view the most recent Quantity Limits List at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
- NOTE: Providers may call 1-800-537-8862, Option 1 to request a hard copy of the most recent PDL and Quantity Limits List

SECTION II

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