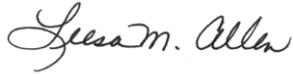


ISSUE DATE June 25, 2015	EFFECTIVE DATE July 20, 2015	NUMBER *See below
SUBJECT Preferred Drug List (PDL) Update July 20, 2015 – Pharmacy Services		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL), effective July 20, 2015.

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 Human Services (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 made the following recommendations during the most recent semi-annual meeting in May 20, 2015, which were reviewed and approved by the Department.

*01-15-23	09-15-23	27-15-20	
02-15-20	11-15-20	30-15-20	
03-15-20	14-15-20	31-15-23	
08-15-23	24-15-21	32-15-20	33-15-22

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.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

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

- Antibiotics, GI
- Antimigraine Agents, Other
- Antivirals, Topical
- BPH Agents
- Erythropoiesis Stimulating Proteins
- Growth Factors
- Growth Hormones
- H. Pylori Treatment
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Meglitinides
- Hypoglycemics, Metformins
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZDs
- Lipotropics, Statins
- Macrolides/Ketolides
- Nitrofuran Derivatives
- Pancreatic Enzymes
- Pituitary Suppressive Agents, LHRH
- Skeletal Muscle Relaxants
- Thyroid Hormones
- Vasodilators, Coronary

2. Classes of drugs added to the PDL:

- Contraceptives, Other
- GI Motility, Chronic (formerly Irritable Bowel Syndrome)

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	Benzaclin		X	
	Differin Gel		X	
	Differin Gel Pump		X	
	Epiduo		X	
	Onexton w/Pump			X
	Ovace Plus Lotion			X
	Ovace Wash			X
	Retin-A Micro 0.08% Pump			X
		Adapalene Gel		X
		Adapalene Gel Pump		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Acne Agents, Topical (continued)		Benzoyl Peroxide Cleansing Bar OTC		X
		Erythromycin Gel		X
		Erythromycin-Benzoyl Peroxide	X	
		Neuac		X
		Neuac Kit		X
		Panoxyl 10 OTC	X	
		Sulfacetamide Sodium/Sulfur Sunscreen		X
		Sumaxin Cleansing Pad		X
		Tretinoin Cream	X	
	Tretinoin Gel	X		
Analgesics, Narcotics Long	Hysingla ER			X
		Hydromorphone ER		X
		Methadone Solution		X
		Methadone Tablet		X
		Oxycodone ER		X
Analgesics, Narcotics Short	Xartemis XR			X
		Hydrocodone/APAP Solution		X
		Oxycodone Capsule		X
		Oxycodone Concentrated Solution		X
		Oxycodone Solution		X
		Roxicet Solution		X
Androgenic Agents	Depo-Testosterone IM			X
	Testim			X
	Vogelxo Gel			X
	Vogelxo Gel Packet			X
	Vogelxo Gel Pump			X
		Testosterone Cypionate IM	X	
		Testosterone Gel		X
		Testosterone Gel Packet		X
	Testosterone Gel Pump		X	
Angiotensin Modulators Combinations	Tarka			X
	Tribenzor			X
		Amlodipine/Valsartan		X
		Amlodipine/Valsartan/HCTZ		X
		Trandolapril/Verapamil		X
Angiotensin Modulators		Benazepril HCTZ		X
		Captopril		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Angiotensin Modulators (Continued)		Captopril HCTZ		X
		Irbesartan	X	
		Irbesartan HCTZ	X	
		Quinapril	X	
Antibiotics, Inhaled	Kitabis Pak		X	
Antibiotics Topical	Bactroban Cream		X	
		Gentamicin Cream		X
		Gentamicin Ointment		X
Antibiotics, Vaginal	Nuversa			X
	Vandazole		X	
Anticoagulants	Eliquis			X
	Savaysa			X
	Xarelto Dose Pack			X
Antiemetics/Antivertigo Agents	Akynzeo			X
Antifungals, Oral	Gris-Peg			X
		Griseofulvin Ultramicrosize	X	
Antifungals, Topical	Alevazol OTC			X
	Desenex Aero Powder		X	
	Jublia			X
	Kerydin			X
	Lamisil AT Cream OTC		X	
	Lamisil AT Gel OTC		X	
	Lamisil Spray OTC		X	
	Oxistat Lotion		X	
		Tolnaftate Aero Powder OTC	X	
		Tolnaftate Spray OTC	X	
Antimigraine Agents, Triptans	Maxalt MLT		X	
Antiparasitics, Topical	Natroba		X	
Antivirals, Oral	Sitavig			X
Beta-Blockers	Hemangeol			X
	Sotylyze			X
		Bisoprolol		X
		Nadolol		X
		Pindolol		X
		Propranolol/HCTZ		X
Bladder Relaxant Preparations	Oxytrol		X	
Bone Resorption	Actonel		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Suppression and Related Agents	Fortical			X
		Calcitonin Salmon	X	
		Raloxifene		X
		Risedronate		X
Calcium Channel Blockers	Cardizem LA			X
	Tiazac 420mg			X
		Diltiazem Capsule ER	X	
		Diltiazem LA		X
Cephalosporins & Related Antibiotics		Cefprozil Suspension	X	
Colony Stimulating Factors	Neulasta Kit			X
Contraceptives, Oral	Brevicon			X
	Estrostep FE			X
	Nor-Q-D			X
		Aubra		X
		Caziant		X
		Chateal		X
		Cryselle		X
		Delyla	X	
		Desogestrel/Ethinyl Estradiol	X	
		Elinest	X	
		Gildess 24 FE		X
		Larin FE		X
		Levonorgestrel/Ethinyl Estradiol Mono	X	
		Loestrin		X
		Lyza		X
		Mircette		X
		Necon Monophasic	X	
		Nikki		X
		Norethindrone/Ethinyl Estradiol	X	
		Norethindrone/Ethinyl Estradiol FE	X	
		Norethindrone/Ethinyl Estradiol FE Mono		X
		Norgestimate/Ethinyl Estradiol Tri		X
		Norlyroc	X	
	Previfem		X	
	Sharobel		X	
	Tarina FE		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Contraceptives, Oral (continued)		Tri-Previfem		X
		Tri-Sprintec	X	
		Velivet	X	
Contraceptives, Other	Depo-Provera IM			X
	Depo-SubQ Provera 104		X	
	Mirena		X	
	Nexplanon		X	
	Nuvaring		X	
	Ortho Evra		X	
	Paragard T 380-A		X	
	Skyla			X
		Medroxyprogesterone Acetate IM	X	
	Xulane		X	
Fluoroquinolones, Oral		Ciprofloxacin Suspension	X	
GI Motility, Chronic (formerly Irritable Bowel Syndrome)	Linzess		X	
	Movantik			X
	Relistor Syringe/Vial			X
HAE Treatments	Ruconest			X
Hepatitis B Agents		Entecavir Tablet		X
		Lamivudine HBV Tablet		X
Hepatitis C Agents	Harvoni			X
	Olysio			X
	Solvaldi			X
	Viekira Pak		X	
HIV/AIDS	Evotaz		X	
	Intelence		X	
	Isentress Powder Pack			X
	Prezcobix			X
	Prezista Oral Suspension		X	
	Reyataz Powder Pack		X	
	Stribild		X	
	Triumeq		X	
	Tybost		X	
	Vitekta			X
	Ziagen		X	
		Lamivudine Solution		

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
HIV/AIDS (Continued)		Nevirapine ER		X
		Stavudine Solution		X
Hypoglycemics, Incretin Mimetics/Enhancers	Bydureon Pens		X	
	Glyxambi			X
	Tanzeum		X	
	Trulicity			X
Hypoglycemics, Insulin and Related Agents	Afrezza Cartridge			X
	Toujeo Solostar Pen			X
Hypoglycemics, SGLT2	Invokamet			X
	Invokana		X	
	Jardiance			X
	Xigduo XR			X
Immunosuppressives, Oral		Mycophenolate Mofetil Suspension		X
Lipotropics, Other	Niaspan		X	
	Tricor		X	
	Trilipix		X	
		Fenofibrate Capsule		X
		Fenofibrate Tablet		X
		Fenofibric Acid		X
MS Agents	Betaseron Kit		X	
	Extavia Kit/Vial			X
	Lemtrada			X
	Plegridy			X
Opiate Dependence Treatments	Bunavail			X
	Evzio			X
PAH Agents, Oral & Inhaled	Letairis		X	
	Orenitram ER			X
	Revatio Suspension			X
Phosphate Binders	Auryxia			X
		Calcium Acetate Capsule	X	
		Sevelamer Carbonate Tablet		X
Platelet Aggregation Inhibitors	Zontivity			X
Prenatal Vitamins	Citranatal 90 DHA			X
	Citranatal Assure			X
	Marnatal-F			X
	Natalvit			X
	O-Cal Prenatal			X
	Prenata Chewable			X
	Purefe Plus			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Prenatal Vitamins (Continued)	Vol-Plus			X
		Bal-Care DHA	X	
		Calcium-PNV 28-1-250 mg	X	
		C-Nate DHA	X	
		Complete Natal DHA	X	
		Completenate Chewable	X	
		Elite-OB	X	
		Folivane-OB	X	
		Hemenatal OB	X	
		Hemenatal OB + DHA	X	
		Infanate Plus	X	
		Levomefolate DHA	X	
		Macnatal CN DHA	X	
		Newgen	X	
		PNV 29-1	X	
		PNV-DHA	X	
		PNV-DHA + Docusate	X	
		PNV OB + DHA	X	
		PNV-Select	X	
		PNV-Total	X	
		PNV-VP-U	X	
		Prenaissance	X	
		Prenaissance Balance	X	
		Prenaissance DHA	X	
		Prenaissance Plus	X	
		PR Natal 400	X	
		Pretab 29 mg-1 mg	X	
		Relnate DHA Prenatal	X	
		R-Natal OB	X	
		Se-Natal 19	X	
		Taron-C DHA	X	
		Tri-Tabs DHA	X	
		Triveen-Duo DHA	X	
	Triveen-PRX RNF	X		
	Ultimatecare One	X		
	Vemavite-PRX 2	X		
	Vena-Bal DHA	X		
	Vinacal B Prenatal	X		
	Vinate DHA	X		
	Virt-C DHA	X		
	Virt-Care One	X		

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Prenatal Vitamins (Continued)		Virt-PN	X	
		Virt-PN DHA	X	
		Virt-PN Plus	X	
		Virt-Select	X	
		VP-CH-PNV Prenatal	X	
		VP-Heme OB	X	
		VP-Heme OB + DHA	X	
		VP-Heme One	X	
		Zatean-PN	X	
		Zatean-PN DHA	X	
		Zatean-PN Plus	X	
Proton Pump Inhibitors	Nexium OTC			X
Tetracyclines		Doxycycline Monohydrate Capsule (50mg and 100mg)	X	
		Doxycycline Monohydrate Tablet	X	
Ulcerative Colitis Agents		Balsalazide		X

5. New Preferred Drugs that require clinical prior authorization:

- Bydureon Pens
- Differin Gel
- Differin Gel Pump
- Epiduo
- Invokana
- Linzess
- Tanzeum
- Testosterone Cypionate IM
- Tretinoin Cream
- Tretinoin Gel
- Viekira Pak

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.dhs.state.pa.us/provider/doingbusinesswithdhs/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

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