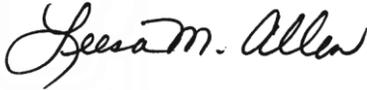




ISSUE DATE January 8, 2016	EFFECTIVE DATE January 20, 2016	NUMBER *See Below
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SUBJECT Preferred Drug List (PDL) Update January 20, 2016 – Pharmacy Services	BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs
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IMPORTANT REMINDER: All providers (including all associated service locations - 13 digits) who enrolled on or before **March 25, 2011** must revalidate their enrollment information no later than **March 24, 2016**. New enrollment application including all revalidation requirements may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. Please send in your application(s) as soon as possible.

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL), effective January 20, 2016.

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.

*01-16-01	09-16-01	27-16-01	
02-16-01	11-16-01	30-16-01	
03-16-01	14-16-01	31-16-01	
08-16-01	24-16-01	32-16-01	33-16-01

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.pa.gov/provider/healthcaremedicalassistance/index.htm>

DISCUSSION:

The P&T Committee made the following recommendations during the most recent semi-annual meeting in November 3, 2015, which were reviewed and approved by the Department.

- **Classes of drugs subject to the PDL with no changes:**
 - Antidepressants, Other
 - Antihypertensives, Sympatholytic
 - Antipsoriatics, Oral
 - Anxiolytics
 - Botulinum Toxins
 - Diabetic Meters & Strips
 - Erythropoiesis Stimulating Proteins
 - Histamine II Receptor Blockers
 - Immunomodulators, Topical
 - Iron, Parenteral
 - Oncology Agents, Breast Cancer
 - Ophthalmic Antibiotics
 - Otic Anti-Infectives & Anesthetics
 - Progestational Agents
 - Steroids, Topical Low
 - Thalidomide & Derivatives
- **Classes of drugs added to the PDL:**
 - Idiopathic Pulmonary Fibrosis Agents
 - Macular Degeneration Agents
 - Methotrexate
- **Classes of drugs or drugs removed from the PDL**
 - None
- **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
Alzheimer's Agents	Namzaric			X
		memantine tablet	X	
		memantine tablet dose pack	X	
Anti-Allergens, Oral	Oralair		X	
Anticonvulsants, Oral	Tegretol tablet		X	
		carbamazepine suspension		X
		carbamazepine tablet		X
		lamotrigine ODT		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		oxcarbazepine suspension	X	
Antidepressants, SSRIs		fluoxetine 60 mg	X	
Antihistamines, Minimally Sedating		fexofenadine suspension OTC		X
Antihyperuricemics		colchicine capsule		X
		colchicine tablet		X
Antiparkinson's Agents	Rytary			X
		pramipexole ER		X
		tolcapone		X
Antipsoriatics, Topical	Dovonex cream		X	
		calcipotriene cream		X
Antipsychotics	Invega Trinza		X	
	Rexulti			X
		aripiprazole tablet		X
		chlorpromazine		X
Bile Salts	Actigall		X	
	Cholbam		X	
	Urso/Urso Forte tablet		X	
		ursodiol 300 mg capsule		X
Bronchodilators, Beta Agonist	Proair HFA		X	
	Proair Respiclick			X
Colony Stimulating Factors	Neulasta kit		X	
	Zarxio			X
COPD Agents	Incruse Ellipta			X
	Spiriva Respimat			X
	Stiolto Respimat			X
	Tudorza Pressair		X	
Cytokine and CAM Antagonists	Cosentyx pen injector			X
	Cosentyx syringe			X
Emollients	Bionect			X
		HPR plus hydrogel		X
Enzyme Replacement, Gauchers Disease	Cerdelga		X	
Epinephrine, Self-Injected		epinephrine (Adrenaclick)	X	
Glucocorticoids, Inhaled	Advair HFA			X
	Aerospan		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Glucocorticoids, Inhaled, continued	Arnuity Ellipta			X
	Asmanex HFA			X
	Flovent Diskus			X
	Pulmicort Flexhaler			X
		budesonide 1 mg respules		X
Glucocorticoids, Oral		prednisolone sodium phosphate ODT		X
Hepatitis C Agents	Daklinza		X	
	Harvoni		X	
	Technivie		X	
Idiopathic Pulmonary Fibrosis Agents	Esbriet		X	
	Ofev		X	
Immunomodulators, Atopic Dermatitis		tacrolimus		X
Intranasal Rhinitis Agents	Astepro			X
	Flonase OTC			X
	Qnasl 40			X
		azelastine (Astelin)	X	
		olopatadine		X
Iron, Oral	Fusion OTC			X
		feriva 21-7		X
		feriva FA		X
Leukotriene Modifiers		zafirlukast		X
Macular Degeneration Agents	Eylea		X	
	Lucentis		X	
	Macugen			X
Methotrexate	Otrexup auto injector			X
	Rasuvo auto injector			X
	Rheumatrex tablet dose pack			X
	Trexall tablet			X
		methotrexate tablet	X	
		methotrexate PF vial	X	
		methotrexate vial	X	
Neuropathic Pain Agents	Irenka			X
		duloxetine (Irenka)		X
NSAIDs	DermacinRx Lexitral			X
	Pennsaid pump			X
	Tivorbex			X
		celecoxib		X
		diclofenac potassium		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		naproxen CR		X
		naproxen sodium		X
Oncology Agents, Oral	Farydak		X	
	Ibrance		X	
	Lenvima		X	
	Lynparza		X	
	Temodar		X	
		capecitabine		X
	temozolomide		X	
Ophthalmic Antibiotic-Steroid Combinations		blephamide S.O.P.		X
Ophthalmics for Allergic Conjunctivitis	Pazeo		X	
Ophthalmics, Anti-Inflammatories	Acular			X
	Iluvien			X
Ophthalmics for Glaucoma	Iopidine			X
	Timoptic		X	
		apraclonidine	X	
		bimatoprost 2.5 ml, 5 ml, and 7.5 ml		X
Otic Antibiotic Preparations	Ciprofloxacin		X	
		ofloxacin		X
Sedative Hypnotics	Belsomra			X
Smoking Cessation	Nicorette lozenge OTC			X
		nicotine lozenge OTC	X	
Steroids, Topical High	DermacinRx Silapak			X
		fluocinonide cream, emollient, gel, ointment, and solution		X
		triamcinolone acetonide aerosol		X
		triamcinolone acetonide lotion	X	
Steroids, Topical Medium	Elocon solution		X	
		fluocinolone acetonide cream, ointment, and solution		X
		fluticasone propionate cream and ointment	X	
		hydrocortisone butyrate solution		X

Steroids, Topical Very High	Clobex lotion, shampoo and spray		X	
	Temovate cream and ointment		X	
Steroids, Topical Very High, continued		clobetasol propionate cream, ointment, and spray		X
Stimulants and Related Agents	Aptensio XR			X
	Evekeo			X
	Dexedrine tablet			X
		dexmethylphenidate		X
		guanfacine ER	X	
		methylphenidate chewable tablets		X
		methylphenidate ER (Concerta, non-AB-rated)		X

- **New Preferred Drugs that require clinical prior authorization:**

- Cholbam
- Daklinza
- Eylea
- Farydak
- Harvoni
- Ibrance
- Lenvima
- Lucentis
- Lynparza
- Memantine tablet
- Memantine tablet dose pack
- Oralair
- Technivie

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.pa.gov/cs/groups/webcontent/documents/document/s_002077.pdf
- 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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