

<b>ISSUE DATE</b> July 5, 2016	<b>EFFECTIVE DATE</b> July 18, 2016	<b>NUMBER</b> *See Below
<b>SUBJECT</b>  Preferred Drug List (PDL) Update July 18, 2016 – Pharmacy Services		<b>BY</b>    Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISE to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at [http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994). Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

**PURPOSE:**

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL), effective July 18, 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.

*01-16-26	09-16-24	27-16-24	
02-16-23	11-16-23	30-16-23	
03-16-23	14-16-24	31-16-28	
08-16-24	24-16-26	32-16-22	33-16-23

**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 on May 17, 2016, which were reviewed and approved by the Department.

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

- Analgesics, Narcotic, Short-Acting
- Antibiotics, GI
- Antibiotics, Inhaled
- Antibiotics, Vaginal
- Antimigraine Agents, Other
- Antiparasitics, Topical
- Antivirals, Topical
- Beta-Blockers
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
- Benign Prostatic Hyperplasia (BPH) Treatment
- Contraceptives, Other
- Erythropoiesis Stimulating Proteins
- Fluoroquinolones, Oral
- Growth Factors
- H. Pylori Treatments
- Hepatitis B Agents
- Hereditary Angioedema (HAE) Agents
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZDs
- Opiate Dependence Treatments
- Pancreatic Enzymes
- Pituitary Suppressive Agents, LHRH
- Platelet Aggregation Inhibitors
- Skeletal Muscle Relaxants

**2. Classes of drugs added to the PDL:**

- Opiate Overdose Agents

**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
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<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Acne Agents, Topical	Benzoyl Peroxide 3% cleanser OTC		X	
	Klaron suspension			X
	Retin-A cream		X	
		clindamycin gel, lotion, and solution		X
		erythromycin solution		X
		tretinoin cream and gel		X
Analgesics, Narcotic, Long-Acting	Belbuca			X
	Kadian 40 mg and 200 mg			X
Androgenic Agents	Natesto			X
Angiotensin Modulators		captopril-hydrochlorothiazide	X	
Angiotensin Modulators Combinations	Entresto			X
	Prestalia			X
Antibiotics, Topical		gentamicin sulfate cream and ointment	X	
Anticoagulants	Eliquis		X	
Antiemetics/Antivertigo Agents	Varubi			X
Antifungals, Oral	Cresemba			X
Antifungals, Topical	Oxistat lotion			X
		clotrimazole-betamethasone lotion		X
Antimigraine Agents, Triptans	Zecuity			X
		almotriptan malate		X
Antivirals, Oral		rimantadine		X
Calcium Channel Blockers	Tiazac ER			X
		diltiazem CD 360 mg capsule		X
Cephalosporins and Related Agents	Augmentin suspension			X
	Suprax suspension			X
		amoxicillin-clavulanate 250-62.5 mg/5 mL suspension		X
		cefaclor capsule		X
		cefdinir capsule	X	
		cephalexin 750 mg capsule		X
Colony Stimulating Factors	Zarxio			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Contraceptives, Oral	Femcon FE			X
	Generess FE		X	
	Loseasonique		X	
	Microgestin 24 FE		X	
	Ortho Tri-Cyclen Lo			X
		Altavera	X	
		Alyacen	X	
		Apri	X	
		Ashlyna		X
		Aviane	X	
		Bekyree		X
		Blisovi 24 FE		X
		Blisovi FE	X	
		Cyclafem	X	
		Cyred	X	
		Deblitane	X	
		Enskyce	X	
		Estarylla	X	
		Gildess FE	X	
		Juleber	X	
		Junel 24 FE		X
		Junel FE	X	
		Kaitlib FE	X	
		Kimidess		X
		Kurvelo	X	
		Larin 24 FE		X
		Larin FE	X	
		Layolis FE		X
		Lessina	X	
		levonorgestrel-eth estradiol 3 month		X
	levonorgestrel-eth estradiol triphasic	X		
	Levora-28	X		
	Low-Ogestrel	X		
Contraceptives, Oral, continued		Lutera	X	
			X	
				X
			X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		Mononessa	X	
		Myzilra	X	
		Orsythia	X	
		Ortho-Cyclen	X	
		Ortho-Cyclen Lo		X
		Pirmella	X	
		Portia	X	
		Sharobel	X	
		Sprintec	X	
		Sronyx	X	
		Tri-Estarylla	X	
		Tri-Lo-Estarylla	X	
		Tri-Linyah	X	
		Tri-Lo-Marzia	X	
		Tri-Lo-Sprintec	X	
		Trinessa, Trinessa Lo	X	
		Vienva	X	
		Wymzya FE	X	
		Zenchant FE	X	
G.I. Motility, Chronic Agents	Viberzi			X
		alose tron		X
Growth Hormones	Zomacton			X
Hepatitis C Agents	Sovaldi		X	
	Zepatier		X	
		ribasphere tablet		X
		ribavirin tablet		X
HIV/AIDS Medications	Complera			X
	Crixivan			X
	Descovy		X	
	Edurant		X	
	Genvoya		X	
	Intelence			X
	Invirase			X
	Lexiva			X
	Odefsey			X
	HIV/AIDS Medications, continued	Stribild		
Triumeq				X
Tybost				X
Videx EC				X
		didanosine	X	
Hypoglycemics,		Tanzeum		

<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Incretin Mimetics/Enhancers	Victoza		X	
Hypoglycemics, Insulins	Tresiba			X
Hypoglycemics, Meglitinides		repaglinide-metformin		X
Hypoglycemics, Metformins		metformin ER (generic Glumetza)		X
Hypoglycemics, SGLT2 Inhibitors	Synjardy			X
Immunosuppressive, Oral	Cellcept suspension		X	
	Envarsus XR			X
	Myfortic		X	
	Neoral capsule			X
		cyclosporine capsule		X
Lipotropics, Other	Kynamro			X
	Praluent			X
	Repatha		X	
		fenofibrate tablet (generic Fenoglide)		X
Lipotropics, Statins		fluvastatin ER		X
Macrolides/Ketolides	E.E.S. 200 suspension			X
	Eryped 400 suspension			X
	Ery-Tab			X
		clarithromycin		X
Multiple Sclerosis Agents		Glatopa		X
Nitrofurantoin Derivatives	Macrobid			X
	Macrochantin			X
Opiate Overdose Agents	Narcan		X	
Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled	Tracleer			X
	Uptravi			X
Phosphate Binders	Fosrenol oral powder			X
	Renvela tablet		X	
		calcium acetate capsule		X
Prenatal Vitamins	Calcium PNV			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Prenatal Vitamins, continued	Completenate			X
	Folivane-OB			X
	PNV 29-1			X
	PNV-VP-U			X
	Taron-C DHA			X
	Triveen-Duo DHA			X
	Ultimatecare One			X
	Virt-C DHA			X
	Virtprex			X
	Virt-Select			X
	Vol-Nate			X
	Zatean-CH			X
	Zatean-PN DHA			X
	Zatean-PN Plus			X
Proton Pump Inhibitors (PPIs)		esomeprazole magnesium		X
Tetracyclines (formerly Acne Agents, Oral)	Vibramycin suspension		X	
		tetracycline		X
Thyroid Hormones	Levoxyl			X
Ulcerative Colitis Agents	Delzicol		X	
	Pentasa			X
Vasodilators, Coronary		isosorbide dinitrate tablet		X
		isosorbide dinitrate sublingual	X	
		Minitran		X

**5. New Preferred Drugs that require clinical prior authorization:**

- Eliquis
- Repatha
- Sovaldi
- Victoza
- Zepatier

**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.papdl.com](http://www.papdl.com)
- Providers can view the most recent Quantity Limits List at: [http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/s\\_002077.pdf](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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Xofigo

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