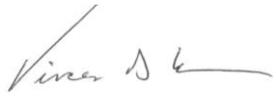




<b>ISSUE DATE</b> July 12, 2012	<b>EFFECTIVE DATE</b> August 13, 2012	<b>NUMBER</b> *See below
<b>SUBJECT</b>  Preferred Drug List (PDL) Update August 2012 – Pharmacy Services		<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL) effective August 13, 2012.

**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 made the following recommendations during the most recent semi-annual meeting on May 23, 2012, which were reviewed and approved by the Department.

*01-12-33	09-12-35	27-12-31	33-12-34
02-12-30	11-12-29	30-12-30	
03-12-30	14-12-30	31-12-35	
08-12-34	24-12-30	32-12-30	

**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:**

- Analgesics, Narcotics Long
- Androgenic Agents
- Angiotensin Modulator Combinations
- Antibiotics, Inhaled
- Antibiotics, Topical
- Antimigraine Agents
- Antivirals, Topical
- Colony Stimulating Factors
- Erythropoiesis Stimulating Proteins
- Fluoroquinolones, Oral
- Hypoglycemics, Meglitinides
- Immunosuppressives, Oral
- Multiple Sclerosis Agents
- PAH Agents, Oral and Inhaled
- Phosphate Binders
- Skeletal Muscle Relaxants

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

- Growth Factors
- Pituitary Suppressive Agents, LHRH

**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**

<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Acne Agents, Topical	Akne-Mycin			X
	Benzaclin w/Pump			X
	Benzoyl Peroxide Med. Pad			X
	Clindagel			X
	Differin Gel			X
	Epiduo			X
	Inova		X	
	Retin-A Micro Pump			X
		10-1		X
		Benzac AC		X
		Benzac W Wash		X
		Benzoyl Peroxide 5% Wash		X
		Benzoyl Peroxide 6% Cleanser		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Acne Agents, Topical, continued		OTC		
		Benzoyl Peroxide 7% Wash OTC		X
		Benzoyl Peroxide Cleanser		X
		Benzoyl Peroxide Kit		X
		Benzoyl Peroxide OTC		X
		Benzoyl Peroxide Towelette		X
		Benzoyl Peroxide/Urea Cleanser		X
		BP Cleanser OTC		X
		BP Suspension OTC		X
		BPO Kit		X
		Cerisa		X
		Clenia		X
		Clindamycin Phosphate Foam		X
		Clindamycin Phosphate Med. Swab		X
		Clindamycin/Benzoyl Peroxide		X
		Desquam-X		X
		Erythromycin Med. Swab		X
		Nuox		X
		SE BPO 7-5.5% Wash Kit		X
		SSS 10-4		X
		Sulfacetamide/Sulfur Cleanser		X
		Sulfacetamide/Sulfur Cleansing Cloths		X
		Sulfacetamide/Sulfur Lotion		X
		Sulfacetamide/Sulfur Med. Pad		X
		Sulfacetamide/Sulfur Suspension		X
	Sulfacetamide/Sulfur/Urea Cleanser		X	
	TL 4.25% BPO MX Cleanser OTC		X	
Analgesics, Narcotics Short	Codeine			X
	Zydone			X
		Carisoprodol Compound- Codeine		X
		Cocet		X
		Cocet Plus		X
		Hydromorphone Suppositories		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		Pentazocine/Naloxone		X
Angiotensin Modulators		Fosinopril/HCTZ		X
		Quinapril/HCTZ		X
Antibiotics, GI	Alinia Tablet			X
		Metronidazole Capsule		X
Antibiotics, Vaginal		Metronidazole		X
Anticoagulants	Arixtra			X
	Lovenox Syringe		X	
	Xarelto		X	
		Enoxaparin Syringe		X
Antiemetics/Antivertigo Agents		Dimenhydrinate Injection		X
		Metoclopramide Ampul		X
		Ondansetron Ampul		X
		Phenergan Ampul		X
		Prochlorperazine Injection		X
		Prochlorperazine Rectal		X
		Promethazine 50mg Rectal		X
Antifungals, Oral		Nystatin Powder		X
Antifungals, Topical	Lotrimin Ultra OTC			X
	Naftin Cream			X
	Naftin Gel			X
		Clotrimazole-Betamethasone Lotion		X
		Fungoid Kit OTC		X
Antiparasitics, Topical	Eurax Lotion			X
		Lice Egg Remover OTC		X
Antivirals, Oral	Tamiflu Suspension			X
Beta Blockers	Inderal LA		X	
	Toprol XL		X	
		Acebutolol		X
		Metoprolol XL		X
		Metoprolol/HCTZ		X
		Nadolol/Bendroflumethiazide		X
		Propranolol ER		X
		Timolol		X
Bladder Relaxants	Ditropan XL			X
	Oxytrol		X	
	Sanctura XR		X	
	Toviaz		X	
	VESIcare			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
		Flavoxate		X	
Bone Resorption Suppression & Related Agents	Aredia			X	
BPH Agents	Cialis			X	
	Uroxatral			X	
Calcium Channel Blockers	Dynacirc CR			X	
	Norvasc			X	
	Verapamil 360mg Capsule			X	
Cephalosporins & Related Agents	Augmentin 250 Suspension			X	
		Cefaclor Tablet ER		X	
		Cefadroxil Tablet		X	
		Cefadroxil Suspension		X	
Contraceptives, Oral	Femcon FE		X		
	Leena		X		
	Loestrin			X	
	Loestrin FE			X	
	Lo-Ovral-28			X	
	Micronor			X	
	Nordette-28			X	
	Ortho Tri-Cyclen			X	
	Ortho Tri-Cyclen Lo		X		
	Ortho-Cyclen			X	
	Ortho-Novum		X		
	Seasonique		X		
	Trinessa			X	
	Yasmin 28			X	
	Yaz			X	
		Aviane			X
		Caziant			X
		Cryselle		X	
		Errin		X	
		Heather		X	
	Junel FE			X	
	Lutera			X	
	Microgestin FE			X	
	Necon		X		
	Norethindrone			X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Contraceptives, Oral, continued		Norgestimate-Ethinyl Estradiol	X	
		Ovcon-35		X
		Reclipsen	X	
		Sronyx	X	
		Tri-Previfem	X	
		Tri-Sprintec	X	
		Trivora-28	X	
	Velivet	X		
Growth Factors	Increlex		X	
Growth Hormones	Norditropin Pen		X	
	Saizen Cartridge			X
	Saizen Vial			X
	Serostim Vial			X
Hepatitis C Agents	Peg-Intron		X	
	Peg-Intron Redipen		X	
HIV/AIDS	Complera		X	
Hypoglycemics, Incretin Mimetics/Enhancers	Bydureon		X	
	Jentadueto		X	
	Juvisync		X	
	Tradjenta		X	
	Victoza		X	
Hypoglycemics, Insulin & Related Agents	Levemir Pens		X	
	Levemir Vial		X	
Hypoglycemics, TZD	Duetact		X	
Lipotropics, Other	Antara			X
		Colestipol Granules		X
		Fenofibrate Capsule	X	
		Niacin Tablet OTC		X
		Niacin Tablet ER OTC		X
		Niacin (Inositol Niacinate) OTC		X
		Niacin Capsule ER OTC		X
Lipotropics, Statins	Crestor			X
		Atorvastatin	X	
Macrolides/Ketolides		E.E.S. 200 Suspension		X
		Eryped 200 Suspension		X
		Eryped 400 Suspension		X
		Erythromycin		X
		Erythromycin Base Capsule DR		X
Opiate Dependence Treatments	Suboxone Tablet			<b>X**</b>

<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>	
Pancreatic Enzymes	Pancreaze			X	
Pituitary Suppressive Agents, LHRH	Eligard			X	
	Lupron Depot		X		
Pituitary Suppressive Agents, LHRH, continued	Lupron Depot Kit		X		
	Lupron Depot-Ped			X	
	Lupron Depot-Ped Kit		X		
	Supprelin LA Kit			X	
	Synarel		X		
	Trelstar			X	
	Trelstar Depot			X	
	Trelstar LA			X	
	Vantas Kit			X	
	Zoladex			X	
			Leuprolide Acetate	X	
	Platelet Aggregation Inhibitors	Brilinta		X	
Prenatal Vitamins	Prenata		X		
		Complete Natal DHA		X	
		Complete-RF Prenatal		X	
		Maxinate	X		
		PNV with CA, No.71/Iron/FA		X	
		Poly Iron PN Forte		X	
		Prenafirst		X	
		Prenatal 19 Tab Chew		X	
		Prenatal Vit 15/Iron CB/FA/DSS		X	
		Prenatal-U		X	
		PureFE OB Plus	X		
		PureFE Plus	X		
		Select-OB + DHA		X	
		SE-Natal 19 Tab Chew		X	
		Stuart Prenatal + DHA OTC	X		
		Taron-BC		X	
		Taron-Duo EC		X	
		Triveen-Duo DHA		X	
		Triveen-U	X		
		Vinate AZ		X	
	Vitafol-OB + DHA		X		
	Vitaspire		X		
	Vol-Nate		X		

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		Vol-Tab Rx		X
Proton Pump Inhibitors	Aciphex			X
		omeprazole	X	
Tetracyclines	Vibramycin Syrup			X
Ulcerative Colitis Agents	Canasa		X	
	Colazal			X
Ulcerative Colitis Agents, continued		Mesalamine		X
		Mesalamine Kit		X

**\*\* Effective September 10, 2012**

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

- Increlex

#### **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](http://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/pharmacieservices/quantitylimitslist/index.htm>

- NOTE: Providers may call 1-800-558-4477, Option 1 to request a hard copy of the most recent PDL and Quantity Limits List

## SECTION II

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