



ISSUE DATE January 22, 2013	EFFECTIVE DATE January 15, 2013	NUMBER *See below
SUBJECT Preferred Drug List (PDL) Update January 15, 2013 – 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 January 15, 2013.

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 November 7, 2012, which were reviewed and approved by the Department.

*01-13-11	09-13-11	27-13-11	33-13-11
02-13-10	11-13-10	30-13-10	
03-13-10	14-13-10	31-13-12	
08-13-11	24-13-11	32-13-10	

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:

- Antihypertensives, Sympatholytics
- Antihyperuricemics
- Bile Salts
- Botulinum Toxins
- Emollients
- Immunomodulators, Atopic Dermatitis
- Iron, Parenteral
- Otic Anti-Infectives & Anesthetics
- Steroids, Topical Very High
- Stimulants and Related Agents

2. Classes of drugs added to the PDL:

- Antipsoriatics, Topical
- Glucocorticoids, Oral
- Oncology Agents, Breast Cancer

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
Alzheimers Agents	Aricept ODT			X
	Namenda Solution			X
Anticonvulsants	Klonopin Tablet			X
	Onfi		X	
	Potiga			X
	Trileptal Tablet			X
			clonazepam ODT	
Antidepressants, Other	Effexor XR			X
		mirtazapine ODT		X
		venlafaxine ER capsules	X	
Antidepressants, SSRIs	Paxil Suspension			X
		citalopram solution	X	
Antihistamines, Minimally Sedating	Claritin Capsule OTC			X
		levocetirizine solution		X
Antiparkinsons Agents	Neupro			X
Antipsoriatics, Topical	Dovonex Cream		X	
	Taclonex Ointment			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Antipsoriatics, Topical (continued)	Taclonex Scalp			X
	Sorilux Foam			X
	Vectical			X
		calcipotriene cream		X
		calcipotriene ointment		X
		calcipotriene solution	X	
		calcitrene ointment		X
		calcitriol ointment		X
Antipsychotics	Geodon			X
	Seroquel XR			X
		loxapine	X	
		risperidone ODT		X
		ziprasidone capsule	X	
Bronchodilators, Beta Agonists	Maxair			X
COPD Agents	Combivent Respimat			X
Cytokine and CAM Antagonists	Cimzia Kit			X
Diabetes Meters	Accu-Chek			X
	Accu-Chek Aviva Plus			X
	Accu-Chek Nano Smartview			X
	Breeze 2			X
	Contour			X
	Contour Next EZ			X
	One Touch Verio IQ		X	
	Prodigy			X
	True2Go Blood Glucose System			X
	Trueresult Blood Glucose System			X
	Truetrack Smart System			X
Diabetes Test Strips	Accu-Chek Active			X
	Accu-Chek Aviva			X
	Accu-Chek Aviva Plus			X
	Accu-Chek Comfort Curve			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
Diabetes Test Strips (continued)	Accu-Chek Compact			X	
	Accu-Chek Smartview			X	
	Breeze 2			X	
	Contour			X	
	Contour Next			X	
	Nova Max Test Strips			X	
	Prodigy No Coding			X	
	Truetest Test Strips			X	
	Truetrack Test Strips			X	
Enzyme Replacement, Gauchers Disease	Elelyso		X		
	Zavesca		X		
Glucocorticoids, Inhaled	Pulmicort Flexhaler		X		
Glucocorticoids, Oral	Celestone			X	
	Cortef		X		
	Entocort EC			X	
	Flo-Pred			X	
	Medrol Tablet			X	
	Orapred			X	
	Orapred ODT			X	
	Pediapred			X	
	Rayos Tablet DR			X	
		budesonide EC		X	
		cortisone		X	
		dexamethasone elixir			X
		dexamethasone intensol			X
		dexamethasone solution		X	
		dexamethasone tablet		X	
		Dexpak			X
		hydrocortisone			X
		methylprednisolone 16mg tablet			X
		methylprednisolone 32mg tablet		X	
		methylprednisolone 4mg tablet		X	
	methylprednisolone 8mg			X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Glucocorticoids, Oral (continued)		tablet		
		methylprednisolone tab DS PK	X	
		millipred DP tab DS PK		X
		millipred solution		X
		millipred tablet		X
		prednisolone sodium phosphate	X	
		prednisolone solution	X	
		prednisone intensol		X
		prednisone solution	X	
		prednisone tab DS PK	X	
		prednisone tablet	X	
		veripred 20		X
Intranasal Rhinitis Agents	Astepro		X	
	Dymista			X
	Qnasl			X
	Zetonna			X
Leukotriene Modifiers	Singulair Granule Packet			X
Neuropathic Pain (previously Myalgia/Neuropathy Agents)	Horizant			X
	Neurontin Solution			X
NSAIDs	Vimovo			X
Oncology Agents, Breast Cancer	Arimidex			X
	Aromasin			X
	Fareston			X
	Femara			X
		anastrozole	X	
		exemestane	X	
		letrozole	X	
		tamoxifen citrate	X	
Oncology Agents, Oral	Erivedge		X	
	Inlyta		X	
	Jakafi		X	
Ophthalmic Antibiotics	Ocuflox			X
	Tobrex Drops			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Ophthalmic Antibiotics (continued)		garamycin drops		X
		gentamicin ointment		X
		ilofexin		X
		sulfacetamide ointment		X
Ophthalmic Antibiotic- Steroid Combinations	Pred-G Drops Suspension		X	
	Zylet			X
Ophthalmics for Allergic Conjunctivitis	Pataday		X	
Ophthalmics, Anti- Inflammatories	Lotemax Ointment			X
Ophthalmics, Glaucoma Agents	Cosopt PF			X
	Iopidine		X	
	Zioptan			X
Otic Antibiotics	Cipro HC			X
	Coly-Mycin S			X
	Cortisporin-TC			X
		ciprofloxacin otic solution		X
Sedative Hypnotics	Intermezzo			X
Smoking Cessation	Chantix Tablet		X	
	Chantix Tab DS PK		X	
	Commit			X
	Nicorette Lozenge OTC			X
		nicotine lozenge OTC	X	
Steroids, Topical High		amcinonide lotion		X
		betamethasone DP ointment		X
		diflorasone diacetate ointment		X
		fluocinonide ointment		X
Steroids, Topical Low	Aqua Glycolic HC			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Steroids, Topical Medium	Cloderm			X
	Dermatop Cream			X
		fluticasone propionate cream		X
		fluticasone propionate ointment		X
		hydrocortisone butyrate ointment		X

5. New Preferred Drugs that require clinical prior authorization:

- None

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

SECTION II

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