pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 7, 2013	July 24, 2013	*See below

SUBJECT	BY
Preferred Drug List (PDL) Update July 24, 2013 – Pharmacy Services	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 July 24, 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 May 16, which were reviewed and approved by the Department.

*01-13-31	09-13-31	27-13-29	33-13-31
02-13-27	11-13-27	30-13-27	
03-13-27	14-13-28	31-13-35	
08-13-29	24-13-29	32-13-27	

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 Acting
   - Angiotensin Modulator Combinations
   - Antibiotics, GI
   - Antibiotics, Inhaled
   - Antimigraine Agents
   - Beta Blockers
   - Colony Stimulating Factors
   - Erythropoiesis Stimulating Proteins
   - Growth Factors
   - Growth Hormones
   - Hepatitis C Agents
   - Hypoglycemics, Insulin & Related Agents
   - Hypoglycemics, Meglitinides
   - Immunosuppressives, Oral
   - Macrolides/Ketolides
   - Pituitary Suppressive Agents, LHRH
   - Platelet Aggregation Inhibitors
   - Proton Pump Inhibitors
   - Skeletal Muscle Relaxants
   - Tetracyclines

2. **Classes of drugs added to the PDL:**
   - H. Pylori Treatment
   - Irritable Bowel Syndrome
   - Vasodilators, Coronary

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	Cleocin T Gel			X
	Cleocin T Lotion			X
	Cleocin T Solution			X
	Duac		X	
	Inova			X
	Klaron		X	
	Retin-A Cream		X	
	Sulfo-Lo OTC		X	
		benzoyl peroxide gel		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Analgesics, Narcotics Short Acting Analgesics, Narcotics Short Acting, continued	Roxicodone Tablet			X
	Subsys			X
		butalbital/caffeine/APAP w/ codeine		X
		butalbital compound w/ codeine		X
Androgenic Agents	Anadrol-50			X
	Androderm			X
	Android			X
	Androxy			X
	Delatestryl			X
	Depo-Testosterone		X	
	Methitest			X
	Striant			X
	Testim		X	
	Testred			X
		oxandrolone	X	
		testosterone cypionate		X
		testosterone enanthate		X
Angiotensin Modulators		trandolapril		X
		quinapril		X
Antibiotics, Topical		Triple Antibiotic Plus Ointment OTC		X
Antibiotics, Vaginal	Vandazole			X
		clindamycin		X
Anticoagulants	Eliquis		X	
Antiemetics/Antivertigo Agents	Compro			X
		prochlorperazine suppositories	X	
Antifungals, Oral	Onmel			X
		itraconazole		X
Antifungals, Topical	Desenex Aero Powder OTC			X
	Fungoid OTC			X
	Lamisil AT Cream OTC			X
	Lamisil AT Gel OTC			X
	Lamisil Spray OTC			X
	Lotrimin AF OTC			X
	Tinactin Aero Powder OTC			X
	Tinactin Cream			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Antifungals, Topical, continued	OTC			
	Tinactin Spray OTC			X
		clotrimazole cream RX		X
		clotrimazole solution RX		X
		clotrimazole-betamethasone cream		X
		nystatin powder		X
		tolnaftate aero powder OTC		X
		tolnaftate spray OTC		X
Antiparasitics, Topical	Natroba		X	
	Ovide			X
	Sklice			X
		pip butoxide/pyrethrins/permethrin kit		X
Antivirals, Oral		amantadine capsule		X
		famciclovir	X	
Antivirals, Topical	Xerese			X
Bladder Relaxants	Myrbetriq			X
	Toviaz			X
Bone Resorption Suppression & Related Agents	Binosto			X
	Fortical		X	
	Miacalcin			X
BPH Agents		alfuzosin	X	
Calcium Channel Blockers	Cardizem LA		X	
		diltiazem capsule ER		X
Calcium Channel Blockers		felodipine ER		X
Cephalosporins & Related Antibiotics		cefaclor suspension		X
		cephalexin tablet		X
Contraceptives, Oral	Enpresse		X	
	Leena			X
	Loestrin		X	
	Lo-Ovral-28		X	
	Necon			X
	Nordette-28			X
	Nor-Q-D		X	
	Ortho-Novum			X
	Ovcon-50			X
	Trivora-28			X
		Apri		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Contraceptives, Oral, continued		Caziant	X	
		Chateal	X	
		Cryselle		X
		Dasetta	X	
		Emoquette	X	
		Errin		X
		Falmina	X	
		Heather		X
		Junel		X
		Microgestin	X	
		norgestrel-ethiny estra		X
		Reclipsen		X
		Sprintec		X
		Sronyx		X
		Tri-Sprintec		X
		Velivet		X
Fluoroquinolones, Oral	Levaquin Solution			X
H. Pylori Treatment	Helidac		X	
	Omeclamox-Pak			X
	Prevpac		X	
	Pylera			X
HIV/AIDS	Stribild		X	
	Viramune Tablet		X	
	Viramune XR			X
	Ziagen			X
		abacavir	X	
		didanosine		X
		nevirapine tablet		X
Hypoglycemics, Incretin Mimetics/ Enhancers	Janumet			X
	Janumet XR			X
	Januvia			X
	Kazano			X
	Nesina			X
	Oseni			X
	Victoza			X
Hypoglycemics, TZDs	Actoplus Met			X
	Duetact			X
Irritable Bowel Syndrome	Amitiza		X	
	Linzess			X
Lipotropics, Other	Niacor			X
	Niaspan			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	Vascepa			X
		fenofibrate capsule		X
Lipotropics, Statins	Simcor			X
Multiple Sclerosis Agents	Aubagio		X	
Opiate Dependence Treatments		buprenorphine/naloxone tab		X
		naltrexone	X	
PAH Agents Oral & Inhaled	Adcirca			X
Pancreatic Enzymes	Pertzye			X
	Ultresa			X
	Viokace			X
Phosphate Binders	Eliphos			X
	Phoslo			X
		calcium acetate capsule		X
Prenatal Vitamins	Completenate		X	
	FE C			X
	Folivane-OB		X	
	Folivane-PRX DHA NF		X	
	Marnatal-F			X
	Maxinate			X
	Mini Prenatal OTC		X	
	Mynatal		X	
	Natalvit			X
	O-Cal FA			X
	Prenatal Multi + DHA OTC		X	
	Prenatal One OTC		X	
	Prenatal Vitamin + DHA OTC		X	
	PureFE OB Plus			X
	PureFE Plus			X
	SE-Natal 19 Tablet			X
	Stuart Prenatal + DHA OTC			X
	Taron-C DHA		X	
	TL-Select DHA		X	
	Tricare			X
	Trinatal GT		X	
	Triveen-PRX RNF		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Prenatal Vitamins, continued	Triveen-U			X
	Trust Natal DHA			X
	Ultimatecare One NF		X	
	Vinate GT			X
	Vinate II			X
	Virt-Bal DHA		X	
	Vol-Nate		X	
	Vol-Tab RX		X	
		Mynatal Plus	X	
		Mynatal-Z	X	
		PNV with CA,No.71/Iron/FA	X	
		PNV with CA,No.72/Iron,Carb/FA	X	
		Prenatal Vit 15/Iron CB/FA/DSS	X	
		Vynatal-FA	X	
Ulcerative Colitis Agents	Giazo			X
Vasodilators, Coronary	Bidil			X
	Dilatrate-SR			X
	Imdur			X
	Isordil			X
	Nitro-Bid Ointment		X	
	Nitro-DUR Patch			X
	Nitrolingual Spray			X
	Nitromist			X
	Nitrostat		X	
		isosorbide dinitrate	X	
		isosorbide dinitrate ER		X
		isosorbide dinitrate sublingual		X
		isosorbide mononitrate SR	X	
		isosorbide mononitrate	X	
		Minitran Patch	X	
		nitroglycerin ER		X
		nitroglycerin transdermal	X	
		nitroglycerin translingual		X

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

- Neulasta
- Neupogen
- Testim
- Depo-Testosterone
- Oxandrolone
- Eliquis

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

- Table of Contents