



MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 16, 2020	January 5, 2021	*See below
SUBJECT	BY	
Statewide Preferred Drug List (PDL) Implementation – Pharmacy Services		 Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Statewide Preferred Drug List (PDL), effective January 5, 2021.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

The Department of Human Services (Department) implemented a Statewide PDL on January 1, 2020. The Statewide PDL and the corresponding guidelines to determine the medical necessity of drugs that require prior authorization are utilized in the FFS delivery system and by MA managed care organizations (MCOs) in Physical Health HealthChoices and Community HealthChoices.

*01-20-43	09-20-42	27-20-38	33-20-39
02-20-36	11-20-36	30-20-35	
03-20-36	14-20-37	31-20-43	
08-20-46	24-20-36	32-20-35	

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 website at

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

Under the Statewide PDL, the preferred or non-preferred status of drugs included in the Statewide PDL apply to both the Fee-for-Service (FFS) and managed care delivery systems. In addition, the FFS and managed care delivery systems use the same prior authorization guidelines for drugs included in the Statewide PDL. This provides uniformity between the FFS delivery system and the managed care delivery system in terms of the preferred and non-preferred statuses of drugs in therapeutic classes included in the Statewide PDL and the prior authorization guidelines to determine the medical necessity of these drugs.

The MCOs may, but are not required to, require prior authorization of drugs that are subject to the quantity limits established in the FFS delivery system. In addition, the MCOs may designate drugs as preferred or non-preferred in drug classes that are not included in the Statewide PDL.

DISCUSSION:

The Department's Pharmacy and Therapeutics (P&T) Committee developed recommendations for the Statewide PDL based on clinical effectiveness, safety, and outcomes, and if drugs within a class are clinically equivalent, cost was considered. The P&T Committee is comprised of physicians, pharmacists, Department medical directors, consumer advocates, and specialists as needed for drug class reviews. Each Physical Health HealthChoices MCO and Community HealthChoices MCO is represented by a voting member on the P&T Committee.

The P&T Committee held meetings on August 11, 2020, and August 12, 2020, to update the Statewide PDL and recommended the following:

- Preferred or non-preferred status for 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;
- Classes of drugs to be added to or deleted from the PDL; and
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

The Department adopted the recommendations made by the P&T Committee.

PROCEDURE:

The Statewide PDL effective January 5, 2021, is located at <https://papdl.com/preferred-drug-list>. Providers should refer to the Statewide PDL for the list of therapeutic classes included in the Statewide PDL and the preferred and non-preferred statuses of drugs included in each therapeutic class.

New and revised requirements for prior authorization and guidelines to determine medical necessity of drugs included in the Statewide PDL and the corresponding handbook chapters will be published in separate MA Bulletins. The MCOs use the same prior authorization guidelines for drugs included in the Statewide PDL as are used in the FFS delivery system.

Requesting Prior Authorization for Beneficiaries in the FFS Delivery System

The procedures for prescribers to request prior authorization of non-preferred drugs on the Statewide PDL and preferred drugs on the Statewide PDL that require 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 chapter related to specific therapeutic classes of drugs) when reviewing the prior authorization request to determine medical necessity.

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.

Requesting Prior Authorization for Beneficiaries in the Managed Care Delivery System

Although the MCOs are required to adopt the guidelines to evaluate medical necessity of drugs included in the Statewide PDL that are used in the FFS delivery system, the procedures to request prior authorization for beneficiaries in Physical Health HealthChoices or Community HealthChoices MCOs may differ from those for beneficiaries in the FFS delivery system and are specific to each MCO. Providers should contact the MCOs for MCO-specific information regarding the procedures to request prior authorization of non-preferred drugs included in the Statewide PDL and preferred drugs included in the Statewide PDL that require clinical prior authorization.

RESOURCES:

Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)
<https://papdl.com/preferred-drug-list>

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements
<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>