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| ISSUE DATE January 18, 2019 | EFFECTIVE DATE January 28, 2019 | NUMBER *See Below |
| SUBJECT Preferred Drug List (PDL) Update January 28, 2019 - Pharmacy Services | | BY  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: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL), effective January 28, 2019.

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 delivery system.

BACKGROUND:

The Department of Human Services' (DHS) Pharmacy and Therapeutics (P&T) Committee meets semi-annually to review published peer-reviewed clinical literature and recommends 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, and new classes of drugs to be added to or deleted from the PDL.

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|-----------|----------|----------|----------|
| *01-19-04 | 09-19-04 | 27-19-04 | |
| 02-19-03 | 11-19-03 | 30-19-03 | |
| 03-19-03 | 14-19-03 | 31-19-04 | |
| 08-19-06 | 24-19-03 | 32-19-03 | 33-19-04 |

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 November 27, 2018, which were reviewed and approved by DHS.

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

- Androgenic Agents
- Anti-Allergens, Oral
- Anticoagulants
- Antihistamines, Minimally Sedating
- Anxiolytics
- Growth Factors
- H. Pylori Treatments
- Histamine II Receptor Blockers
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Meglitinides
- Hypoglycemics, Metformins
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZDs
- Leukotriene Modifiers
- Macular Degeneration Agents
- Methotrexate
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics, Anti-Inflammatories
- Opiate Overdose Agents
- Otic Antibiotic Preparations
- Otic Anti-Infectives & Anesthetics
- Pancreatic Enzymes
- Platelet Aggregation Inhibitors
- Proton Pump Inhibitors
- Sedative Hypnotics
- Smoking Cessation Agents

2. Classes of drugs added to the PDL:

- None

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 |
|--------------------------------|---------------------------|-------------------------------|------------------|----------------------|
| Alzheimer's Agents | | memantine ER capsule | | X |
| Anticonvulsants | Diastat, Diastat Acudial | | | X |
| | Topamax Sprinkle | | | X |
| | Trileptal suspension | | | X |
| | | diazepam rectal kit | X | |
| | | vigabatrin powder packet | | X |
| Antidepressants, Other | Trintellix | | X | |
| Antidepressants, SSRIs | | paroxetine mesylate capsule | | X |
| Antiemetic/Antivertigo Agents | Akynzeo vial | | | X |
| | Bonjesta | | | X |
| | Cinvanti | | X | |
| | Emend vial | | | X |
| | Syndros | | | X |
| | Varubi vial | | | X |
| | | granisetron tablet | X | |
| | | palonosetron syringe/vial | | X |
| | | Promethagan 50 mg suppository | X | |
| Antihyperuricemics | Duzallo | | | X |
| Antiparkinson's Agents | Gocovri | | | X |
| | Osmolex ER | | | X |
| | Xadago | | | X |
| Antipsychotics | Abilify Maintena | | | X |
| | Aristada, Aristada Initio | | X | |
| | Perseris | | X | |
| Bronchodilators, Beta-Agonists | ProAir Respiclick | | X | |
| COPD Agents | Lonhala Magnair | | | X |
| | Trelegy Ellipta | | | X |
| | Tudorza Pressair | | X | |
| Cytokine and CAM Antagonists | Ilumya | | | X |
| | Olumiant | | | X |
| G.I. Motility, Chronic Agents | Linzess | | X | |
| | Movantik | | X | |
| | Symproic | | | X |
| Glucocorticoids, Inhaled | Advair HFA | | X | |
| | Flovent Diskus | | X | |
| Growth Hormones | Genotropin | | | X |

| Therapeutic Drug Class | Brand Name | Generic Name | Preferred | Non-Preferred |
|--|---------------------------|--------------------------------|------------------|----------------------|
| | Omnitrope | | X | |
| Hypoglycemics, Incretin Mimetics/Enhancers | Bydureon Bcise | | | X |
| | Ozempic | | | X |
| Hypoglycemics, Insulin and Related Agents | Admelog, Admelog Solostar | | | X |
| | Fiasp, Fiasp Flextouch | | | X |
| | Humalog Junior Kwikpen | | | X |
| Hypoglycemics, SGLT2 Inhibitors | Farxiga | | | X |
| | Qtern | | | X |
| | Segluromet | | | X |
| | Steglatro | | | X |
| | Steglujan | | | X |
| | Xigduo XR | | | X |
| Intranasal Rhinitis Agents | Patanase | | | X |
| | Sinuva | | | X |
| | Xhance | | | X |
| Multiple Sclerosis Agents | Aubagio | | X | |
| | | dalfampridine ER | | X |
| | | glatiramer acetate | | X |
| Ophthalmic Antibiotics | Ciloxan drops | | | X |
| | Moxeza | | X | |
| | Vigamox | | | X |
| | | AK-Poly-Bac | X | |
| | | gentamicin sulfate drops | X | |
| | | moxifloxacin | | X |
| | ofloxacin | X | | |
| Ophthalmics, Antibiotic-Steroid Combinations | Zylet | | X | |
| Ophthalmics for Glaucoma | Rhopressa | | | X |
| | Simbrinza | | X | |
| | Vyzulta | | | X |
| | | dorzolamide-timolol droperette | | X |
| | | timolol maleate drop daily | | X |
| Ophthalmic Immunomodulators | Restasis Multidose | | | X |
| Opiate Dependence Treatments | Lucemyra | | | X |
| | Sublocade | | | X |

| Therapeutic Drug Class | Brand Name | Generic Name | Preferred | Non-Preferred |
|---|--------------------------------|--|-----------|---------------|
| | | clonidine tablet | X | |
| Pulmonary Arterial Hypertension (PAH), Oral and Inhaled | Tracleer tablet for suspension | | | X |
| | | tadalafil | | X |
| Phosphate Binders | | lanthanum carbonate chewable | | X |
| | | sevelamer carbonate powder packet | | X |
| Pituitary Suppressive Agents, LHRH | Orilissa | | | X |
| | Triptodur | | X | |
| Progestational Agents | Depo-Provera 400 mg/ml vial | | X | |
| | | hydroxyprogesterone caproate vial (generic Makena) | | X |
| Stimulants and Related Agents | Adderall XR | | | X |
| | Adzenys ER, Adzenys XR-ODT | | | X |
| | Cotempla XR-ODT | | | X |
| | Mydayis | | | X |
| | | dextroamphetamine-amphet ER capsule | X | |
| | | methylphenidate ER 72 mg tablet | | X |
| Ulcerative Colitis Agents | Pentasa | | X | |

5. New preferred drugs that require clinical prior authorization:

- Aubagio
- Linzess
- Movantik
- Omnitrope
- Triptodur

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 up to a 5-day supply of medication when necessary and without prior authorization are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. DHS 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.

NOTE:

- Providers can view the most recent PDL at: <https://papdl.com/preferred-drug-list>.
- Providers can view the most recent Quantity Limits List at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.
- NOTE: Providers may call 1-800-537-8862 to request a hard copy of the most recent PDL and Quantity Limits List.