

ISSUE DATE February 18, 2015	EFFECTIVE DATE January 21, 2015	NUMBER *See below
SUBJECT Preferred Drug List (PDL) Update January 21, 2015 – 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 21, 2015.

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 Human Services' (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's most recent semi-annual meeting was held on November 5, 2014. The update to the PDL resulting from that meeting and a final review by the Department is as follows:

*01-15-02	09-15-02	27-15-01	33-15-02
02-15-01	11-15-01	30-15-01	
03-15-01	14-15-01	31-15-02	
08-15-02	24-15-01	32-15-01	

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.state.pa.us/provider/healthcaremedicalassistance/index.htm>

DISCUSSION:

The P&T Committee made the following recommendations during the most recent semi-annual meeting in November 5, 2014, which were reviewed and approved by the Department.

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

- Alzheimer's Agents
- Antihistamines, Minimally Sedating
- Antihypertensives, Sympatholytics
- Antihyperuricemics
- Anxiolytics
- Bile Salts
- Botulinum Toxins
- Diabetic Supplies
- Enzyme Replacement, Gaucher's Disease
- Epinephrine, Self-Injected
- Histamine II Receptor Blockers
- Immunomodulators, Atopic Dermatitis
- Immunomodulators, Topical
- Leukotriene Modifiers
- Oncology Agents, Breast Cancer
- Ophthalmic Antibiotic Steroid Combinations
- Ophthalmics, Anti-inflammatories
- Otic Antibiotics
- Smoking Cessation

2. Classes of drugs added to the PDL:

- Anti-Allergens, Oral
- Thalidomide & Derivatives

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
Anti-Allergens, Oral	Ragwitek		X	
	Grastek		X	
Anticonvulsants	Aptiom			X
	Fycompa			X
	Tegretol Tablet			X
	Topamax Sprinkle		X	
	Qudexy XR			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Anticonvulsants, continued		lamotrigine Tablet Dose Pack		X
		topiramate ER		X
Antidepressants, Other	Brintellix			X
	Fetzima			X
	Khedezla			X
		desvenlafaxine fumarate ER		X
		desvenlafaxine ER		X
Antidepressants, SSRIs		fluoxetine 10 mg & 20 mg tablet	X	
Antiparkinson's Agents		carbidopa		X
Antipsoriatics, Oral		Methoxsalen Rapid		X
Antipsoriatics, Topical	Dovonex Cream			X
		calcipotriene cream	X	
		calcipotriene/betamethasone ointment		X
Antipsychotics	Abilify Tablets		X	
	Adasuve			X
	Versacloz			X
Bronchodilators, Beta Agonists	Striverdi Respimat			X
COPD Agents	Anoro Ellipta			X
Cytokine and CAM Antagonists	Actemra Syringe			X
	Arcalyst			X
	Entyvio			X
	Otezla			X
Emollients	Lubriderm Daily Moisture OTC			X
		ammonium lactate cream/lotion		X
Glucocorticoids, Inhaled	Aerospan			X
	Breo Ellipta			X
Glucocorticoids, Oral		cortisone tablet		X
Intranasal Rhinitis Agents	Nasacort OTC			X
		azelastine		X
		budesonide		X
Iron, Oral		Novaferum 50 Capsule OTC		X
		Nu-Iron 150 Capsule OTC		X
Iron, Parenteral	Ferrlecit		X	
Neuropathic Pain		gabapentin tablet		X
NSAIDs	Pennsaid Pump			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
NSAIDs, continued		diclofenac solution		X
		etodolac		X
		oxaprozin		X
		piroxicam		X
Oncology Agents, Oral	Casodex		X	
	Purixan		X	
	Zydelig		X	
	Zykadia		X	
		temozolomide	X	
Ophthalmic Antibiotics		gatifloxacin		X
Ophthalmics, Allergic Conjunctivitis		Zaditor OTC	X	
Ophthalmics, Glaucoma Agents		betaxolol		X
Otic Anti-Infectives & Anesthetics		acetic acid/aluminum		X
Progestational Agents	Prometrium			X
		progesterone capsule	X	
Sedative Hypnotics	Hetlioz			X
		eszopiclone		X
Steroids, Topical High		betamethasone dipropionate cream		X
Steroids, Topical Low		alclometasone dipropionate cream	X	
		alclometasone dipropionate ointment	X	
		desonide cream		X
		desonide ointment		X
Steroids, Topical Medium		clocortolone cream		X
		hydrocortisone valerate cream		X
		mometasone furoate ointment	X	
		mometasone furoate solution	X	
Steroids, Topical Very High	Clodan Kit			X
		halobetasol propionate cream		X
		halobetasol propionate ointment		X
Stimulants and Related Agents		dexmethylphenidate XR		X
		Procentra		X
Thalidomide &	Pomalyst		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Derivatives	Revlimid		X	
	Thalomid		X	

5. New Preferred Drugs that require clinical prior authorization:

- Ragwitek
- Grastek
- Casodex
- Purixan
- temozolomide
- Zydelig
- Zykadia
- Thalomid
- Revlimid
- Pomalyst

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.dhs.state.pa.us/provider/doingbusinesswithdhs/pharmacyservices/quantitylimitslist/index.htm>

- NOTE: Providers may call 1-800-537-8862, Option 1 to request a hard copy of the most recent PDL and Quantity Limits List

SECTION II

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