



<b>ISSUE DATE</b>  November 5, 2010	<b>EFFECTIVE DATE</b>  November 15, 2010	<b>NUMBER</b> *See Below
<b>SUBJECT</b>  Fall 2010 Preferred Drug List (PDL) and Quantity Limits Update – Pharmacy Services		<b>BY</b>   Izanne Leonard-Haak, Acting 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 November 15, 2010.

**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.

*01-10-28	09-10-30	27-10-20
02-10-19	11-10-19	30-10-19
03-10-21	14-10-20	31-10-31
08-10-29	24-10-22	32-10-19

**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>

**DISCUSSION:**

The P&T Committee made the following recommendations during the most recent semi-annual meeting on August 26, 2010, which were reviewed and approved by the Department.

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

- Androgenic Agents
- Antibiotics, Vaginal
- Antidepressants, SSRIs
- Antifungals, Topical
- Antiparasitics, Topical
- Antiparkinsons Agents
- Antivirals, Oral
- Atopic Dermatitis
- Bronchodilators, Anticholinergic
- Fluoroquinolones, Oral
- Leukotriene Modifiers
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics, Glaucoma Agents
- Steroids, Topical High
- Steroids, Topical Low

**2. Classes of drugs added to the PDL:**

- Antibiotics, Inhaled
- Antihyperuricemics
- Bile Salts

**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**

<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Acne Agents, Oral		Doxycycline Hyclate DR		X
		Minocycline Tablets		X
		Minocycline ER		X
		Doxycycline Monohydrate		X
Alzheimers Agents		Galantamine		X

<b>Therapeutic Drug Class</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Preferred</b>	<b>Non-Preferred</b>
Analgesics-Anesthetics, Topical		Capsaicin OTC	X	
	Qutenza			X
Antibiotics, Inhaled	Cayston			X
	Tobi		X	
Antidepressants, Other		Bupropion XL	X	
		Venlafaxine ER Capsules	X	
		Venlafaxine ER Tablets		X
	Venlafaxine ER Tablets			X
Antiemetics	Sancuso		X	
Antifungals, Oral	Ancobon			X
Antihyperuricemics		Allopurinol	X	
		Colchicine	X	
		Probenecid	X	
		Probenecid/Colchicine	X	
	Colcrys			X
	Uloric			X
Antipsychotics		Amitriptyline/Perphenazine		X
		Chlopromazine	X	
		Fluphenazine	X	
		Fluphenazine Decanoate	X	
		Haloperidol	X	
		Haloperidol Decanoate	X	
		Loxapine	X	
		Perphenazine	X	
		Thioridazine		X
		Thiothixene	X	
		Trifluoperazine	X	
	Fanapt			X
	Geodon (Intramuscular)		X	
	Invega Sustenna		X	
	Orap		X	
	Risperdal Consta		X	
Triavil			X	
Zyprexa (Intramuscular)			X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		Zyprexa Relprevv		
Antivirals, Topical	Abreva			X
Bile Salts		Actigall	X	
		Ursodiol	X	
	Chenodal			X
	Urso			X
	Urso Forte			X
Bone Resorption Suppression and Related Agents	Actonel			X
	Boniva			X
Bronchodilators, Beta Agonist	Foradil			X
	Maxair		X	
Cephalosporins and Related Agents	Ceftin Suspension			X
Cytokine and CAM Antagonists	Kineret			X
Glucocorticoids, Inhaled		Budesonide Respules		X
	Asmanex			X
	Pulmicort Respules			X
Hypoglycemics, Incretin Mimetics/Enhancers	Onglyza		X	
	Victoza		X	
Hypoglycemics, Insulin and Related Agents	Levemir			X
	Levemir Pens			X
Intranasal Rhinitis Agents	Nasonex			X
	Patanase		X	
Macrolides-Ketolides	ZMAX			X
NSAIDs	Vimovo			X
Ophthalmic Antibiotics		Bacitracin		X
		Ciprofloxacin Solution	X	
	Ciloxan Ointment			X
Ophthalmics, Anti-Inflammatories	Nevanac			X
	Ozurdex			X
	Restasis		X	
	Vexol			X
Pancreatic Enzymes	Pancreaze		X	
Platelet Aggregation Inhibitors	Effient			X
Steroids, Topical Medium	Locoid Lipocream		X	
	Luxiq			X
Steroids, Topical Very High		Halonate PAC		X
Stimulants and Related Agents	Daytrana		X	
	Intuniv			X

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

- Onglyza
- Victoza

**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

[http://www.providersynergies.com/services/documents/PAM\\_PDL\\_20100223.pdf](http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf)

Providers can view the most recent Quantity Limits List at

[http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s\\_002077.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002077.pdf)

NOTE: Providers may call 1-800-558-4477, Option 1 to request a hard copy of the most recent PDL or Quantity Limits List

**SECTION II**

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