



MEDICAL ASSISTANCE BULLETIN

ISSUE DATE December 18, 2013	EFFECTIVE DATE January 22, 2014	NUMBER *See Below	
SUBJECT Preferred Drug List (PDL) Update January 22, 2014 – 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 22, 2014.

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.

*01-13-57	09-13-54	27-13-53	33-13-53
02-13-48	11-13-48	30-13-48	
03-13-48	14-13-49	31-13-61	
08-13-53	24-13-50	32-13-48	

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's most recent semi-annual meeting was held on November 5, 2013. The update to the PDL resulting from that meeting and a final review by the Department is as follows;

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

- Antihypertensives, Sympatholytics
- Antihyperuricemics
- Antipsoriatics, Topical
- Bile Salts
- Botulinum Toxins
- Diabetic Supplies
- Enzyme Replacement, Gauchers Disease
- Glucocorticoids, Oral
- Immunomodulators, Atopic Dermatitis
- Oncology Agents, Breast Cancer
- Ophthalmic Antibiotic-Steroid Combinations
- Ophthalmics, Allergic Conjunctivitis
- Otic Antibiotics
- Otic Anti-Infectives & Anesthetics
- Sedative Hypnotics
- Steroids, Topical Very High

2. Classes of drugs added to the PDL:

- Antipsoriatics, Oral
- Anxiolytics
- Epinephrine, Self-Injected
- Histamine II Receptor Blockers
- Immunomodulators, Topical
- Iron, Oral
- Progestational Agents

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	Exelon Capsules			X
	Namenda XR			X
		donepezil 23mg		X
Anticonvulsants	Banzel Suspension			X
	Depakote			X
Anticonvulsants,	Depakote Sprinkle			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
continued	Dilantin Infatab			X
	Onfi Suspension			X
	Trokendi XR			X
		lamotrigine XR		X
		phenytoin chewable tab	X	
		tiagabine		X
Antidepressants, Other	Forfivo XL			X
		desvenlafaxine ER		X
Antidepressants, SSRIs	Brisdelle			X
		escitalopram tablet	X	
		fluoxetine tablet		X
		fluvoxamine ER		X
Antihistamines, Minimally Sedating		cetirizine capsule OTC		X
		desloratadine ODT		X
Antiparkinson's Agents	Lodosyn			X
		entacapone		X
Antipsoriatics, Oral	8-Mop			X
	Oxsoralen-Ultra			X
	Soriatane		X	
		acitretin		X
Antipsychotics	Abilify Maintena			X
	Haldol (Injection)		X	
		clozapine ODT		X
Anxiolytics	Ativan Tablet			X
	Niravam			X
	Tranxene T-Tab			X
	Valium Tablet			X
	Xanax Tablet			X
	Xanax XR			X
		alprazolam ER		X
		alprazolam intensol		X
		alprazolam ODT		X
		alprazolam tablet	X	
		buspirone	X	
		chlordiazepoxide	X	
		clorazepate	X	
		diazepam intensol		X
		diazepam solution	X	
		diazepam syringe		X
Anxiolytics, continued		diazepam tablet	X	
		diazepam vial	X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
		lorazepam intensol	X		
		lorazepam tablet	X		
		meprobamate		X	
		oxazepam		X	
Bronchodilators, Beta Agonists	Xopenex Nebulizing Solution Concentrate			X	
COPD Agents	Tudorza Pressair			X	
Cytokine and CAM Antagonists	Simponi Aria Vial			X	
	Xeljanz			X	
Emollients	Cerave PM OTC			X	
Epinephrine, Self-Injected	Auvi-Q			X	
	Epipen		X		
	Epipen Jr		X		
		epinephrine		X	
Glucocorticoids, Inhaled	Pulmicort Respules 0.25mg, 0.5mg			X	
Histamine II Receptor Blockers	Axid Solution			X	
	Pepcid AC Tablet OTC			X	
	Pepcid Suspension			X	
	Pepcid Tablet			X	
	Zantac (Injection)			X	
	Zantac 75 Tablet OTC			X	
	Zantac Syrup			X	
	Zantac Tablet			X	
	Zantac Tablet OTC			X	
		cimetidine solution			X
		cimetidine tablet			X
		cimetidine tablet OTC			X
		famotidine (intravenous)			X
		famotidine piggyback	X		
		famotidine suspension			X
		famotidine tablet	X		
		famotidine tablet OTC	X		
		famotidine vial	X		
		nizatidine capsule			X
		nizatidine solution			X
		ranitidine (injection)			X
		ranitidine capsule			X
		ranitidine syrup	X		
	ranitidine tablet	X			
Histamine II Receptor		ranitidine tablet OTC	X		

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
Blockers, continued					
Immunomodulators, Topical	Aldara		X		
	Zyclara			X	
		imiquimod		X	
Intranasal Rhinitis Agents	Nasacort AQ			X	
Iron, Oral	Bifera Rx			X	
	Feosol OTC			X	
	Ferate OTC		X		
	Ferralet 90 Dual-Iron			X	
	Ferrimin 150 OTC		X		
	Fusion Plus			X	
	HemocYTE Plus			X	
	HemocYTE-F			X	
	Integra F			X	
	Integra OTC			X	
	Integra Plus			X	
	Niron Komplexe			X	
	Tandem Dual Action OTC			X	
	Tandem Plus			X	
	Vitron-C OTC			X	
		Active Fe			X
		Centratex			X
		Corvita 150			X
		Corvite 150			X
		Corvite Fe			X
		Duofer			X
		Fe C OTC		X	
		Fe fumarate/vit C/B12-IF/FA			X
		Fe fumarate/vit C/vit B12/FA			X
		Feriva			X
		Ferraplus 90			X
		Ferrex 150 Plus OTC			X
		Ferrex 28			X
		Ferrocite Plus			X
		ferrous gluconate OTC		X	
		ferrous sulfate 65mg OTC		X	
		ferrous sulfate OTC		X	
	Iron, Oral (continued)		ferrous sulfate solution	X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		OTC		
		Folitab 500 OTC		X
		Folivane-F		X
		Folivane-Plus		X
		hematogen		X
		hematogen FA		X
		hemetab		X
		Icar-C OTC		X
		Iferex 150 forte		X
		iron 45mg OTC	X	
		iron carbonyl/ascorbic acid OTC	X	
		iron polysaccharides complex OTC	X	
		iron PS cmplx/vit B12/FA	X	
		Irospan		X
		Maxaron Forte		X
		Multigen		X
		Multigen Folic		X
		Multigen Plus		X
		MV comb18/FeFm-FePol CB1/FA		X
		Natalvirt FLT		X
		Nephron FA		X
		Novaferum		X
		Novaferum 50 OTC	X	
		Novaferum Drops OTC	X	
		Novaferum Liquid OTC		X
		SE-Tan Plus		X
		slow release iron	X	
		Taron Forte		X
		TL-Fol 500		X
		TL-Hem 150		X
		Vitafol		X
Iron, Parenteral	Injectafer			X
Leukotriene Modifiers		montelukast granules		X
Neuropathic Pain	Lyrica Solution			X
	Savella			X
	Savella Dose Pack			X
		gabapentin solution		X
NSAIDs		diclofenac sodium/		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
		misoprostol			
Oncology Agents, Oral	Afinitor Disperz		X		
	Bosulif		X		
	Cometriq		X		
	Gilotrif		X		
	Mekinist		X		
	Stivarga		X		
	Tafinlar		X		
	Temodar		X		
	Xeloda		X		
	Xtandi		X		
	Zolinza		X		
		temozolomide		X	
Ophthalmic Antibiotics	Besivance			X	
Ophthalmics, Anti-Inflammatories	Acular		X		
	Durezol		X		
	Ilevro			X	
	Lotemax Gel			X	
	Prolensa			X	
Ophthalmics, Glaucoma Agents	Istalol			X	
	Lumigan			X	
	Pilopine HS			X	
	Rescula			X	
	Simbrinza		X		
			travoprost		X
Progestational Agents	Crinone			X	
	Depo-Provera 400mg/ml			X	
	Makena		X		
	Prometrium		X		
	Provera			X	
			Aygestin		X
			medroxyprogesterone acetate	X	
			norethindrone acetate	X	
			progesterone (intramuscular)		X
		progesterone capsule		X	
Smoking Cessation	Nicorette Lozenge OTC		X		
		nicotine lozenge OTC		X	
Steroids, Topical High Steroids, Topical High,		fluocinonide ointment	X		
		trianex ointment		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
continued				
Steroids, Topical Low		fluocinolone 0.01% oil		X
Steroids, Topical Medium		betamethasone valerate foam		X
Stimulants and Related Agents	Methylin Chewable Tabs			X
	Methylin Solution			X
	Quillivant XR		X	
	Ritalin			X
		dextroamphetamine solution		X
		methylphenidate CD		X
		Procentra	X	
		Zenzedi		X

5. New Preferred Drugs that require clinical prior authorization:

- Afinitor Disperz
- Bosulif
- Cometriq
- Gilotrif
- Mekinist
- Stivarga
- Tafenlar
- Temodar
- Xeloda
- Xtandi
- Zolinza

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

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