



<b>ISSUE DATE</b>  November 2, 2009	<b>EFFECTIVE DATE</b>  November 16, 2009	<b>NUMBER</b> *See Below
<b>SUBJECT</b>  Fall 2009 Preferred Drug List (PDL) and Quantity Limits Update – Pharmacy Services		<b>BY</b>   Michael Nardone, 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) and the list of drugs subject to Quantity Limits effective November 16, 2009.

**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.

*01-09-43	09-09-45	27-09-36
02-09-35	11-09-35	30-09-35
03-09-35	14-09-35	31-09-46
08-09-44	24-09-41	32-09-35

**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 Web site at [www.dpw.state.pa.us/PartnersProviders](http://www.dpw.state.pa.us/PartnersProviders)

**DISCUSSION:**

The P&T Committee made the following recommendations during the most recent semi-annual meeting on August 19, 2009, which were reviewed and approved by the Department.

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

- Analgesics/Anesthetics, Topical
- Androgenic Agents
- Antidepressants, SSRIs
- Antiparasitics, Topical
- Antiparkinson's Agents
- Antivirals, Oral
- Atopic Dermatitis
- Bronchodilators, Anticholinergic
- Cytokine and CAM Antagonists
- Fluoroquinolones, Oral
- Glucocorticoids, Inhaled
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin and Related Agents
- Leukotriene Receptor Antagonists
- Macrolides/Ketolides
- NSAIDs

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

- Antivirals, Topical
- Ophthalmic Antiinflammatories (NOTE: Merged Ophthalmic, Immunomodulators and NSAIDs, Ophthalmic to form one class)
- Pancreatic Enzymes
- Steroids, Topical High
- Steroids, Topical Low
- Steroids, Topical Medium
- Steroids, Topical Very High

**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>
Alzheimer's Agents	Exelon (Oral)		X	
	Exelon (Transdermal)		X	
	Galantamine		X	
Analgesics, Narcotics Short-Acting	Dilaudid Liquid			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred	
Antibiotics, Vaginal	Clindesse			X	
	Vandazole		X		
Anticonvulsants	Banzel		X		
	Vimpat		X		
Antidepressants, Other	Marplan			X	
	Nardil			X	
	Parnate			X	
	Venlafaxine ER		X		
	Wellbutrin XL 300mg		X		
		Tranlycypromine Sulfate			X
Antiemetics	Marinol		X		
		Dronabinol		X	
Antifungals, Oral	Ancobon		X		
Antifungals, Topical	Bensal HP			X	
		Clotrimazole OTC	X		
		Clotrimazole Rx	X		
		Miconazole	X		
		Terbinafine	X		
		Tolnaftate	X		
Antivirals, Topical	Denavir		X		
	Zovirax Cream			X	
	Zovirax Ointment		X		
Atypical Antipsychotics	Risperdal			X	
Bladder Relaxant Preparations	Toviaz			X	
Bone Resorption Suppression and Related Agents	Boniva		X		
	Evista			X	
	Fosamax Plus D			X	
	Fosamax Solution			X	
		Calcitonin Salmon			X
BPH Treatments	Rapaflo			X	
Bronchodilators, Beta Agonist	Maxair			X	
	Proventil HFA			X	
	Serevent Diskus			X	
	Xopenex HFA			X	
		Albuterol (Oral)			X
		Metaproterenol (Oral)			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Cephalosporins	Augmentin 125 Susp		X	
	Augmentin 250 Susp		X	
	Omnicef			X
Hypoglycemics, Meglitinides	Prandimet			X
Intranasal Rhinitis Agents	Astepro		X	
		Flunisolide		X
Lipotropics, Other	Trilipix		X	
Ophthalmic Antibiotics	Ciloxan Ointment		X	
	Natacyn			X
	Tobrex		X	
	Vigamox		X	
		Bacitracin	X	
		Bacitracin/ Polymyxin Ciprofloxacin Solution	X	X
Ophthalmic for Allergic Conjunctivitis	Alrex		X	
Ophthalmics Anti-Inflammatories	Diclofenac		X	
	Durezol			X
	Flarex		X	
	FML Forte		X	
	FML S.O.P.		X	
	Lotemax		X	
	Maxidex		X	
	Pred Mild		X	
	Retisert			X
	Triesence			X
	Vexol		X	
		Dexamethasone	X	
	Fluorometholone	X		
Ophthalmics, Glaucoma	Propine		X	
Pancreatic Enzymes	Creon		X	
	Lipram		X	
	Pancrease MT		X	
	Pancrecarb MS			X
	Pancrelipase		X	
	Ultrase		X	
	Viokase		X	
Phosphate Binders	Eliphos			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Platelet Aggregation Inhibitors		Ticlopidine		X
Proton Pump Inhibitors	Kapidex			X
	Prilosec Suspension			X
Steroids, Topical High	Halog			X
	Kenalog Aerosol			X
	Vanos			X
		Amcinonide	X	
		Betamethasone Dipropionate	X	
		Betamethasone Valerate	X	
		Desoximetasone		X
		Diflorasone Diacetate	X	
		Fluocinonide	X	
		Fluocinonide Emollient	X	
		Fluocinonide-E	X	
	Triamcinolone Acetonide	X		
Steroids, Topical Low	Capex Shampoo		X	
	Derma-Smooth-FS		X	
	Desonate			X
	Verdeso			X
		Alclometasone Dipropionate	X	
		Desonide	X	
	Hydrocortisone	X		
Steroids, Topical Medium	Cloderm			X
	Cordran Tape			X
	Locoid Lipocream		X	
	Luxiq		X	
		Fluocinolone Acetonide	X	
		Fluticasone Propionate	X	
		Hydrocortisone Butyrate	X	
		Hydrocortisone Valerate	X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Steroids, Topical Medium (continued)		Mometasone Furoate	X	
		Prednicarbate		X
Steroids, Topical Very High	Clobex			X
	Olux-E			X
	Olux-Olux-E			X
		Clobetasol Emollient	X	
		Clobetasol Propionate	X	
		Halobetasol Propionate	X	
Stimulants and Related Agents	Focalin		X	
Tetracyclines	Nutridox			X
		Demeclocycline		X
Ulcerative Colitis Agents	Apriso		X	
	Sfrowasa		X	

### **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://providersynergies.com/services/medicaid/pennsylvania.html>

Providers can view the most recent Quantity Limits List at

<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/MAPharmProg/003675066.htm>

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

### Table of Contents