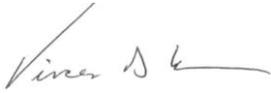




ISSUE DATE January 26, 2012	EFFECTIVE DATE February 13, 2012	NUMBER *See below
SUBJECT Preferred Drug List (PDL) Update February 2012 – Pharmacy Services	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to inform providers about updates to the Preferred Drug List (PDL) effective February 13, 2012.

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.

DISCUSSION:

The P&T Committee made the following recommendations during the most recent semi-annual meeting on November 9, 2011, which were reviewed and approved by the Department.

*01-12-01	09-12-01	27-12-01	33-12-01
02-12-01	11-12-01	30-12-01	
03-12-01	14-12-01	31-12-01	
08-12-01	24-12-01	32-12-01	

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

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

- Cytokine and CAM Antagonists
- Leukotriene Modifiers

2. Classes of drugs added to the PDL:

- Antihypertensives, Sympatholytic
- Botulinum Toxins
- COPD Agents (Formerly Bronchodilators, Anticholinergic)
- Emollients
- Enzyme Replacement, Gauchers Disease
- Iron, Parenteral
- Myalgia and Neuropathy Agents (Combined Fibromyalgia and Analgesics/Anesthetics, Topical)
- Oncology Agents, Oral
- Ophthalmic antibiotic-Steroid Combinations
- Otic Anti-infectives and Anesthetics
- Smoking Cessation

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	
Alzheimers Agents	Aricept 23mg			X	
		donepezil	X		
Anticonvulsants	Depakene Capsule			X	
	Depakene Syrup			X	
	Depakote ER			X	
	Equetro			X	
	Keppra Solution			X	
	Keppra Tablets			X	
	Lamictal			X	
	Lamictal Tab DS Pack			X	
	Mysoline			X	
	Topamax Tablets			X	
	Zarontin Capsule			X	
			carbamazepine XR		X
			divalproex sprinkle		X
		ethosuximide capsule		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		oxcarbazepine suspension		X
Antidepressants, Other		venlafaxine ER capsules		X
Antidepressants, SSRIs	Paxil Suspension		X	
		citalopram solution		X
		fluoxetine capsule DR		X
		paroxetine suspension		X
		sertraline concentrate		X
Antihistamines, Minimally Sedating		cetirizine chewable OTC		X
		cetirizine-D OTC		X
		cetirizine solution OTC		X
Antihypertensives, Sympatholytic	Catapres			X
	Catapres-TTS		X	
	Nexiclon XR Tablets			X
	Nexiclon XR Suspension			X
		clonidine	X	
		clonidine transdermal		X
		guanabenz		X
		guanfacine	X	
		methyldopa	X	
		methyldopa/ HCTZ		X
	reserpine		X	
Antihyperuricemics	Krystexxa			X
Antiparkinsons Agents		carbidopa/ levodopa ODT		X
		pramipexole	X	
		selegiline		X
Antipsychotics	Abilify Discmelt			X
	Abilify Intramuscular			X
	Abilify Solution			X
	Abilify Tablet			X
	Navane		X	
		haloperidol lactate vial	X	
Bile Sats	Actigall			X
		ursodiol		X
Botulinum Toxins	Botox		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	Dysport			X
	Myobloc			X
	Xeomin		X	
Bronchodilators, Beta Agonists	Accuneb		X	
	Arcapta Neohaler			X
	Proair HFA			X
	Proventil HFA		X	
	Ventolin HFA			X
	Xopenex Nebulizing Solution Conc		X	
		albuterol sulf 0.63mg/3ml		X
		albuterol sulf 1.25mg/3ml		X
		terbutaline tablets		X
COPD Agents (Formerly Bronchodilators, Anticholinergic)	Daliresp			X
	Duoneb		X	
		lpratropium/ albuterol inhalation		X
Emollients	Atopiclair			X
	Biafine			X
	Cerave PM OTC		X	
	Eleton			X
	Emulsion SB			X
	Epiceram			X
	Hylatopic Plus			X
	Hylatopic Plus – Aurstat Kit			X
	Lac-Hydrin Cream/Lotion			X
	Tropazone Cream/Lotion			X
		Ammonium Lactate Cream/ Lotion		X
		Emollient Combo 35 Cream		X
		Lactic Acid Cream/Lotion		X
Enzyme Replacement, Gauchers Disease	Ceredase 400 Units		X	
	Cerezyme 200 Units		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	Cerezyme 400 Units		X	
	Vpriv 400 Units		X	
Glucocorticoids, Inhaled	Asmanex		X	
	Dulera		X	
	Pulmicort 0.25mg Respules		X	
	Pulmicort 0.5mg Respules		X	
Hepatitis C Agents	Incivek		X	
	Victrelis		X	
	Ribasphere			X
Immunomodulators, Atopic Dermatitis	Protopic			X
Intranasal Rhinitis Agents	Astepro			X
	Nasacort AQ		X	
	Nasonex		X	
		fluticasone		X
Iron, Parenteral	Dexferrum			X
	Feraheme			X
	Ferrlecit			X
	Infed		X	
	Nulecit		X	
	Venofer			X
Myalgia/Neuropathy Agents	Gralise			X
	Lidoderm Patch			X
	Neurontin Capsule			X
	Savella		X	
NSAIDs	Advil Tab Chew OTC			X
	Flector Patch			X
	Indocin Suspension			X
	Mobic Suspension		X	
	Naprosyn EC			X
	Vimovo		X	
		diflunisal		X
		etodolac tablet SR		X
	fenoprofen		X	

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		ibuprofen capsule OTC	X	
		ibuprofen chew tab OTC	X	
		ibuprofen drops suspension OTC	X	
		ibuprofen suspension OTC	X	
		ibuprofen tablet OTC	X	
		indomethacin capsule ER		X
		ketoprofen ER		X
		meloxicam suspension		X
Oncology Agents, Oral	Afinitor		X	
	Caprelsa		X	
	Gleevec		X	
	Iressa		X	
	Nexavar		X	
	Sprycel		X	
	Sutent		X	
	Tarceva		X	
	Tasigna		X	
	Tykerb		X	
	Votrient		X	
	Zelboraf		X	
Zytiga		X		
Ophthalmic Antibiotic-Steroid Combinations	Blephamide		X	
	Blephamide S.O.P.		X	
	Maxitrol Drops Susp			X
	Poly-pred		X	
	Pred-G Drops Susp			X
	Pred-G Ointment		X	
	Tobradex Ointment		X	
	Tobradex ST			X
	Tobradex Suspension		X	
	Zylet		X	
		neomycin/ bacitracin/poly/ HC		
	neomycin/ polymyxin/	X		

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		dexamethasone		
		neomycin/ polymyxin/HC		X
		sulfacetamide/ prednisolone	X	
		tobramycin/ dexamethasone suspension		X
Ophthalmic Antibiotics	Besivance		X	
	Moxeza		X	
	Terramycin w/ Polymyxin		X	
	Zymar		X	
		bacitracin/ polymyxin B sulfate ointment		X
		garamycin drops	X	
		Neomycin/ bacitracin/ polymyxin ointment		X
		Neomycin-polymyxin- gramicidin		X
Ophthalmics for Allergic Conjunctivitis	Optivar		X	
	Zaditor OTC			X
	Xibrom			X
		ketorolac	X	
		ketorolac LS	X	
		prednisolone sod phosphate		X
Ophthalmics, Glaucoma Agents	Alphagan P 0.1%			X
	Cosopt			X
	Trusopt			X
		apraclonidine		X
Otic Anti-Infectives & Anesthetics	Borofair		X	
	Chlorphenylcaine			X
	Myoxin			X
	Neotic			X
	Otic Care			X
	Otozin			X
	Pinnacaine			X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
	PR Otic Solution			X
	Pramotic			X
	Treagan Otic			X
	Trioxin			X
	Zinotic			X
	Zinotic ES			X
		AA/ antipy/ bcaine/ polico/ al acet		X
		acetic acid	X	
		acetic acid HC		X
		acetic acid/ aluminum	X	
		antipyrine/ benzocaine	X	
Otic Antibiotics	Cipro HC		X	
	Coly-Mycin S		X	
	Cortisporin-TC		X	
Sedative Hypnotics	Restoril 7.5mg			X
Smoking Cessation	Chantix			X
	Commit		X	
	Nicoderm CQ			X
	Nicorette Gum OTC			X
	Nicorette Lozenge OTC		X	
	Nicotrol			X
	Nicotrol NS			X
		bupropion SR	X	
		nicotine gum OTC	X	
		nicotine lozenge OTC		X
		nicotine patches OTC	X	
Steroids, Topical High		amcinonide cream		X
		amcinonide ointment		X
		betamethasone DP Aug Cream		X
		betamethasone DP Aug Lotion		X
		betamethasone DP Aug Ointment		X

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
		betamethasone DP Gel		X
		beta-val cream	X	
		beta-val lotion	X	
		diflorasone diacetate cream		X
		triamcinolone acetonide lotion		X
Steroids, Topical Low	Derma-Smoothe-FS			X
		alclometasone DP cream		X
		alclometasone DP ointment		X
		desonide lotion		X
		hydrocortisone lotion		X
		hydrocortisone/ aloe gel		X
Steroids, Topical Medium	Cloderm		X	
	Dermatop Cream		X	
		hydrocortisone butyrate cream		X
		hydrocortisone valerate ointment		X
		mometasone furoate ointment		X
		mometasone furoate solution		X
Steroids, Topical Very High	Olux		X	
		clobetasol propionate foam		X
Stimulants and Related Agents	Ritalin		X	
		dexmethylphenindate		X
		dextroamphetamine ER		X

5. New Preferred Drugs that require clinical prior authorization:

- Botox
- Xeomin
- Incivek
- Victrelis
- Oncology Agents, Oral

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 or Quantity Limits List

SECTION II

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