

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE June 5, 2009	EFFECTIVE DATE May 4, 2009	NUMBER ** See Below
SUBJECT Spring 2009 Preferred Drug List (PDL) Pharmacy Update		BY  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 May 4, 2009, and July 6, 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

** 01-09-06	09-09-07	27-09-04
02-09-03	11-09-03	30-09-03
03-09-03	14-09-03	31-09-08
08-09-07	24-09-06	32-09-03

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/omap

DISCUSSION:

Preferred Drug List

The P&T Committee made the following recommendations during the most recent semi-annual meeting on February 25, 2009, which were reviewed and approved by the Department.

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

- Analgesics, Narcotic Long Acting
- Anticoagulants, Injectable
- Erythropoiesis Stimulating Proteins
- Hepatitis C Agents
- Hypoglycemics, TZDs
- Impetigo Agents, Topical
- Multiple Sclerosis
- Sedative Hypnotics
- Skeletal Muscle Relaxants

2. New therapeutic drug classes, new drugs and drugs not previously reviewed that have been added to the PDL and their status:

Therapeutic Drug Class	Brand Name	Generic Name	Preferred Effective May 4, 2009	Non-Preferred Effective July 6, 2009
Acne Agents, Topical		Sodium Sulfa-Sulfur-Meratan		X
		Sulfacetamide/Sulfur		X
	Clarifoam EF			X
Acne Agents, Oral		Doxycycline	X	
		Minocycline	X	
		Tetracycline	X	
	Adoxa CK			X
	Adoxa TT			X
	Oracea			X
	Solodyn			X
Anticonvulsants		Levetiracetam		X
	Keppra XR			X
	Stavzor			X
Antimigraine	Treximet			X
Calcium Channel Blockers		Nisoldipine		X
PAH Agents, Oral	Letairis		X	
	Revatio		X	
	Tracleer		X	

Antidepressants, Other	Venlafaxine ER			X
Antiemetics	Sancuso TD			X
Antiparkinson's Agents	Requip XL			X
Glucocorticoids, Inhaled	Alvesco			X
Intranasal Rhinitis Agents	Patanase			X
Cytokine and CAM Antagonists	Cimzia		X	
Phosphate Binders		Calcium Acetate		X

3. Changes in status of drugs from Non-Preferred to Preferred effective May 4, 2009:

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Acne Agents, Topical	Differin		X	
	Duac		X	
Angiotensin Modulators		Quinapril, HCTZ	X	
		Trandolapril	X	
Angiotensin Modulators/ CCB Combinations	Azor		X	
	Lotrel		X	
	Tarka		X	
Antibiotics, GI		Neomycin	X	
Antihistamines, Minimally Sedating		Cetirizine Syrup OTC	X	
		Cetirizine Syrup Rx	X	
		Cetirizine/ D	X	
Beta-Blockers	Innopran XL		X	
Bladder Relaxant Preparations	Detrol LA		X	
BPH Treatment	Proscar		X	
Growth Hormones	Nutropin		X	
Hypoglycemics, Meglitinides	Prandin		X	
Lipotropics, Other	Niacor		X	
Lipotropics, Statins		Pravastatin Sodium	X	
	Crestor		X	
Phosphate Binders	Fosrenal		X	
Proton Pump Inhibitors		Omeprazole OTC	X	
	Prevacid Solutab		X	

4. Changes in status of drugs from Preferred to Non-Preferred effective July 6, 2009:

Therapeutic Drug Class	Brand Name	Generic Name	Preferred	Non-Preferred
Acne Agents, Topical	Akne-mycin			X
	Tazorac			X
Analgesics, Narcotics Short Acting		Levorphanol		X
		Oxycodone/ASA		X
		Oxycodone/IBU		X

		Pentazocine/APAP		X
Angiotensin Modulators/ CCB Combinations		Amlodipine/ Benazepril		X
Anticonvulsants		Divalproex, ER & Sprinkles		X
	Equetro			X
	Phenytek			X
Antimigraine		Sumatriptan Inj		X
Bladder Relaxant Preparations	Enablex			X
	Sanctura			X
	Sanctura XR			X
BPH Treatment		Finasteride		X
Calcium Channel Blockers		Verapamil ER PM		X
	Cardizem LA			X
	Sular			X
Otic Fluoroquinolones (Previously Otic Antibiotic Preparations)		Ofloxacin		X
Ulcerative Colitis Agents	Dipentum			X

5. Classes of drugs or drugs removed from the PDL:

None

6. Preferred Drugs that require clinical prior authorization effective July 6, 2009:

- Cimzia
- Nutropin
- Revatio

7. Drugs not subject to the PDL that require clinical prior authorization:

None

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

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