

DESCRIPTION OF LIMITATIONS

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.a. Prescribed Drugs (continued)	<p><u>Limitations on Payment</u></p> <p>(e) Prior authorization is required for the following:</p> <ol style="list-style-type: none"> 1. Multisource brand name drugs identified by the state agency as having A-rated generics available for substitution except for those brand name drugs whose net cost after rebate is less than the A-rated generic cost. 2. Prescriptions for drugs within the following therapeutic classes when the prescribed dosage is higher than the dosage recommended by the United States Food and Drug Administration: <ul style="list-style-type: none"> (i) Reserved (ii) Reserved (iii) Reserved (iv) Reserved (v) Reserved (vi) Reserved (vii) Reserved (viii) Reserved (ix) Reserved (x) Reserved (xi) Reserved (xii) Gastrointestinal Agents (xiii) Reserved (xiv) Reserved (xv) Reserved (xvi) Reserved (xvii) Reserved (xviii) Reserved (xix) Reserved (xx) Reserved (xxi) Reserved (xxii) Reserved (xxiii) Reserved (xxiv) Reserved (xxv) Reserved (xxvi) Reserved (xxvii) Reserved (xxviii) Reserved (xxix) Reserved (xxx) Reserved (xxxi) Non-Narcotic Analgesics (xxxii) Anti-Anxiety Agents (xxxiii) Depo-Provera (xxxiv) Vaccines (xxxv) Antiarrhythmics (xxxvi) Hypoglycemics, Metformins

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12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.a. Prescribed Drugs (continued)	<p data-bbox="578 333 829 361"><u>Limitations on Payment</u></p> <ol style="list-style-type: none"> <li data-bbox="578 417 1516 474">3. Drugs not included on the Preferred Drug List, and designated as non-preferred. <li data-bbox="675 474 951 501">4. Botulinum Toxins <li data-bbox="675 501 870 529">5. <i>Reserved</i> <li data-bbox="675 529 854 556">6. Synagis <li data-bbox="675 556 821 583">7. Xolair <li data-bbox="675 583 854 611">8. Tysabri <li data-bbox="578 611 1516 695">9. Early Refills – a request for a refill when more than 15 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed. <li data-bbox="675 695 870 722">10. <i>Reserved</i> <li data-bbox="578 722 1516 779">11. Legend and non-legend cough and cold medications when prescribed for children under 6 (six) years of age. <li data-bbox="675 779 870 806">12. <i>Reserved</i> <li data-bbox="675 806 870 833">13. <i>Reserved</i> <li data-bbox="675 833 1414 861">14. Benzodiazepines when prescribed for children under age 21. <li data-bbox="675 861 870 888">15. <i>Reserved</i> <li data-bbox="675 888 870 915">16. Nuedexta <li data-bbox="675 915 854 942">17. Makena <li data-bbox="675 942 837 970">18. Xyrem <p data-bbox="578 1001 943 1029">(f) Drug Rebate Agreements</p> <ol style="list-style-type: none"> <li data-bbox="578 1058 1539 1226">1. The Commonwealth is in compliance with section 1927 of the Social Security Act. The state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification. <li data-bbox="578 1255 1539 1339">2. The Commonwealth will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates. <li data-bbox="578 1369 1539 1474">3. A rebate agreement between the state and a drug manufacturer for drugs provided to Medicaid recipients, submitted to CMS on October 1, 2005, and entitled “State of Pennsylvania Department of Public Welfare Supplemental Rebate Agreement” has been authorized by CMS. <li data-bbox="578 1503 1539 1726">4. The Commonwealth will continue state-specific supplemental rebates and will also participate in a multi-state pooling program that will negotiate supplemental rebates in addition to federal rebates provided for in Title XIX. This multi-state pooling program is know as The Optimal PDL Solution (TOP\$sm). TOP\$sm rebate agreements will be separate from the federal rebates. TOP\$sm supplemental rebates received by the Commonwealth in excess of those required under the federal drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the federal rebate agreement. <li data-bbox="578 1755 1539 1864">5. CMS has authorized the state of Pennsylvania to enter into “The Optimal PDL Solution (TOP\$sm).” The TOP\$sm supplemental rebate agreement was authorized by CMS on 3/13/2007 and is effective January 1, 2007 for the state of Pennsylvania.

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