

To: AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Providers
Date: December 1, 2021
RE: Changes to the Preferred Drug List (PDL)

Dear AmeriHealth Caritas PA CHC Provider,

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 3, 2022.* As a reminder, DHS required all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL. As such:

- AmeriHealth Caritas PA CHC continues to adhere to the preferred and non-preferred status and list of drugs included in the statewide PDL.
 - Please see **Appendix A** for a list of drugs that will be changing formulary status for AmeriHealth Caritas PA CHC effective January 3, 2022.
- AmeriHealth Caritas PA CHC will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

***Important note: Please keep in mind that up until January 3, 2022, the current version of the statewide PDL is still in effect.**

Reminder:

- AmeriHealth Caritas PA CHC will maintain a list of preferred and non-preferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by the AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization go to:
 - Phone – 1-888-674-8720
 - Fax – 1-855-851-4058
 - Online: www.amerihealthcaritaschc.com → Providers → Pharmacy Services.

Where can I see the changes?

The up-to-date PDL is available on DHS's Pharmacy site at: <https://papdl.com/>

If you have any questions regarding this change, please contact AmeriHealth Caritas PA CHC Pharmacy Services at 1-888-674-8720.

Sincerely,



Stephen E. Orndorff
Director, Provider Network Management

Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 3, 2022

Drug	Preferred alternative options*
ANTIBIOTICS, INHALED	
Kitabis	Tobramycin
ANTIEMETICS/ANTIVERTIGO AGENTS	
Bonjesta ER	Diclegis Tablet, Metoclopramide, Ondansetron
ANTIHYPURICEMICS	
Colchicine capsules	Colchicine tablet
COLONY STIMULATING FACTORS	
Fulphila	Ziextenzo
Nivestym	Granix, Neupogen
CONTRACEPTIVES, OTHER	
Zafemy Patch	Xulane Patch
Eluryng & Etonogestrel EE Vaginal Ring	Nuvaring
HIV/AIDS ANTIRETROVIRALS	
Kaletra	Lopinavir-Ritonavir
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
Ozempic	Trulicity, Victoza
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamine Mix 75-25 Pen
Humulin 70/30 Kwikpen	Humulin 70-30 Vial
Humulin R 100 UNIT/ML	Novolin R Vial
Novolog 100 UNIT/ML	Insulin Aspart Penfill Cartridge, Apidra, Insulin Lispro
Novolog MIX 70-30 Flexpen, vial	Insulin Aspart Protamine-Insulin Aspart 70-30 Pen, Vial
IMMUNOMODULATORS, ATOPIC DERMATITIS	
Pimecrolimus 1% Cream	Elidel Cream
MACROLIDES	
E.E.S. Suspension, ERYPED Suspension	Azithromycin, Clarithromycin
MIGRAINE ACUTE TREATMENT AGENTS	
Zomig Nasal Spray	Imitrex, Sumatriptan, Zolmitriptan Nasal Spray
MONOCLONAL ANTIBODIES - ANTI-IL, ANTI-IGE	
Nucala	Dupixent, Xolair, Fasentra
OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS	
Zylet Eye Drops	Tobradex Drops, Neomycin-Polymyxin-Dexamethasone Drops

*Not an all-inclusive list, and some drugs may be subject to additional limits.

For a complete list of Preferred and Nonpreferred drugs to be included in the 2022 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.