

December 7, 2023

Dear AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider,

**The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 8, 2024.\*** As a reminder, DHS requires all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices Plans to adhere to any statewide PDL updates. As such:

- AmeriHealth Caritas PA/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 from Preferred to Non-preferred for AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC effective January 8, 2024.**
- AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.
  - Prescriptions written for a drug that has the same or highly similar mechanism of action as another drug will be subject to therapeutic duplication requirements and/or safety edits per the statewide PDL prior authorization guidelines.
  - **Please see [Appendix B](#) for a list of drug classes that will require prior authorization when prescribed together effective January 8, 2024.**

**\*Important note: Please keep in mind that until January 8, 2024, the current version of the statewide PDL is still in effect.**

**Reminder:**

- AmeriHealth Caritas PA/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/AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization remains the same. For more information about prior authorization go to:

Prior Authorization Request by:	AmeriHealth Caritas PA	AmeriHealth Caritas PA CHC
Phone	1-866-610-2774	1-888-674-8720
Fax	1-888-981-5202	1-855-851-4058
Online	<a href="http://www.amerhealthcaritasp.com">www.amerhealthcaritasp.com</a>	<a href="http://www.amerhealthcaritaschc.com">www.amerhealthcaritaschc.com</a>

**Where can I see the changes?**

The current statewide PDL and 2024 statewide PDL are available on DHS's Pharmacy website and at: <https://papdl.com/>. Additional resources including our Plan Supplemental formulary is available on the Formulary page via [www.amerhealthcaritasp.com](http://www.amerhealthcaritasp.com) → Pharmacy or [www.amerhealthcaritaschc.com](http://www.amerhealthcaritaschc.com) → For Providers → Pharmacy Services. If you have any questions regarding this change, please contact AmeriHealth Caritas PA Pharmacy Services at **1-866-610-2774** or 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 8, 2024**

Drug	Preferred alternative options*
<b>ULCERATIVE COLITIS AGENTS</b>	
Mesalamine-Cleanser Rectal Kit 4 GM	Mesalamine Enema, Mesalamine Rectal Suppository, Pentasa (mesalamine) Capsule
<b>ANTIEMETICS-ANTIVERTIGO AGENTS</b>	
Cinvanti Vial	Emend, Fosaprepitant Vial, Granisetron Vial
<b>HYPOGLYCEMIA TREATMENTS</b>	
Glucagon Emergency Kit	Baqsimi Spray, GlucaGen Vial, Gvoke
<b>ANTIHYPERTENSIVES, SYMPATHOLYTIC</b>	
Clonidine ER	Clonidine Tablet, Clonidine Patch

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

**Appendix B: Statewide PDL Therapeutic Duplication updates effective January 8, 2024**

Statewide PDL Drug Class	Medication examples
SEDATIVE HYPNOTICS	Zolpidem Tablet, Zaleplon Capsule, Eszopiclone Tablet, Doxepin Capsule, Doxepin Concentrate Solution, Ramelteon Tablet
HEPATITIS C AGENTS	Mavyret Oral Packet, Mavyret Oral Tablet, Sofosbuvir-Velpatasvir Oral Tablet

For a complete list of Preferred and Non-preferred drugs to be included in the 2024 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.