

December 8, 2022

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

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 9, 2023.* 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 formulary status for AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC effective January 9, 2023.**
- 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.

***Important note: Please keep in mind that up until January 9, 2023, 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 process 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	www.amerihealthcaritaspa.com	www.amerihealthcaritaschc.com

Where can I see the changes?

The current PDL and 2023 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.amerihealthcaritaspa.com→Pharmacy or www.amerihealthcaritaschc.com→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 9, 2023

Drug	Preferred alternative options*
Antihemophilia	
Esperoct (Recombinant FVIII, Glycopegylated)	Adynovate (FVIII, pegylated), Jivi (FVIII, pegylated)
Antipsychotics	
Fluphenazine Elixir	Fluphenazine Oral Concentrate Solution, Haloperidol Lactate Oral Concentrate Solution, Risperidone Solution
Growth hormones	
Omnitrope Cartridge, Vial	Genotropin Cartridge, Genotropin Miniquick Syringe, Norditropin Flexpro
Immunomodulators, Atopic Dermatitis	
Eucrisa Ointment	Elidel Cream, Protopic Ointment, Tacrolimus Ointment
Immunosuppressives, Oral	
Azathioprine 75 mg, 100 mg Tablet	Azathioprine 50 mg Tablet
Intra-articular hyaluronates	
Trivisc Syringe	Durolane, Euflexxa, Visco-3 Syringe
Migraine acute treatment agents	
Zolmitriptan Nasal Spray	Sumatriptan Nasal Spray, Zolmitriptan ODT, Zolmitriptan Tablet
Pituitary suppressive agents	
Oriahnn Capsule	Myfembree Tablet
Synarel Nasal Spray	Leuprolide Acetate Kit, Lupron Depot Kit, Orilissa Tablet

***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 2023 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.