

To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas PA Community HealthChoices (CHC)  
Providers

Date: June 9, 2025

Re: Statewide Preferred Drug List (PDL) Changes

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on July 7, 2025. \* 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 July 7, 2025.

**\*Important note: Please keep in mind that until July 7, 2025, 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:

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.amerihealthcaritaspa.com">www.amerihealthcaritaspa.com</a>	<a href="http://www.amerihealthcaritaschc.com">www.amerihealthcaritaschc.com</a>

**Where can I see the changes?**

The current PDL and 2025 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](http://www.amerihealthcaritaspa.com) → Pharmacy or [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.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,



Meghan Stroud  
Director, Provider Network Management

**Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective July 7, 2025**

Statewide PDL Drug Class Product	Preferred alternative options*
<b>BLOOD GLUCOSE METERS AND TEST STRIPS</b>	
<p><b>Ascensia Glucometers</b></p> <ul style="list-style-type: none"> <li>• Contour-QL</li> <li>• Contour Next-QL</li> <li>• Contour Next EZ-QL</li> <li>• Contour Next Gen-QL</li> <li>• Contour Next One-QL</li> <li>• Contour Plus Blue-QL</li> </ul> <p><b>Ascensia Test Strips</b></p> <ul style="list-style-type: none"> <li>• Contour (50-count and 100-count)-QL</li> <li>• Contour Next (50-count and 100-count)-QL</li> <li>• Contour Plus-QL</li> </ul> <p><b>Lifescan Glucometers</b></p> <ul style="list-style-type: none"> <li>• OneTouch Ultra2-QL</li> <li>• OneTouch Verio Flex-QL</li> <li>• OneTouch Verio Reflect-QL</li> </ul> <p><b>Lifescan Test Strips</b></p> <ul style="list-style-type: none"> <li>• OneTouch Ultra-QL</li> <li>• OneTouch Verio-QL</li> </ul>	<p><b>Accu-Chek Glucometers</b></p> <ul style="list-style-type: none"> <li>• Accu-Chek Guide-QL</li> </ul> <p><b>Accu-Chek Test Strips</b></p> <ul style="list-style-type: none"> <li>• Accu-Chek Guide-QL</li> </ul> <p><b>Trividia Glucometers</b></p> <ul style="list-style-type: none"> <li>• True MetrixQL</li> <li>• True Metrix Air-QL</li> <li>• Relion True Metrix Air-QL</li> </ul> <p><b>Trividia Test Strips</b></p> <ul style="list-style-type: none"> <li>• True Metrix-QL</li> <li>• Relion True Metrix-QL</li> </ul>

QL = Quantity Limit

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

For a complete list of Preferred and Non-preferred drugs to be included in the 2025 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.