

November 12, 2019

Dear AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast Provider,

As announced in Medical Assistance Bulletin 01-19-65, effective January 1, 2020, the Pennsylvania Department of Human Services (DHS) will implement a statewide preferred drug list (PDL). This implementation will require all Medical Assistance managed care organizations (MCOs) in the physical health HealthChoices and Community HealthChoices plans to move to the mandated statewide PDL.

**What are the changes that will take effect on January 1, 2020?**

- AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast will adhere to the preferred and non-preferred status and list of drugs included in the statewide PDL.
  - Please see Appendix A for a partial list of commonly-prescribed drugs that will be changing formulary status for AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast effective 1/1/2020.
- AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast will use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.
- AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast will maintain a list of preferred and non-preferred drugs in classes that are not included in the statewide PDL.

**\*Important note: Please keep in mind that up until December 31, 2019, the AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast PDL is still in effect.**

**What stays the same?**

- Medication classes that are not included in the statewide PDL are reviewed and approved by the AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization go to [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com)→Pharmacy or [www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.com)→Pharmacy.

Prior Authorization Request by:	AmeriHealth Caritas Pennsylvania	AmeriHealth Caritas Northeast
Phone	1-866-610-2774	1-888-208-1020
Fax	1-888-981-5202	1-855-446-7905
Online	<a href="http://www.amerihealthcaritaspa.com">www.amerihealthcaritaspa.com</a>	<a href="http://www.amerihealthcaritasnortheast.com">www.amerihealthcaritasnortheast.com</a>

**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 Pennsylvania Pharmacy Services at 1-866-610-2774 or AmeriHealth Caritas Northeast Pharmacy Services at 1-888-208-1020.

Sincerely,  
Stephen E. Orndorff  
Director, Provider Network Management

**Appendix A: Top 25 drugs (by claim volume) changing from Preferred to Non-preferred effective 1/1/2020**

Drug	Preferred alternative options*
<b>Diabetes-related products</b>	
Accu-Chek blood glucose meters and test strips	Contour, Contour Next, One Touch Ultra, One Touch Verio
Basaglar insulin	Lantus, Levemir
Admelog insulin	Insulin Lispro (generic), Apidra, Novolog
Steglatro tablet	Farxiga, Jardiance
Ozempic pen	Trulicity, Victoza
<b>Respiratory agents</b>	
Wixela Inhub inhaler	Fluticasone/salmeterol (generic)
QVAR Redihaler	Asmanex Twisthaler, Flovent HFA, Flovent Diskus
Arnuity Ellipta	Asmanex Twisthaler, Flovent HFA, Flovent Diskus
Stiolto Respimat	Anoro Ellipta, Combivent Respimat, Spiriva Respimat
<b>Topical agents</b>	
Clotrimazole cream (prescription)	Clotrimazole cream (over-the-counter)
Ketoconazole cream	Clotrimazole cream (over-the-counter)
Tretinoin cream, gel	Retin-A (brand) cream, gel
Erythromycin-benzoyl peroxide gel	Clindamycin-benzoyl peroxide gel
Betamethasone dipropionate ointment	Betamethasone dipropionate cream, betamethasone valerate ointment, triamcinolone acetonide ointment
Nystatin-triamcinolone	Clotrimazole-betamethasone cream, nystatin cream, triamcinolone cream
Hydrocortisone valerate	Fluticasone cream or ointment, mometasone
Tacrolimus ointment	Pimecrolimus ointment, Protopic (brand)
<b>Ophthalmic agents</b>	
Tobramycin-dexamethasone drops	Neomycin-polymyxin-dexamethasone drops, Tobradex (brand)
Moxifloxacin drops	Ciprofloxacin drops, ofloxacin drops, Moxeza
<b>Other agents</b>	
Carisoprodol tablet	Baclofen, cyclobenzaprine, tizanidine tablet
Naproxen sodium tablet (prescription)	Naproxen sodium (over-the-counter), naproxen
Lo Loestrin FE tablet	Drospirenone-ethinyl estradiol 3-0.02 mg, Gianvi, Nikki
Nadolol tablet	Carvedilol, labetalol, propranolol
Linzess 72 mcg capsule	Linzess 145 or 290 mcg, Amitiza
Azelastine 0.15% nasal spray	Azelastine 0.1% nasal spray, fluticasone nasal spray

\*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 1/1/2020 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.