## AmeriHealth Caritas Pennsylvania

8040 Carlson Road, Suite 500 Harrisburg, PA 17112



December 2, 2020

Dear AmeriHealth Caritas Pennsylvania Provider,

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 5, 2021.\* 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 Pennsylvania 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 Pennsylvania effective January 5, 2021.
- AmeriHealth Caritas Pennsylvania 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 5, 2021, the current version of the statewide PDL is still in effect.

## Reminder:

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

Phone 1-866-610-2774 Fax 1-888-981-5202

Online www.amerihealthcaritaspa.com→Pharmacy

## 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.

Sincerely,

Stephen E. Orndorff

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Director, Provider Network Management

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Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 5, 2021

Drug	Preferred alternative options*
-	Acne agents
	Clindamycin-benzoyl peroxide 1.2%-5% gel (generic Duac,
Azelex cream	Neuac), adapalene-benzoyl peroxide 0.1%-2.5% gel pump
Azeica erediii	(generic EpiDuo), Retin-A (brand) gel
Clindamycin-benzoyl peroxide 1%-5% gel, Differin	Adapalene-benzoyl peroxide 0.1%-2.5% gel pump (generic
0.1% lotion	EpiDuo), Differin (brand) 0.1% gel, Retin-A (brand) gel
Claravis, Isotretinoin (generic) capsule	Amnesteem, Myorisan, Zenatane
claratio, local california, (generic) capacit	Sulfacetamide sodium-sulfur 8%-4% suspension or 9%-
Sulfacetamide sodium-sulfur 10%-5% cleanser	4.5% wash, adapalene-benzoyl peroxide 0.1%-2.5% gel
	pump (generic EpiDuo)
Other Topical agents	
Calcitriol ointment, Vectical ointment	Calcipotriene cream, ointment, solution
•	Natroba, Permethrin 5% cream, Piperonyl
Sklice	Butoxide/Pyrethrins/Permethrin Kit (OTC) (Lice Solutions
	Kit)
Synera patch	Lidocaine cream, ointment, solution
Hematologic agents	
Aranesp, Mircera	Retacrit, Epogen
Udenyca	Fulphila
Other Injectable and Biologic agents	
Byetta, Bydureon	Ozempic, Trulicity, Victoza
Cosentyx	Enbrel, Humira, Taltz
Gel-one syringe, Hymovis syringe	Sodium hyaluronate (generic), Euflexxa, Hyalgan
Ophthalmic agents	
Acuvail	Ketorolac drops, Ilevro, Nevanac
Lotemax drops	Ketorolac drops, Lotemax ointment, prednisolone
Moxeza	Ciprofloxacin, Gentak, ofloxacin
Other agents	
Clorazepate dipotassium tablet	Chlordiazepoxide, diazepam, lorazepam
Diclegis	Bonjesta
Gengraf capsule, Sandimmune capsule	Cyclosporine capsule, cyclosporine (modified) softgel or
	solution
Didanosine DR capsule, Stavudine	Abacavir, lamivudine, zidovudine
Hemocyte Plus capsule	Virt-Gard
Hemocyte-F tablet	Ferrex 150 Forte, Folivane-F, Iferex
Hydrocodone-ibuprofen tablet	Hydrocodone-acetaminophen tablet, oxycodone-
	acetaminophen tablet
Savella	Duloxetine, gabapentin, pregabalin
Tirosint	Levothyroxine (generic), Levoxyl

<sup>\*</sup>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 2021 Statewide PDL, as well as any limits associated with these drugs, please visit <a href="https://papdl.com">https://papdl.com</a>.