

December 5, 2024

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 6, 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 January 6, 2025.**

***Important note: Please keep in mind that until January 6, 2025, the current version of the statewide PDL is still in effect.**

Reminder:

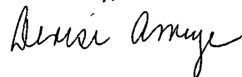
- AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC will maintain a list of Preferred and Non-preferred drugs in classes that are not included in the statewide PDL. This is called the Supplemental Formulary.
- Medication classes that are not included in the statewide PDL are reviewed and approved by 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 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 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 → 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,



Denise Ameye
Director, Provider Network Management

Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 6, 2025

Statewide PDL Drug Class Drug	Preferred alternative options*
ANTIPSYCHOTICS	
Zyprexa Relprevv (olanzapine)	Abilify Maintena, Aristada, Fluphenazine Decanoate, Haloperidol Decanoate, Invega Sustenna
COLONY STIMULATING FACTORS	
Nyvepria (pegfilgrastim-apgf) Syringe	Fulphila Syringe, Granix Syringe, Relueko Syringe
CYTOKINE AND CAM ANTAGONISTS	
Actemra (tocilizumab)	Tyenne (tocilizumab-aazg)
Amjevita(CF) (adalimumab-atto) 50 mg/ml Autoinjector and Syringe	Adalimumab-aacf 50 mg/ml Pen or Syringe, Adalimumab-fkjp(CF) 50 mg/ml Pen or Syringe, Hadlima (adalimumab-bwwd) 50 mg/ml Pushtouch or Syringe
HISTAMINE 2 RECEPTOR BLOCKERS	
Cimetidine Solution	Cimetidine Tablet, Famotidine Suspension, Famotidine Tablet

***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>.