

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

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>.