

December 7, 2023

Dear Keystone First/Keystone First Community HealthChoices (CHC) Provider,

The Pennsylvania (PA) Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 8, 2024. * 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:

- Keystone First/Keystone First 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 Keystone First/Keystone First CHC effective January 8, 2024.**
- Keystone First/Keystone First CHC will continue to use the same prior authorization guidelines as required by DHS for drugs included in the statewide PDL.
 - Prescriptions written for a drug that has the same or highly similar mechanism of action as another drug will be subject to therapeutic duplication requirements and/or safety edits per the statewide PDL prior authorization guidelines.
 - **Please see Appendix B for a list of drug classes that will require prior authorization when prescribed together effective January 8, 2024.**

***Important note: Please keep in mind that until January 8, 2024, the current version of the statewide PDL is still in effect.**

Reminder:

- Keystone First/Keystone First 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 Keystone First/Keystone First 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:	Keystone First	Keystone First CHC
Phone	1-800-588-6767	1-866-907-7088
Fax	1-866-497-1387	1-855-851-4058
Online	www.keystonefirstpa.com	www.keystonefirstchc.com

Where can I see the changes?

The current statewide PDL and 2024 statewide 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.keystonefirstpa.com → Pharmacy or www.keystonefirstchc.com → For Providers → Pharmacy Services. If you have any questions regarding this change, please contact Keystone First Pharmacy Services at **1-800-588-6767** or Keystone First CHC Pharmacy Services at **1-866-907-7088**.

Sincerely,



Denise Ameye
Director, Provider Network Management



Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 8, 2024

Drug	Preferred alternative options*
ULCERATIVE COLITIS AGENTS	
Mesalamine-Cleanser Rectal Kit 4 GM	Mesalamine Enema, Mesalamine Rectal Suppository, Pentasa (mesalamine) Capsule
ANTIEMETICS-ANTIVERTIGO AGENTS	
Cinvanti Vial	Emend, Fosaprepitant Vial, Granisetron Vial
HYPOGLYCEMIA TREATMENTS	
Glucagon Emergency Kit	Baqsimi Spray, GlucaGen Vial, Gvoke
ANTIHYPERTENSIVES, SYMPATHOLYTIC	
Clonidine ER	Clonidine Tablet, Clonidine Patch

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

Appendix B: Statewide PDL Therapeutic Duplication updates effective January 8, 2024

Statewide PDL Drug Class	Medication examples
SEDATIVE HYPNOTICS	Zolpidem Tablet, Zaleplon Capsule, Eszopiclone Tablet, Doxepin Capsule, Doxepin Concentrate Solution, Ramelteon Tablet
HEPATITIS C AGENTS	Mavyret Oral Packet, Mavyret Oral Tablet, Sofosbuvir-Velpatasvir Oral Tablet

For a complete list of Preferred and Non-preferred drugs to be included in the 2024 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.