

December 5, 2024

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 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:

- 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 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:

- 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 PDL and 2025 PDL are available on DHS's Pharmacy website and at: <https://papdl.com/>. Additional resources including our plan Supplemental formularies are available on the Formulary page via www.keystonefirstpa.com → Pharmacy or www.keystonefirstchc.com → 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 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>.