





To: Keystone First and Keystone First Community HealthChoices (CHC) Providers

Date: December 1, 2021

RE: Changes to the Preferred Drug List (PDL)

Dear Keystone First/Keystone First CHC Provider,

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 3, 2022\*. 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 in 2020 and to adhere to any subsequent statewide PDL updates. As such:

- Keystone First and Keystone First Community HealthChoices (CHC) continues to adhere to all updates to the preferred and non-preferred status and list of drugs included in the statewide PDL.
  - Please see <u>Appendix A</u> for a list of drugs that will be changing formulary status for Keystone First and Keystone First CHC effective January 3, 2022.
- Keystone First and Keystone First CHC will continue to use the prior authorization guidelines as required by DHS for drugs included in the statewide PDL.

\*Important note: Please keep in mind that up until January 3, 2022, the current version of the statewide PDL is still in effect.

## Reminder:

- Keystone First and 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 and Keystone First CHC Pharmacy and Therapeutics Committee.
- The process for obtaining prior authorization process remains the same. For more information about prior authorization go to <a href="www.keystonefirstpa.com">www.keystonefirstchc.com</a> → Pharmacy or <a href="www.keystonefirstchc.com">www.keystonefirstchc.com</a> → Providers → Pharmacy Services.

Prior Authorization Request by:	Keystone First	Keystone First CHC
Phone	1-800-588-6767	1-866-907-7088
Fax	215-937-5018	1-855-851-4058
Online	www.keystonefirstpa.com	www.keystonefirstchc.com

## Where can I see the changes?

The current PDL and 2022 PDL are available on DHS's Pharmacy website and at: <a href="https://papdl.com/">https://papdl.com/</a>.

Additional resources including our plan Supplemental formularies are available on the Formulary page via <a href="https://www.keystonefirstpa.com">www.keystonefirstpa.com</a> Pharmacy or <a href="https://www.keystonefirstchc.com">www.keystonefirstchc.com</a> 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

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.







## Appendix A: Statewide PDL drugs changing from Preferred to Non-preferred effective January 3, 2022\*

Drug	Preferred alternative options*	
ANTIBIOTICS, INHALED		
Kitabis	Tobramycin	
ANTIEMETICS/ANTIVERTIGO AGENTS		
Bonjesta ER	Diclegis Tablet, Metoclopramide, Ondansetron	
ANTIHYPERURICEMICS		
Colchicine capsules	Colchicine tablet	
COLONY STIMULATING FACTORS		
Fulphila	Ziextenzo	
Nivestym	Granix, Neupogen	
CONTRACEPTIVES, OTHER		
Zafemy Patch	Xulane Patch	
Eluryng & Etonogestrel EE Vaginal Ring	Nuvaring	
HIV/AIDS ANTIRETROVIRALS		
Kaletra	Lopinavir-Ritonavir	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Ozempic	Trulicity, Victoza	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamine Mix 75-25 Pen	
Humulin 70/30 Kwikpen	Humulin 70-30 Vial	
Humulin R 100 UNIT/ML	Novolin R Vial	
Novolog 100 UNIT/ML	Insulin Aspart Penfill Cartridge, Apidra, Insulin Lispro	
Novolog MIX 70-30 Flexpen, vial	Insulin Aspart Protamine-Insulin Aspart 70-30 Pen, Vial	
IMMUNOMODULATORS, ATOPIC DERMATITIS		
Pimecrolimus 1% Cream	Elidel Cream	
MACROLIDES		
E.E.S. Suspension, ERYPED Suspension	Azithromycin, Clarithromycin	
MIGRAINE ACUTE TREATMENT AGENTS		
Zomig Nasal Spray	Imitrex, Sumatriptan, Zolmitriptan Nasal Spray	
MONOCLONAL ANTIBODIES - ANTI-IL, ANTI-IGE		
Nucala	Dupixent, Xolair, Fasenra	
OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS		
	Tobradex Drops, Neomycin-Polymyxin-Dexamethasone	
Zylet Eye Drops	Drops	

<sup>\*</sup>Not an all-inclusive list, and some drugs may be subject to additional limits and/or specifications.

For a complete list of Preferred and Non-preferred drugs to be included in the 2022 Statewide PDL, as well as any limits associated with these drugs, please visit <a href="https://papdl.com">https://papdl.com</a>.