

December 2, 2020

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

The Pennsylvania Department of Human Services (DHS) will implement changes to the statewide preferred drug list (PDL) on January 5, 2021*. 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 CHC continue to adhere to all updates 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 formulary status for Keystone First and Keystone First CHC effective January 5, 2021.**
- 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 5, 2021, 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 www.keystonefirstpa.com→Pharmacy or www.keystonefirstchc.com→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 2021 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 5, 2021*

Drug	Preferred alternative options*
Acne agents	
Azelex cream	Clindamycin-benzoyl peroxide 1.2%-5% gel (generic Duac, Neuc), adapalene-benzoyl peroxide 0.1%-2.5% gel pump (generic EpiDuo), Retin-A (brand) gel
Clindamycin-benzoyl peroxide 1%-5% gel, Differin 0.1% lotion	Adapalene-benzoyl peroxide 0.1%-2.5% gel pump (generic EpiDuo), Differin (brand) 0.1% gel, Retin-A (brand) gel
Claravis, Isotretinoin (generic) capsule	Amnesteem, Myorisan, Zenatane
Sulfacetamide sodium-sulfur 10%-5% cleanser	Sulfacetamide sodium-sulfur 8%-4% suspension or 9%-4.5% wash, adapalene-benzoyl peroxide 0.1%-2.5% gel pump (generic EpiDuo)
Other Topical agents	
Calcitriol ointment, Vectical ointment	Calcipotriene cream, ointment, solution
Sklice	Natroba, Permethrin 5% cream, Piperonyl Butoxide/Pyrethrins/Permethrin Kit (OTC) (Lice Solutions Kit)
Synera patch	Lidocaine cream, ointment, solution
Hematologic agents	
Aranesp, Mircera	Retacrit, Epogen
Udenyca	Fulphila
Other Injectable and Biologic agents	
Byetta, Bydureon	Ozempic, Trulicity, Victoza
Cosentyx	Enbrel, Humira, Taltz
Gel-one syringe, Hymovis syringe	Sodium hyaluronate (generic), Euflexxa, Hyalgan
Ophthalmic agents	
Acuvail	Ketorolac drops, Ilevro, Nevanac
Lotemax drops	Ketorolac drops, Lotemax ointment, prednisolone
Moxeza	Ciprofloxacin, Gentak, ofloxacin
Other agents	
Clorazepate dipotassium tablet	Chlordiazepoxide, diazepam, lorazepam
Diclegis	Bonjesta
Gengraf capsule, Sandimmune capsule	Cyclosporine capsule, cyclosporine (modified) softgel or solution
Didanosine DR capsule, Stavudine	Abacavir, lamivudine, zidovudine
Hemocyte Plus capsule	Virt-Gard
Hemocyte-F tablet	Ferrex 150 Forte, Folivane-F, Iferex
Hydrocodone-ibuprofen tablet	Hydrocodone-acetaminophen tablet, oxycodone-acetaminophen tablet
Savella	Duloxetine, gabapentin, pregabalin
Tirosint	Levothyroxine (generic), Levoxyl

*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 2021 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>.

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