




# Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
June 12, 2025	July 7, 2025	*See below
SUBJECT		BY
Statewide Preferred Drug List (PDL) Updates – Pharmacy Services		 Sally Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/providers/provider-enrollment-information/provider-enrollment-documents.html>.

## **PURPOSE:**

The purpose of this bulletin is to inform providers about updates to the Statewide Preferred Drug List (PDL), effective July 7, 2025.

## **SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program.

## **BACKGROUND:**

The Department of Human Services (Department) implemented a Statewide PDL on January 1, 2020. The Statewide PDL and the corresponding guidelines to determine the medical necessity of drugs and products that require prior authorization are utilized in the Fee-for-Service (FFS) delivery system and by MA managed care organizations (MCOs) in Physical Health HealthChoices and Community HealthChoices.

Under the Statewide PDL, the preferred or non-preferred status of drugs and products included on the Statewide PDL apply to both the FFS and managed care delivery systems. In addition, the FFS and managed care delivery systems use the same prior authorization

*01-25-38	09-25-40	27-25-39	33-25-38
02-25-37	11-25-38	30-25-37	
03-25-38	14-25-37	31-25-41	
08-25-39	24-25-37	32-25-37	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

guidelines for drugs and products included on the Statewide PDL. This provides uniformity between the FFS delivery system and the managed care delivery system in terms of the preferred and non-preferred statuses of drugs and products in therapeutic classes included on the Statewide PDL and the prior authorization guidelines to determine the medical necessity of these drugs and products.

The MCOs may, but are not required to, require prior authorization of drugs and products that are subject to the quantity limits established in the FFS delivery system. In addition, the MCOs may designate drugs and products as preferred or non-preferred in therapeutic classes that are not included on the Statewide PDL.

### **DISCUSSION:**

The Department's Pharmacy and Therapeutics (P&T) Committee developed recommendations for the Statewide PDL based on clinical effectiveness, safety, and outcomes. If drugs and products within a therapeutic class are clinically equivalent, cost was considered.

The P&T Committee is comprised of physicians, pharmacists, Department medical directors, consumer advocates, and specialists as needed for therapeutic class reviews. Each Physical Health HealthChoices MCO and Community HealthChoices MCO is represented by a voting member on the P&T Committee.

The P&T Committee held an ad hoc meeting on April 23, 2025, and recommended the following:

- Change the PDL statuses of Ascensia Contour glucometers and test strips and Lifescan OneTouch glucometers and test strips from preferred to non-preferred.
- Change the PDL statuses of Accu-Chek Guide glucometers and test strips and Trividia True Metrix glucometers and test strips from non-preferred to preferred.

### **PROCEDURE:**

The Statewide PDL effective July 7, 2025, is located at <https://papdl.com/preferred-drug-list>. Providers should refer to the Statewide PDL for the list of therapeutic classes included on the Statewide PDL and the preferred and non-preferred statuses of drugs and products included in each therapeutic class.

### **Requesting Prior Authorization for Beneficiaries in the FFS Delivery System**

The procedures for prescribers to request prior authorization of non-preferred drugs and products on the Statewide PDL and preferred drugs and products on the Statewide PDL that require prior authorization are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages

in the SECTION II chapter related to specific therapeutic classes of drugs and products) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

#### Requesting Prior Authorization for Beneficiaries in the Managed Care Delivery System

Although the MCOs are required to adopt the guidelines to evaluate medical necessity of drugs and products included on the Statewide PDL that are used in the FFS delivery system, the procedures to request prior authorization for beneficiaries in Physical Health HealthChoices or Community HealthChoices MCOs may differ from those for beneficiaries in the FFS delivery system and are specific to each MCO. Providers should contact the MCOs for MCO-specific information regarding the procedures to request prior authorization of non-preferred drugs and products included on the Statewide PDL and preferred drugs and products included on the Statewide PDL that require clinical prior authorization.

#### **RESOURCES:**

Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)  
<https://papdl.com/preferred-drug-list>

Prior Authorization of Pharmaceutical Services Handbook – SECTION I  
Pharmacy Prior Authorization General Requirements  
<https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II  
Pharmacy Prior Authorization Guidelines  
<https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html>