To: **AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Providers**

Date: **August 12, 2026**

Re: **Reminder: Covered Drugs**

As a reminder, AmeriHealth Caritas Pennsylvania ("PA") and AmeriHealth Caritas PA Community HealthChoices ("CHC") adhere to the Pennsylvania Department of Human Services ("DHS") Statewide Preferred Drug List ("PDL"); a list of drugs and products that are grouped into therapeutic classes. The Statewide PDL applies to Medicaid ("MA") Beneficiaries who receive pharmacy benefits through Fee For Service ("FFS") and Managed Care delivery systems.

AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC maintains a Supplemental Formulary of preferred and non-preferred drugs in classes that are not included in the Statewide PDL. Drug classes that are not included in the Statewide PDL are reviewed and approved by the AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC Pharmacy and Therapeutics Committee. Covered Drugs must be on the Statewide PDL or AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC Supplemental Formulary and meet the definition of a Covered Drug per the HealthChoices and Community HealthChoices contract.

A Covered Drug is defined as – A brand name drug, a generic drug or an over the counter ("OTC") drug which:

1. Is approved by the Federal Food and Drug Administration ("FDA").
2. Is distributed by a manufacturer that entered into a Federal Drug Rebate Program Agreement with the CMS.
3. May be dispensed only upon prescription in the MA program.
4. Has been prescribed or ordered by a licensed prescriber within the scope of the prescriber's practice

(The term includes biologic products and insulin.)

In accordance with Section 1927 of the Social Security Act, 42 U.S.C.A. 1396r-8, AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC must exclude coverage for any drug marketed by a drug company (or labeler) that does not participate in the Medicaid Drug Rebate Program. AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC are not permitted to provide coverage for any drug product, brand name or generic, legend or non-legend, sold or distributed by a company that did not sign an agreement with the federal government to provide rebates to the Medicaid agency. This requirement does not apply to vaccines, compounding materials, certain vitamins and minerals or diabetic supplies.

Please note, AMTAGVI, is not a Covered Drug on the Statewide PDL or AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC Supplemental Formulary. At the present time, the manufacturer of

AMTAGVI does not participate in the Medicaid Drug Rebate Program; therefore, AMTAGVI is **excluded from coverage** by AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC.

The current Statewide PDL is available on DHS's Pharmacy website and at: https://papdl.com/. Additional resources including AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC Supplemental Formularies are available on the Formulary page via www.amerihealthcaritaspa.com → Pharmacy or www.amerihealthcaritaschc.com → For Providers → Pharmacy Services.

If you have any questions regarding pharmacy benefits, please contact AmeriHealth Caritas PA Pharmacy Services at **1-866-610-2774** or AmeriHealth Caritas PA CHC Pharmacy Services at **1-888-674-8720**.