Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 12, 2025	January 5, 2026	*See below

SUBJECT

Statewide Preferred Drug List (PDL) Updates – Pharmacy Services

BY

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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/for-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 January 5, 2026.

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

*01-26-33	09-26-33	27-26-33	33-26-33
02-26-33	11-26-33	30-26-33	
03-26-33	14-26-33	31-26-33	
08-26-33	24-26-33	32-26-33	

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

addition, the FFS and managed care delivery systems use the same prior authorization 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 meetings on September 24, 2025, and September 25, 2025, to update the Statewide PDL and recommended the following:

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included in the Statewide PDL.
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

PROCEDURE:

The Statewide PDL effective January 5, 2026, 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.

New and revised requirements for prior authorization and corresponding guidelines to determine the medical necessity of drugs and products included on the Statewide PDL will be published in separate MA Bulletins. The MCOs use the same prior authorization guidelines for drugs and products included on the Statewide PDL as are used in the FFS delivery system.

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