Keystone First
Keystone First Community HealthChoices
200 Stevens Drive
Philadelphia, PA 19113

To: **Keystone First/Keystone First Community HealthChoices (CHC) Providers**

Date: **November 23, 2026**

Re: **Reminder: Covered Drugs**

As a reminder, Keystone First and Keystone First 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.

Keystone First and Keystone First 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 Keystone First and Keystone First CHC Pharmacy and Therapeutics Committee. Covered Drugs must be on the Statewide PDL or Keystone First/Keystone First 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, Keystone First and Keystone First CHC must exclude coverage for any drug marketed by a drug company (or labeler) that does not participate in the Medicaid Drug Rebate Program. Keystone First and Keystone First 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 Keystone First/Keystone First 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 Keystone First and Keystone First CHC.

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

If you have any questions regarding pharmacy benefits, please contact Keystone First Pharmacy Services at **1-800-588-6767** or Keystone First CHC Pharmacy Services at **1-866-907-7088**.