

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

Date: May 16, 2024

Re: Update: Compounded Prescriptions

Effective July 16, 2024, compounded pharmacy prescriptions that cost more than \$250 will require a prior authorization. Members/Participants currently receiving a compounded prescription costing more than \$250, whom it is not medically advisable to change therapy, will require prior authorization.

Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available on-line at: www.amerihealthcaritaspa.com or www.amerihealthcaritaschc.com → Providers → Resources → Pharmacy Services

If you have any questions regarding this notice, please contact Pharmacy Services:

| Plan Name | Telephone Number |
|--|-------------------------|
| AmeriHealth Caritas Pennsylvania | 1-866-610-2774 |
| AmeriHealth Caritas Pennsylvania Community HealthChoices | 1-888-674-8720 |