

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

**Date: August 1, 2024**

**Re: Update: Formulary Changes**

**Effective September 2, 2024, the following medications will require prior authorization:**

- **Ozempic**
- **Trulicity**
- **Victoza**

This update is consistent with Pennsylvania Department of Human Services (DHS) Statewide Preferred Drug List (PA PDL) requirements that will go into effect at that time.

Members/Participants currently receiving these medications, for whom it is not medically advisable to change therapy, will require prior authorization.

Note that Members/Participants with recent fills of another antidiabetic medication may not require the submission of a prior authorization request if these fills are identified within our plans' pharmacy claim system.

***Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available on-line at:***

[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) → Pharmacy → Prior Authorization

[www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) → Providers → Pharmacy Services

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

<b>Plan Name</b>	<b>Telephone Number</b>
AmeriHealth Caritas Pennsylvania	1-866-610-2774
AmeriHealth Caritas Pennsylvania Community HealthChoices	1-888-674-8720