

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

Date: August 21, 2024

Re: Update: Formulary Changes

The following products will have new or updated quantity limits.

Members/Participants currently receiving more than the quantity limit, whom it is not medically advisable to change therapy, will require prior authorization effective **October 21, 2024**.

Formulary Limits	
Product List	Daily Quantity Limit
AGAMREE ORAL SUSPENSION 40 MG/ML	7.5 mLs per day
ASMANEX HFA INHALATION AEROSOL 50MCG/ACT	0.44 grams per day
BACLOFEN ORAL TABLET 5 MG	4 tablets per day
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 capsule per day
CEQR SIMPLICITY 2U DEVICE	0.34 per day
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	0.08 mLs per day
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 capsule per day
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	2 capsules per day
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 capsule per day
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	0.04 mLs per day
OMNIPOD 5 G6 PODS (GEN 5) MISCELLANEOUS	0.34 per day
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	0.34 per day
TESTOSTERONE TRANSDERMAL GEL 12.5 MG/ACT (1%)	7.5 g per day
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 capsule per day
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	1 capsule per day
TRAMADOL HCL ORAL TABLET 25 MG	4 tablets per day
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	2 per day
UPTRAVI ORAL TABLET 200 MCG	2 tablets per day
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	0.08 mLs per day
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 5 MG/0.5ML	0.08 mLs per day

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