


Pharmacy Provider Services	
Providers and pharmacies with questions regarding AmeriHealth Caritas Pennsylvania benefit coverage or claims transmission issues may call the Pharmacy Provider Services department at 1-866-610-2774 for assistance.	
Pharmacy Network and Contracting	1-800-555-5690 PharmacyNetwork@performrx.com
Pharmacy Rx claims processing information	DST Pharmacy Solutions: AmeriHealth Caritas Pennsylvania Bank Identification Number (BIN): 600428 Processor Control Number (PCN): 01940000
Pharmacy Online Directory	www.amerihealthcaritaspa.com/apps/pharmacy-directory/index.aspx
Specialty Pharmacy Directory	www.amerihealthcaritaspa.com/pdf/pharmacy/specialty-pharmacy-directory.pdf

Prior authorization (PA)	
How to submit a request for pharmacy prior authorization	
Online	Use the PerformPA Web Submission Form. Go to www.amerihealthcaritaspa.com/pharmacy and click Online Prior Authorization Request Form . Providers will be able to: <ul style="list-style-type: none"> • Electronically submit all relevant member information. • Attach member-specific documents such as labs, chart notes, consults, etc. • Save unique provider information in order to expedite future web submissions. • Print summary page for easy reference.
By phone	Call the Pharmacy Services department at 1-866-610-2774 . Outside of normal business hours, call Member Services at 1-888-991-7200 .
By fax	Fax the Universal Pharmacy Oral Prior Authorization Form to 1-888-981-5202 . Drug and drug class-specific prior authorization forms are available at www.amerihealthcaritaspa.com/pharmacy/prior-auth/ . If requested drug is not listed, fax the Universal Pharmacy Oral Prior Authorization Form .
Specialty and injectable request forms: Specialty drugs include unusually high-cost oral, inhaled, injectable, and infused pharmaceuticals prescribed for a relatively narrow spectrum of diseases and conditions.	
Pharmacy Prior Authorization Criteria: See www.amerihealthcaritaspa.com/pdf/pharmacy/prior-auth-criteria.pdf .	

Member copays	
Brand-name medications: \$3	Generic medications: \$0
Please refer to the member copayment schedule to view the list of drugs and services that are excluded and do not have copays: www.amerihealthcaritaspa.com/pdf/member/eng/benefits/copay-schedule.pdf .	

Plan limitations	
Day supply program	≤34 (see exceptions in 90-day supply program section below).
90-day supply program	<ul style="list-style-type: none"> Physician must prescribe 90-day supplies for the pharmacy to dispense a 90-day supply. Selected generic medications require a 90-day supply. See www.amerihealthcaritaspa.com/pdf/pharmacy/formulary/formulary-90day-supply.pdf.
Units	≤150
Temporary supply	<ul style="list-style-type: none"> 5-day supply for new medications. 15-day supply for ongoing medications.
Refill frequency	≥85% of the medication must be utilized (26 days on a 30-day supply).

Formulary	
Closed	All formulary decisions are voted by the Pharmacy & Therapeutics (P&T) Committee and approved by the Department of Human Services (DHS).
Searchable formulary 	For the most current formulary information, go to: www.amerihealthcaritaspa.com/apps/formulary/index.aspx or scan the QR code with your mobile device.
Printable formulary	For the most current formulary information, go to: www.amerihealthcaritaspa.com/pdf/pharmacy/formulary/formulary.pdf .
Mandatory generic	Requests for “Brand Necessary” require prior authorization.
Prior authorization required for: (Note: This list is not exhaustive.)	<ul style="list-style-type: none"> All non-formulary medications. All prescriptions that exceed plan limits (see Plan limitations above). Non-formulary prescriptions that exceed \$500. Compounded prescriptions that exceed \$500. Self-injectable medications other than formulary insulin, glucagon, haloperidol, haloperidol decanoate, fluphenazine, fluphenazine decanoate, and EpiPen. Early refills.
Other notes	<ul style="list-style-type: none"> Over-the-counter (OTC): Some products may be covered with a prescription. School supply: Some products may be covered with a prescription. Out-of-network pharmacy services require an override.
Requests for formulary additions/modifications	May be made by either members or providers. www.amerihealthcaritaspa.com/pdf/provider/resources/forms/formulary-addition-request-form.pdf

Durable medical equipment (DME) covered under pharmacy*

Blood glucose meter <ul style="list-style-type: none"> • 1 blood glucose monitor per 365 days. 	Roche® products <ul style="list-style-type: none"> • Accu-Chek Guide Glucose Meter.
Diabetes testing supplies <ul style="list-style-type: none"> • Members using insulin, Byetta, or Symlin can get 100 strips per month; those just on oral medications (non-insulin users) get 50 strips per month. • Pregnant members can get 100 strips per month. 	<ul style="list-style-type: none"> • Lancets. • Strips (for the above meters). • Control solution (for the above meters; quantity limit: 1 per 90 days). • Alcohol swabs (quantity limit: 150 per 34 days).
Aerochambers/peak flow meters	Must be billed for a quantity of 1 with a day supply of 365. Quantity limit: 2 per year without prior authorization.
Blood pressure monitors (kits and cuffs) Dollar limit ≤\$80	Must be billed for a quantity of 1 with a day supply of 365.
Vaporizers	Must be billed for a quantity of 1 with a day supply of 365.
Humidifiers	Must be billed for a quantity of 1 with a day supply of 365.
<p>Note: Any DME items not on this list would be handled by the DME department. You can reach them at 1-800-521-6622. Fax DME requests to 1-866-755-9841.</p>	
<p>*Only products listed by First DataBank (FDB) and loaded into DST Pharmacy Solutions are potentially billable via the pharmacy benefit.</p>	

Recipient restriction

Eligible members may be restricted to any combination of their primary care practitioner (PCP) and pharmacy.

Providers who suspect member fraud, misuse, or abuse of services can make a referral to the Recipient Restriction program by calling the AmeriHealth Caritas Pennsylvania Fraud Tip Hotline at **1-866-833-9718** or referring the member by email to performpro@performrx.com and placing **Refer a member for the recipient restriction (lock-in) program** in the subject line.