



**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](http://www.amerihealthcaritaspa.com) or [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) → Providers → Resources → 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	<b>1-866-610-2774</b>
AmeriHealth Caritas Pennsylvania Community HealthChoices	<b>1-888-674-8720</b>