

Contacts

Providers or pharmacies with questions regarding AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) benefit coverage or claims transmission issues may call the Pharmacy Provider Services department at **1-888-674-8720** for assistance.

Pharmacy Network and Contracting

Phone: **1-800-555-5690**

Email: **pharmacynetwork@performrx.com**

Pharmacy Rx claims processing information

DST Pharmacy Solutions: AmeriHealth Caritas Pennsylvania Community HealthChoices

Bank Identification Number (BIN): 600428

Processor Control Number (PCN): 07630000

Note: Do not enter a person code or group number.

Pharmacy Online Directory

www.amerihealthcaritaschc.com/pharmacydirectory

Specialty Pharmacy Directory

www.amerihealthcaritaschc.com/assets/pdf/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.amerihealthcaritaschc.com/provider/pharmacy** and click **Pharmacy prior authorizations**.

Providers will be able to:

- Electronically submit all relevant Participant information.
- Attach Participant-specific documents such as labs, chart notes, consults, etc.
- Save unique provider information in order to expedite future web submissions.
- Print a summary page for easy referencing.
- **By fax: 1-855-851-4058**
 - Drug and drug class-specific prior authorization forms are available at **www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx**.
 - Specialty and injectable request forms are available at **www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx**.
 - If requested drug is not listed, fax the Universal Pharmacy Oral Prior Authorization Request Form: **www.amerihealthcaritaschc.com/assets/pdf/provider/universal-pharmacy-pa-fax-form.pdf**.
- **By phone:** Call the Pharmacy Services department at **1-888-674-8720**.

Prior authorization criteria:

www.amerihealthcaritaschc.com/assets/pdf/provider/prior-auth-criteria-pharmacy-chc.pdf



Participant copays

- **Brand-name:** \$2 **Generic:** \$0

Please refer to the Participant copayment schedule to view the list of drugs and services that are excluded and do not have copays: www.amerhealthcaritaschc.com/assets/pdf/participants/copays.pdf.

Note: For Medicare Participants, refer to the Medicare Part D plan.

General plan limitations

Day supply	≤ 34 (see exceptions in 90-day section below).
90-day supply program	<p>For eligible medications:</p> <ul style="list-style-type: none"> • Provider must prescribe 90-day supplies for the pharmacy to dispense a 90-day supply. • Selected generic medication requires a 90-day supply after Participant has filled a minimum of 90 days in the last 6 months. <p>www.amerhealthcaritaschc.com/assets/pdf/formulary-90day-supply.pdf</p>
Temporary supply	5-day supply for new medications.
Transitional supply	15-day supply for ongoing medications.
Refill frequency	≥ 85% of the medication must be used (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).
<p>Medicaid-only Participants Searchable formulary</p> <p>Printable formulary</p>	<p>Most current searchable formulary information: www.amerhealthcaritaschc.com/participants/eng/searchable-formulary.aspx</p> <p>Most current printable formulary information (PDF): www.amerhealthcaritaschc.com/assets/pdf/formulary.pdf</p>
<p>Dual-eligible Participants (Medicare as primary coverage; refer to the Participant's Medicare Part D plan.)</p>	<ul style="list-style-type: none"> • Participants with AmeriHealth Caritas PA CHC as a secondary coverage, list of covered over-the-counter medicines: www.amerhealthcaritaschc.com/apps/over-the-counter/index.aspx • Participants with AmeriHealth Caritas VIP Care, Medicare Part D formulary: www.amerhealthcaritasvipcare.com/apps/formulary/2018.aspx
Mandatory generic	Requests for “brand necessary” require prior authorization.



Formulary	
Prior authorization required for (list is not exhaustive)	<ul style="list-style-type: none"> • All non-formulary medications. • All prescriptions that exceed plan limits (see General plan limitations above). • Some prescriptions that exceed \$1,000 (excluding exemption list). • Compounded prescriptions that exceed \$500. • Self-injectable medications other than formulary insulin, glucagon, haloperidol, haloperidol decanoate, fluphenazine, fluphenazine decanoate, and EpiPen®.
Other notes	<ul style="list-style-type: none"> • Over-the-counter: 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.

Opioid policy
<p>Prior authorization form: Physician Request Form for Opioid Containing Products</p> <ul style="list-style-type: none"> • Can be found at www.amerihealthcaritaschc.com/provider/pharmacy/prior-auth.aspx. <p>Prior authorization is required for:</p> <ul style="list-style-type: none"> – All extended-release/long acting (ER/LA) opioids. – Any opioid regimen greater than or equal to 90 MME per day (calculated across all products if Participants are receiving more than one opioid concurrently). <p>Exception:</p> <ul style="list-style-type: none"> • Participants who are currently undergoing treatment for cancer, in hospice, receiving palliative care, or identified as having sickle cell disease will be exempt from these requirements. Claims for these Participants that do not auto-approve can receive a one-year approval by calling 1-888-674-8720. <p>Note: For new Participants of AmeriHealth Caritas PA CHC, please complete the initial request part of the prior authorization to ensure all required documents.</p>

Durable medical equipment (DME) covered under pharmacy*	
Diabetic testing supplies	
Roche® products Accu-Chek® Guide glucose meter	1 every 365 days
Test strips and lancets	
• Insulin, Byetta® or Symlin® user	100 every 25 days.
• Non-insulin user (oral)	50 every 25 days.
• Pregnant Participants (with gestational diabetes)	300 every 25 days
Lancet device and control solution	1 every 90 days
Alcohol swabs	150 every 34 days



Durable medical equipment (DME) covered under pharmacy*

Miscellaneous DME

AeroChamber®/spacer (with or without mask)	2 every 365 days.
Peak flow meter	1 every 365 days.
Blood pressure monitors (kits and cuffs) Dollar limit ≤ \$80	1 every 365 days.
Vaporizers and humidifiers Dollar limit ≤ \$100	1 every 365 days.
Eye patch (generic) Dollar limit ≤ \$50	40 every 34 days.
Glucose tablets and glucagon Dollar limit ≤ \$350	150 every 34 days.
Syringes/needles Dollar limit ≤ \$100	100 every 20 days.
Support hosiery (T.E.D.™ anti-embolism compression stockings) Dollar limit ≤ \$100	4 (2 pairs) every 180 days.
Condoms Dollar limit ≤ \$20	48 every 34 days.

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 **1-866-855-9841**.

*Only products listed by First DataBank (FDB) and loaded into DST Pharmacy Solutions are potentially billable via the pharmacy benefit.

Vaccines (pharmacy)

\$0 copay

Influenza vaccine per flu season	1 every 180 days (6 months)
Pneumococcus (Pneumovax® 23, Prevnar 13®) (Participants over 65 or under 65 if high risk)	1 every 5 years
Shingrix (Participants > 50)	2 per lifetime
Boostrix® and Adacel® Tdap vaccines	
Hepatitis A and B	

Use professional service code of “MA” in order to receive reimbursement.

All other vaccines would be covered under medical benefits. Please contact AmeriHealth Caritas PA CHC Provider Services at **1-800-521-6007**.



Tobacco Cessation

\$0 copay (prescription)

All AmeriHealth Caritas Pennsylvania Community HealthChoices Participants are eligible to join the Tobacco Cessation program:

- 70 counseling sessions per calendar year. A counseling session is defined as a face-to-face meeting lasting not less than 15 minutes, either individually or in a group.
- Referral or permission is not required from the Participant's primary care practitioner (PCP) to attend a counseling session. The provider holding the sessions must participate in the Medical Assistance program and be approved by the Department of Health.
- If Participants are eligible for prescription services, tobacco cessation drug products could be obtained with a written prescription from their health care provider.
- Call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** to find the approved providers in your area or for additional information.

Note: Electronic cigarettes and medical marijuana are not covered by the Medical Assistance program or the Tobacco Cessation program.

Recipient Restriction

Eligible Participants may be restricted to any combination of their PCP and pharmacy.

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