

Update: Quantity Limits

The following products will have a quantity limit on the AmeriHealth Caritas Pennsylvania Community HealthChoices drug formulary.

Participants currently receiving more than the quantity limit for whom it is not medically advisable to change therapy will require prior authorization before **January 3, 2022**.

Formulary Limits	
Product List	Quantity Limit
ivermectin (Stromectol®) 3mg tablets	Quantity limit: 10 tablet per 30 days without prior authorization

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

<http://www.amerhealthcaritaschc.com> → Providers → Pharmacy Services

If you have any questions regarding this notice, please contact Pharmacy Services at 1-800-674-8720.