

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

**Date: February 1, 2024**

**Re: Formulary Changes**

**1. 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 **April 1, 2024**.

Formulary Limits	
Product List	Quantity Limit
Erleada Oral Tablet 60 MG	3 tablets/day
Gralise Oral Tablet 600 MG	2 tablets/day
Opzelura External Cream 1.5 %	8.58 grams/day
Airsupra Inhalation Aerosol 90-80 MCG/ACT	1.07 grams/day
Sogroya Subcutaneous Solution Pen-injector 5 MG/1.5ML	0.11 mL/day
Uzedy Subcutaneous Suspension Prefilled Syringe 200 MG/0.56ML	0.01 mL/day
Imcivree Subcutaneous Solution 10 MG/ML	0.3 mL/day
Zejula Oral Tablet 100 MG	1 tablet/day

**2. Prior authorization reminders:**

- Acne agents require prior authorization for Members/Participants 21 years and older.
- Stimulants and related agents require prior authorization for Members/Participants 18 years and older, and under 4 years of age.

Members/Participants currently receiving acne agents and/or stimulants and related agents outside of the age requirements will require prior authorization effective **April 1, 2024**.

*Additional prior authorization criteria may apply. Please refer to the most recent drug formulary and prior authorization information available online at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) > Pharmacy > Pharmacy Homepage or [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com) > For Providers > Pharmacy Services.*

**If you have any questions regarding this notice, please contact Pharmacy Services:**

Plan Name	Telephone Number
AmeriHealth Caritas Pennsylvania	<b>1-866-610-2774</b>
AmeriHealth Caritas Pennsylvania Community HealthChoices	<b>1-888-674-8720</b>