

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

**Date: April 10, 2024**

**Re: Update: Formulary Changes**

**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 **June 10, 2024**.

Formulary Limits	
Product List	Daily Quantity Limit
CEQR SIMPLICITY 2 UNIT PATCH	0.34 units
FASENRA PEN 30 MG/ML	0.04 mL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	0.34 units
OMNIPOD CLASSIC PODS (GEN 3) 5PK	0.34 units
OMNIPOD DASH PODS (GEN 4) 5PK	0.34 units

**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:**

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