

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

**Date: March 1, 2023**

**Re: Update: Formulary Changes**

**The following products will have new or updated quantity limits.**

Members/Participants currently receiving more than the quantity limit(s) listed below, for whom it is not medically advisable to change therapy, will require prior authorization effective **May 1, 2023**.

Formulary Limits	
Product List	Quantity Limit
Glucose Test Strips (products vary)	<b>Quantity Limit:</b> 100 test strips per 30 days
Lancets (products vary)	<b>Quantity Limit:</b> 100 lancets per 30 days
Disulfiram Oral Tablet 250 MG	<b>Quantity Limit:</b> 30 tablets per 30 days
Omeprazole-Sodium Bicarbonate Oral Packet 20-1680 MG	<b>Quantity Limit:</b> 30 packets per 30 days
Saxenda Subcutaneous Solution Pen-injector 18 MG/3ML	<b>Quantity Limit:</b> 5 pens or 15mL per 30 days
Wegovy Subcutaneous Solution Auto-injector 0.25 MG/0.5ML	<b>Quantity Limit:</b> 4 pens or 2mL per 30 days
Wegovy Subcutaneous Solution Auto-injector 2.4 MG/0.75ML	<b>Quantity Limit:</b> 4 pens or 3mL per 30 days

**Additional prior authorization criteria may apply. Please refer to the 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>