

Update: Quantity Limits

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

Members currently receiving more than the quantity limit for whom it is not medically advisable to change therapy will require prior authorization before **November 15, 2021**.

Formulary Limits	
Product List	Quantity Limit
Iclusig Oral Tablet 15 MG	Quantity limit: 1 tablet per 30 days without prior authorization
Prolia Subcutaneous Solution Prefilled Syringe 60 MG/ML	Quantity limit: 1 syringe every 6 month without prior authorization

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

www.amerhealthcaritaspa.com → Providers → Resource → Pharmacy Services

www.amerhealthcaritaschc.com → Providers → Pharmacy Services

If you have any questions regarding this notice, please contact Pharmacy Services at 1-866-610-2774.