


| Pharmacy Provider Services   |  |
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| Providers and pharmacies with questions regarding AmeriHealth Caritas Northeast benefit coverage or claims transmission issues may call the Pharmacy Provider Services department at <b>1-888-208-1020</b> for assistance. |  |
| Pharmacy Network and Contracting   | <b>1-800-555-5690</b><br><b>PharmacyNetwork@performrx.com</b>  |
| Pharmacy Rx claims processing information  | DST Pharmacy Solutions: <b>AmeriHealth Caritas Northeast</b><br>Bank Identification Number (BIN): <b>600428</b><br>Processor Control Number (PCN): <b>06200000</b> |
| Pharmacy Online Directory  | <b>www.amerhealthcaritasnortheast.com/apps/pharmacy-directory/index.aspx</b>   |
| Specialty Pharmacy Directory   | <b>www.amerhealthcaritasnortheast.com/pdf/pharmacy/specialty-pharmacy-directory.pdf</b>  |

| Prior authorization (PA)  |  |
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| <b>How to submit a request for pharmacy prior authorization</b>   |  |
| <b>Online</b>   | Use the PerformPA Web Submission Form. Go to <b>www.amerhealthcaritasnortheast.com/pharmacy</b> and click <b>Online PA Request Form</b> . Providers will be able to: <ul style="list-style-type: none"> <li>• Electronically submit all relevant member information.</li> <li>• Attach member-specific documents such as labs, chart notes, consults, etc.</li> <li>• Save unique provider information in order to expedite future web submissions.</li> <li>• Print summary page for easy reference.</li> </ul> |
| <b>By phone</b>   | Call the Pharmacy Services department at <b>1-888-208-1020</b> .<br>Outside of normal business hours, call Member Services at <b>1-855-809-9200</b> .  |
| <b>By fax</b>   | Fax the <b>Universal Pharmacy Oral Prior Authorization Form</b> to <b>1-855-446-7905</b> . <ul style="list-style-type: none"> <li>• Drug and drug class-specific prior authorization forms are available at <b>www.amerhealthcaritasnortheast.com/pharmacy/prior-auth/</b>. If requested drug is not listed, fax the <b>Universal Pharmacy Oral Prior Authorization Form</b>.</li> </ul>   |
| <b>Specialty and injectable request forms:</b> Specialty drugs include unusually high-cost oral, inhaled, injectable, and infused pharmaceuticals prescribed for a relatively narrow spectrum of diseases and conditions. |  |
| <b>Pharmacy Prior Authorization Criteria:</b><br>See <b>www.amerhealthcaritasnortheast.com/pdf/pharmacy/prior-auth-criteria.pdf</b> .   |  |

| Member copays   |                          |
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| Brand-name medications: \$3   | Generic medications: \$0 |
| Please refer to the member copayment schedule to view the list of drugs and services that are excluded and do not have copays: <b>www.amerhealthcaritasnortheast.com/pdf/member/eng/info/copay-schedule.pdf</b> . |                          |

| Plan limitations      |   |
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| Day supply program    | ≤34 (see exceptions in 90-day supply program section below).  |
| 90-day supply program | <ul style="list-style-type: none"> <li>Physician must prescribe 90-day supplies for the pharmacy to dispense a 90-day supply.</li> <li>Selected generic medications require a 90-day supply.<br/>See <a href="http://www.amerhealthcaritasnortheast.com/pdf/pharmacy/90-day-supply.pdf">www.amerhealthcaritasnortheast.com/pdf/pharmacy/90-day-supply.pdf</a>.</li> </ul> |
| Units                 | ≤150  |
| Temporary supply      | <ul style="list-style-type: none"> <li>5-day supply for new medications.</li> <li>15-day supply for ongoing medications.</li> </ul>   |
| Refill frequency      | ≥85% of the medication must be utilized (26 days on a 30-day supply).   |

| Formulary  |  |
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| Closed   | All formulary decisions are voted by the Pharmacy & Therapeutics (P&T) Committee and approved by the Department of Human Services (DHS).   |
| Searchable formulary<br> | For the most current formulary information, go to:<br><a href="http://www.amerhealthcaritasnortheast.com/apps/formulary/index.aspx">www.amerhealthcaritasnortheast.com/apps/formulary/index.aspx</a><br>or scan the QR code with your mobile device.   |
| Printable formulary  | For the most current formulary information, go to:<br><a href="http://www.amerhealthcaritasnortheast.com/pdf/pharmacy/formulary/formulary.pdf">www.amerhealthcaritasnortheast.com/pdf/pharmacy/formulary/formulary.pdf</a> .   |
| Mandatory generic  | Requests for “Brand Necessary” require prior authorization.  |
| Prior authorization required for:<br><br>( <b>Note:</b> This list is not exhaustive.)                      | <ul style="list-style-type: none"> <li>All non-formulary medications.</li> <li>All prescriptions that exceed plan limits (see <b>Plan limitations</b> above).</li> <li>Non-formulary prescriptions that exceed \$500.</li> <li>Compounded prescriptions that exceed \$500.</li> <li>Self-injectable medications other than formulary insulin, glucagon, haloperidol, haloperidol decanoate, fluphenazine, fluphenazine decanoate, and EpiPen.</li> <li>Early refills.</li> </ul> |
| Other notes  | <ul style="list-style-type: none"> <li><b>Over-the-counter (OTC):</b> Some products may be covered with a prescription.</li> <li><b>School supply:</b> Some products may be covered with a prescription.</li> <li>Out-of-network pharmacy services require an override.</li> </ul>   |
| Requests for formulary additions/modifications   | May be made by either members or providers.<br><a href="http://www.amerhealthcaritasp.com/pdf/provider/resources/forms/formulary-addition-request-form.pdf">www.amerhealthcaritasp.com/pdf/provider/resources/forms/formulary-addition-request-form.pdf</a> .  |

## Durable medical equipment (DME) covered under pharmacy\*

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| Blood glucose meter <ul style="list-style-type: none"> <li>• 1 blood glucose monitor per 365 days.</li> </ul>  | Roche® products <ul style="list-style-type: none"> <li>• Accu-Chek Guide Glucose Meter.</li> </ul>  |
| Diabetes testing supplies <ul style="list-style-type: none"> <li>• Members using insulin, Byetta, or Symlin can get 100 strips per month; those just on oral medications (non-insulin users) get 50 strips per month.</li> <li>• Pregnant members can get 100 strips per month.</li> </ul> | <ul style="list-style-type: none"> <li>• Lancets.</li> <li>• Strips (for the above meters).</li> <li>• Control solution (quantity limit: 1 per 90 days).</li> <li>• Alcohol swabs (quantity limit: 150 per 34 days).</li> </ul> |
| Aerochambers/peak flow meters  | Must be billed for a quantity of 1 with a day supply of 365. Quantity limit: 2 per year without prior authorization.  |
| Blood pressure monitors (kits and cuffs)<br>Dollar limit ≤\$80   | Must be billed for a quantity of 1 with a day supply of 365.  |
| Vaporizers   | Must be billed for a quantity of 1 with a day supply of 365.  |
| Humidifiers  | Must be billed for a quantity of 1 with a day supply of 365.  |
| <p><b>Note:</b> Any DME items not on this list would be handled by the DME department. You can reach them at <b>1-888-498-0504</b>. Fax DME requests to <b>1-888-208-2346</b>.</p>   |   |
| <p>*Only products listed by First DataBank (FDB) and loaded into DST Pharmacy Solutions are potentially billable via the pharmacy benefit.</p>   |   |

## Recipient restriction

Eligible members may be restricted to any combination of their primary care practitioner (PCP) and pharmacy.

Providers who suspect member fraud, misuse, or abuse of services can make a referral to the Recipient Restriction program by calling the AmeriHealth Caritas Northeast Fraud Tip Hotline at **1-866-833-9718** or referring the member by email to [performpro@performrx.com](mailto:performpro@performrx.com) and place **Refer a member for the recipient restriction (lock-in) program** in the subject line.