


Pharmacy Provider Services	
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> <b>PharmacyNetwork@performrx.com</b>
Pharmacy Rx claims processing information	DST Pharmacy Solutions: <b>AmeriHealth Caritas Northeast</b> Bank Identification Number (BIN): <b>600428</b> Processor Control Number (PCN): <b>06200000</b>
Pharmacy Online Directory	<b>www.amerihealthcaritasnortheast.com/apps/pharmacy-directory/index.aspx</b>
Specialty Pharmacy Directory	<b>www.amerihealthcaritasnortheast.com/pdf/pharmacy/specialty-pharmacy-directory.pdf</b>

Prior authorization (PA)	
<b>How to submit a request for pharmacy prior authorization</b>	
<b>Online</b>	Use the PerformPA Web Submission Form. Go to <b>www.amerihealthcaritasnortheast.com/pharmacy/prior-auth/</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> . 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.amerihealthcaritasnortheast.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> See <b>www.amerihealthcaritasnortheast.com/pdf/pharmacy/prior-auth-criteria.pdf</b> .	

Member copays	
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.amerihealthcaritasnortheast.com/pdf/member/eng/info/copay-schedule.pdf</b> .	

General plan limitations (additional limits may apply)	
Day supply program	≤34 (see exceptions in 90-day supply program section below).
90-day supply program	<ul style="list-style-type: none"> <li>Select generic medications require a 90-day supply after a member has filled 90 days of therapy within six months. See <a href="http://www.amerihealthcaritasnortheast.com/pdf/pharmacy/90-day-supply.pdf">www.amerihealthcaritasnortheast.com/pdf/pharmacy/90-day-supply.pdf</a>.</li> <li>For eligible medications, provider must prescribe 90-day supplies for the pharmacy to dispense a 90-day supply.</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	
Closed	All formulary decisions are voted by the Pharmacy & Therapeutics (P&T) Committee and approved by the Department of Human Services (DHS).
Searchable formulary 	For the most current formulary information, go to: <a href="http://www.amerihealthcaritasnortheast.com/pharmacy/searchable.aspx">www.amerihealthcaritasnortheast.com/pharmacy/searchable.aspx</a> or scan the QR code with your mobile device.
Printable formulary	For the most current formulary information, go to: <a href="http://www.amerihealthcaritasnortheast.com/pdf/pharmacy/formulary.pdf">www.amerihealthcaritasnortheast.com/pdf/pharmacy/formulary.pdf</a>
Mandatory generic	Requests for “Brand Necessary” require prior authorization.
Prior authorization required for:  ( <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>Some prescriptions that exceed \$1,000.</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. <a href="http://www.amerihealthcaritasp.com/pdf/provider/resources/forms/formulary-addition-request-form.pdf">www.amerihealthcaritasp.com/pdf/provider/resources/forms/formulary-addition-request-form.pdf</a> .

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

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 25 days; those just on oral medications (non-insulin users) get 50 strips per 25 days.</li> <li>• Pregnant members can get 300 strips per 25 days.</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) 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.