

Pharmacy Reference Guide

Pharmacy Provider Services

Providers and pharmacies with questions regarding AmeriHealth Caritas Delaware's benefit coverage or claims transmission issues may call Pharmacy Provider Services for assistance:

- Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): **1-855-251-0966**.
- DSHP Plus: **1-888-987-6396**.

Pharmacy network and contracting

Phone: **1-800-555-5690**

Email: pharmacynetwork@performrx.com

Pharmacy prescription claims processing information

DST Pharmacy Solutions: **AmeriHealth Caritas Delaware**

Bank identification number (BIN): **600428**

Processor control number (PCN): **07710000**

Pharmacy online directory

[Search for a pharmacy.](#)

Prior authorization

How to submit a request for pharmacy prior authorization

Online	<p>Use the PerformPA® Web Submission Form. Go to www.amerhealthcaritasde.com/provider/resources/pharmacy-prior-auth.aspx and select the Online Pharmacy Prior Authorization Request Form. Providers can use this form to:</p> <ul style="list-style-type: none"> • Electronically submit all relevant member information. • Attach member-specific documents, such as lab results, chart notes, and consultation documentation. • Save unique provider information to expedite future web submissions. • Print a summary page for easy reference.
By fax	<p>Fax completed prior authorization request forms to 1-855-829-2872:</p> <ul style="list-style-type: none"> • Universal Pharmacy Oral Prior Authorization Form. • Hepatitis C Therapies Prior Authorization Request Form. • Injectable/Infusible Medications Prior Authorization Request Form. • Opioid Products Form.
By phone	<p>Call Pharmacy Services at 1-855-251-0966. Outside of normal business hours, you can also call Member Services at 1-877-759-6257.</p>

Emergency supply: Pharmacies are authorized to dispense up to a 72-hour emergency supply

Member copays


- Brand-name medications: \$3.
- Generic medications: \$1.

Please see www.amerhealthcaritasde.com/provider/pharmacy/copays.aspx for a list of drugs and services that are excluded and do not have copays.

Note: Member pays a maximum of \$15 per month.



Plan limitations																													
Days supply	≤ 34 (see exceptions in 90-day section below).																												
Quantity limits	<table border="1"> <thead> <tr> <th>Drug or drug class</th> <th>Quantity/day limit</th> </tr> </thead> <tbody> <tr> <td>Opiate naïve</td> <td>50 morphine milliequivalents daily/7 days</td> </tr> <tr> <td>Chronic opiates</td> <td>120 morphine milliequivalents daily</td> </tr> <tr> <td>Sedative hypnotics</td> <td>30 units/30 days</td> </tr> <tr> <td>Triptans</td> <td>9 units/45 days</td> </tr> <tr> <td>Short-acting opioid analgesics</td> <td>720 units/365 days</td> </tr> <tr> <td>Skeletal muscle relaxants</td> <td>120 units/30 days</td> </tr> <tr> <td>Carisoprodol</td> <td>84 tablets/90 days</td> </tr> <tr> <td>Benzodiazepines</td> <td>120 units/30 days</td> </tr> <tr> <td>Tramadol or tramadol combinations</td> <td>240 units/30 days</td> </tr> <tr> <td>Narcotic cough medications</td> <td>480mL/30 days</td> </tr> <tr> <td>Adjunctive anticonvulsants</td> <td>240 units/30 days</td> </tr> <tr> <td>Injectable anticoagulants</td> <td>10-day supply</td> </tr> <tr> <td>Drugs taken less frequently than once a day</td> <td>34-day supply</td> </tr> </tbody> </table>	Drug or drug class	Quantity/day limit	Opiate naïve	50 morphine milliequivalents daily/7 days	Chronic opiates	120 morphine milliequivalents daily	Sedative hypnotics	30 units/30 days	Triptans	9 units/45 days	Short-acting opioid analgesics	720 units/365 days	Skeletal muscle relaxants	120 units/30 days	Carisoprodol	84 tablets/90 days	Benzodiazepines	120 units/30 days	Tramadol or tramadol combinations	240 units/30 days	Narcotic cough medications	480mL/30 days	Adjunctive anticonvulsants	240 units/30 days	Injectable anticoagulants	10-day supply	Drugs taken less frequently than once a day	34-day supply
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Refill frequency	≥ 83 percent of the medication must be utilized (25 days of a 30-day supply).																												

Formulary	
<p>Searchable formulary</p> 	<p>For the most current formulary information, visit www.amerihhealthcaritasde.com/apps/formulary/2018.aspx. You can also scan the QR code at left with your mobile device.</p>
Mandatory generic	Requests for “brand necessary” require prior authorization.
Prior authorization required (list is not exhaustive)	<ul style="list-style-type: none"> • All non-formulary medications. • All prescriptions that exceed plan limits (see plan limitations above). • Non-formulary prescriptions that exceed \$500. • Compounded prescriptions that exceed \$250. • Early refills.
Other notes	<ul style="list-style-type: none"> • Over-the-counter (OTC): Some products may be covered with a prescription. • School supply: Some products may be covered with a prescription. • Out-of-network pharmacy services require an override.



Durable medical equipment (DME) covered under pharmacy benefit*	
Blood glucose meters (one meter per 365 days)	<ul style="list-style-type: none"> • FreeStyle Freedom Lite® meters. • FreeStyle InsuLinx® meters. • FreeStyle Precision Neo meters. • Precision Xtra® meters. • True Metrix™ meters.
Diabetes testing supplies	<ul style="list-style-type: none"> • Lancets. • Testing strips (for the above meters).
Aerochambers	Must be billed for a quantity of “1” with a day supply of “365.” Quantity limit is two per year without prior authorization.
<p>Note: If you have questions or concerns regarding DME coverage, call the PerformRxSM Pharmacy Provider Services Help Desk at 1-855-251-0966, from Monday to Friday, 8 a.m. to 7 p.m.</p>	
<p>* Only products listed by First DataBank and loaded into DST Pharmacy Solutions are potentially billable via the pharmacy benefit.</p>	

Recipient restriction
<p>Eligible members may be restricted to any combination of their primary care provider (PCP) and pharmacy.</p> <p>Providers who suspect member fraud, misuse, or abuse of services can refer a member to the Recipient Restriction Program by calling the AmeriHealth Caritas Delaware Abuse Hotline at 1-866-833-9718 or emailing performpro@performrx.com with “Refer a member for the Recipient Restriction (Lock-In) Program” in the subject line.</p>

