



## Update: AmeriHealth Caritas District of Columbia (Medicaid) Formulary Change

**1)** On **June 01, 2017**, the following products will be removed from the AmeriHealth Caritas District of Columbia (Medicaid) drug formulary.

Members currently receiving these products will require a new prescription for an alternative product before **June 01, 2017**. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the non-formulary product.

Formulary Removals	
Product list	Alternative Product(s)
Lantus® vial and Lantus® SoloSTAR pen	Basaglar® KwikPen
Brand EpiPen® and EpiPen Jr®	Generic epinephrine auto-injector
Brand Condylox® topical gel	Generic Condylox (podofilox) topical solution
Rectiv® (nitroglycerin) Ointment	<ul> <li>Compounded calcium channel blockers: 2% topical diltiazem or 0.2% topical nifedipine.</li> <li>Oral calcium channel blockers.</li> <li>Lidocaine 3% ointment.</li> </ul>
Brand Condylox® topical gel	Generic Condylox (podofilox) topical solution

2) On **June 01, 2017**, Incruse Ellipta® will also be removed from the AmeriHealth Caritas District of Columbia (Medicaid) drug formulary.

Members currently receiving Incruse Ellipta® will require a new prescription for an alternative product before **July 15, 2017**. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the non-formulary product.

Formulary Removals	
Product list	Alternative Product(s)
Incruse Ellipta® (umeclidinium)	Spiriva® Respimat (tiotropium bromide) or Combivent® Respimat (ipratropium bromide)

If you have questions about this communication, please contact the AmeriHealth Caritas District of Columbia (Medicaid) Provider Pharmacy Services at **1-888-602-3741**. You may also contact your Provider Account Executive.