

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

### 1. Effective October 01, 2017 the following products will be removed from the AmeriHealth Caritas District of Columbia drug formulary.

Members currently receiving these products will require a new prescription for an alternative product. 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.

<b>Formulary Removals</b>	
<b>Product list</b>	<b>Alternative Product(s)</b>
Pataday® (olopatadine Hcl) ophthalmic drops	generic Azelastine and generic Patanol® (olopatadine hcl) with a step therapy requirement of previous tried and failed Zaditor® (ketotifen fumarate )
Atacand® (candesartan cilexetil)	generic Benicar® (olmesartan medoxomil), Micardis® (telmisartan), Exforge® (amlodipine besylate/valsartan) with a step therapy requirement of previous tried and failed Cozaar® (losartan potassium) or Hyzaar® (losartan/hydrochlorothiazide)
Atacand HCT® (candesartan/hydrochlorothiazide)	generic Benicar HCT® (olmesartan/hydrochlorothiazide), Micardis HCT® (telmisartan/hydrochlorothiazide), Exforge HCT® (amlodipine/valsartan/hcthiiazid)with a step therapy requirement of previous tried and failed Cozaar® (losartan potassium) or Hyzaar® (losartan/hydrochlorothiazide)
Nalfon® (fenoprofen calcium) 600mg capsule	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Meclofenamate sodium capsules	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Daypro® (oxaprozin) tablet	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Indocin® (indomethacin) oral suspension	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Oxycodone HCl capsules	Oxycodone HCl tablets, Oxycodone solution
Percodan® (oxycodone HCl/aspirin) tablet	Oxycodone HCl tablets, Oxycodone solution
Morphine sulfate suppository	Morphine sulfate solution
Kadian® (morphine sulfate) capsule	generic MS Contin® (morphine)

2. Effective October 01, 2017 the following products will have either an age, quantity or day supply limits for the AmeriHealth Caritas District of Columbia drug formulary.

<b>Formulary Limits</b>	
<b>Product list</b>	<b>Age, quantity or day supply limits</b>
Celebrex® (celecoxib) 400mg capsule	<b>Quantity limit:</b> 1 capsule per day
Celebrex® (celecoxib) 50mg, 100mg, 200mg	<b>Quantity limit:</b> 2 capsule per day
Chemet® (succimer) 100 mg capsule	<b>Day supply limit:</b> 19 day supply
Combination products with codeine	<b>Age limit:</b> 12 years old or older
Single ingredient codeine products	<b>Age limit:</b> 18 years old or older
Short-acting, long-acting, or combination products with tramadol	<b>Age limit:</b> 18 years old or older
Truzistra XR (codeine/chlorpheniramine)	<b>Age limit:</b> 18 years old or older

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