

## Update: AmeriHealth Caritas District of Columbia Formulary Changes

**As of May 01, 2016 the following products have been removed from the AmeriHealth Caritas District of Columbia drug formulary.**

Members currently receiving any of the products list below will require a new prescription for an alternative product before June 15, 2016. Members for whom it is not medically advisable to change therapy will require prior authorization.

Formulary Removals	
Product list	Alternative Product(s)
Jentaducto (Linagliptin/Metformin HCL)	<ul style="list-style-type: none"><li>• Sitagliptin/Metformin (Janumet, Janumet XR)</li></ul>
Kombiglyze XR (Saxagliptin HCL/Metformin HCL )	<ul style="list-style-type: none"><li>• Sitagliptin/Metformin (Janumet, Janumet XR)</li></ul>
Namenda XR (Memantine HCL)	<ul style="list-style-type: none"><li>• Memantine, Rivastigmine, or Donepezil</li></ul>
Onglyza (Saxagliptin Hcl)	<ul style="list-style-type: none"><li>• Sitagliptin (Januvia)</li></ul>
Tradjenta (Linagliptin )	<ul style="list-style-type: none"><li>• Sitagliptin (Januvia)</li></ul>

If you have questions, please contact your Provider Account Executive or Provider Services at **1-888-602-3741**.