

Update: AmeriHealth Caritas District of Columbia Formulary Change.

1. Effective May 01, 2020, the following products will be removed from the AmeriHealth Caritas District of Columbia drug formulary.

Enrollees currently receiving any of the products list below will require a new prescription for an alternative product before **July 01, 2020**. Enrollees for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the non-formulary products.

Formulary Removals	
Product List	Alternative Product(s)
<ul style="list-style-type: none"> • Humalog Mix 75-25 Kwikpen® (insulin lispro protamin/lispro) • Humalog Mix 75-25 Vial® (insulin lispro protamin/lispro) 	<ul style="list-style-type: none"> • insulin aspart protamine/aspart 70-30 Pen • insulin aspart protamine/aspart 70-30 Vial
<ul style="list-style-type: none"> • propantheline bromide 15mg tablet 	<ul style="list-style-type: none"> • glycopyrrolate 1mg, 2mg tablet
<ul style="list-style-type: none"> • chlorpheniramine maleate (EdChloped Jr ®) 2 mg/5 mL syrup 	<ul style="list-style-type: none"> • diphenhydramine 12.5 mg/5 ml syrup/elixir/liquid
<ul style="list-style-type: none"> • diphenhydramine hcl 12 mg/5 mL prefilled spoon 	<ul style="list-style-type: none"> • diphenhydramine 12.5 mg/5 ml syrup/elixir/liquid
<ul style="list-style-type: none"> • isosorbide dinitrate (Isordil®) 40mg tablet 	<ul style="list-style-type: none"> • isosorbide dinitrate (Isordil®) 10mg, 20mg, 30mg tablet
<ul style="list-style-type: none"> • isosorbide dinitrate (Isordil Tembids®) 40mg extended release tablet 	<ul style="list-style-type: none"> • isosorbide mononitrate (Imdur®) 30mg, 60mg, 120mg extended release tablet
<ul style="list-style-type: none"> • nitroglycerin (Nitro-Dur®) 0.3 mg/hr, 0.8mg/hr transdermal 24 hour patch 	<ul style="list-style-type: none"> • nitroglycerin (Nitro-Dur®) 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr transdermal 24 hour patch

2. Effective May 01, 2020, the following Spiriva Respimat® products will be formulary with prior authorization required. Enrollees for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage before July 01, 2020.

Formulary with Prior Authorization Required	
Product list	Alternative Product(s)
<ul style="list-style-type: none"> • Spiriva Respimat® (tiotropium bromide) 2.5 Mcg inhaler (with PA required) • Spiriva Respimat® (tiotropium bromide) 1.25 Mcg inhaler (with PA required) 	<ul style="list-style-type: none"> • Incruse Ellipta® (umeclidinium bromide) 62.5 mcg inhaler • Atrovent HFA® (ipratropium bromide) 17 mcg inhaler

If you have questions about this communication, please contact the AmeriHealth Caritas District of Columbia Provider Pharmacy Services at 1-888-602-3741.