

## Update: Formulary Changes

### 1. Effective January 07, 2019, the following products will be removed from the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast drug formulary.

Members currently receiving any of the products list below will require a new prescription for an alternative product before **March 11, 2019**. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the formulary changed products.

Formulary Removals	
Product List	Alternative Product(s)
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 )
Nalfon® (fenoprofen calcium) 600mg capsules	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) tablets	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Indocin® (indomethacin) oral suspension	Ansaid® (flurbiprofen), Motrin® (ibuprofen), Clinoril® (sulindac) and Naprosyn® (naproxen sodium)
Zamiset® (hydrocodone/acetaminophen) solution	tramadol, morphine solution or oxycodone solution*
Lortab Elixir® (hydrocodone/acetaminophen) solution	tramadol, morphine solution or oxycodone solution*
Oxycodone hcl 5mg capsules	oxycodone hcl tablets, oxycodone solution*
Percodan® (oxycodone HCl/aspirin) tablets	oxycodone hcl tablets, oxycodone solution or oxycodone/acetaminophen*
Morphine sulfate suppository	Morphine sulfate solution*
Kadian® (morphine sulfate) capsules	generic MS Contin®*

**\*Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available at**

<http://www.amerihealthcaritasnortheast.com/Providers/Resources/Pharmacy Services>

<http://www.amerihealthcaritaspa.com/Providers/Resources/Pharmacy Services>

2. Effective January 07, 2019, the following products will have either an age limit, quantity limit or a day supply limit without prior authorizations.

Formulary Limits	
Product List	Age Limit, Quantity Limit or Day Supply Limit
Celebrex® (celecoxib) 400mg capsules	<b>Quantity limit:</b> 1 capsule per day
Chemet® (succimer) 100mg capsules	<b>Day supply limit:</b> 19 day supply
Latuda® (lurasidone HCl) 20mg, 40mg, 60mg, or 120mg tablets*	<b>Quantity limit:</b> 1 tablet per day*
Latuda® (lurasidone HCl) 80mg tablets*	<b>Quantity limit:</b> 2 tablet per day*
Arnuity Ellipta® (fluticasone furoate) 100mcg and 200mcg blister, with inhalation device	<b>Quantity limit:</b> 1 inhaler per month
Single or combination 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*
<b>An opioid-containing cough and cold product* such as:</b> <ul style="list-style-type: none"> <li>• Promethazine HCl/codeine syrup 6.25mg-10mg/5ml,</li> <li>• Hydrocodone/chlorpheniramine ER suspension 10mg-8mg/5ml,</li> <li>• Promethazine/phenylephrine /codeine syrup 6.25mg-5mg-10mg/ml,</li> <li>• Guaifenesin-codeine 10mg-100mg/5ml suspension,</li> <li>• or any other opioid containing cough and cold product.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Day supply limit:</b> 5 days for members 21 years of age and older without prior authorization</li> <li>• <b>Day supply limit:</b> 3 days for members 18 to 20 years of age without prior authorization</li> <li>• <b>Quantity limit:</b> 120 milliliters per month or 2 capsules per day without prior authorization</li> </ul>

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3. Effective January 21, 2019, the following second generation antihistamines products are changing from first line formulary to formulary with step therapy.

Formulary Step Therapy	
Product list (step therapy required)	Formulary (First Line)
<ul style="list-style-type: none"> <li>• Zyrtec-D® (cetirizine HCl/pseudoephedrine),</li> <li>• Claritin-D® (loratadine/pseudoephedrine),</li> <li>• Claritin® (loratadine) oral disintegrating tablets</li> </ul>	<ul style="list-style-type: none"> <li>• Allegra® (fexofenadine) generic for children &lt; 2 years old,</li> <li>• Claritin® (loratadine) generic tablets,</li> <li>• Xyzal® (levocetirizine) generic tablets,</li> <li>• Zyrtec® (cetirizine) generic tablets or oral solution</li> <li>• pseudoephedrine</li> </ul>

**If you have any questions regarding this notice, please contact Pharmacy Services**

<b>Pharmacy Services</b>	
<b>Plan Name</b>	<b>Telephone Number</b>
AmeriHealth Caritas Pennsylvania	<b>1-866-610-2774</b>
AmeriHealth Caritas Northeast	<b>1-888-208-1020</b>

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Secure and confidential. You may remain anonymous. Mandatory provider training available on-line at:  
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