

Update: AmeriHealth Caritas District of Columbia Formulary Change

1. Effective **October 01, 2018**, the following opioid containing cough and cold products will have a quantity limit and day supply limit for the AmeriHealth Caritas District of Columbia drug formulary.

Members currently receiving any of the products exceeding the quantity limit or day supply limit will require a new prescription before **November 19, 2018**. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage exceeding the quantity limits.

Product list	Quantity limit and day supply limit
Promethazine HCl/codeine syrup 6.25mg-10mg/5ML	Quantity limit: 120 ml per month
Hydrocodone/chlorpheniramine ER suspension 10mg-8mg/5ML	
Promethazine/phenylephrine /codeine syrup 6.25mg-5mg-10mg/ML	
Guaifenesin-codeine 10mg-100mg/5ML suspension.	
All opioid containing cough and cold products - Day supply limit: 7 day supply	

2. Effective **October 01, 2018**, the following products will have a quantity limit for the AmeriHealth Caritas District of Columbia drug formulary.

Product list	Quantity limit
Latuda® (lurasidone HCl) 20mg, 40mg, 60mg, 120mg tablets	Quantity limit: 1 tablet per day
Latuda® (lurasidone HCl) 80mg tablets	Quantity limit: 2 tablet per day (80mg only)
Arnuity Ellipta® (fluticasone furoate) 100mcg and 200mcg blister, with inhalation device	Quantity limit: 1 inhaler per month

3. Effective **October 01, 2018**, the following second generation antihistamines products are changing from first line formulary to formulary with step therapy for the AmeriHealth Caritas District of Columbia drug formulary.

Members currently receiving any of the first line products listed below will require a new prescription for the preferred products before **November 19, 2018**. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the step therapy required products.

Product list (step therapy required)	Formulary (First Line)
Zyrtec-D® (cetirizine HCl/pseudoephedrine), Claritin-D® (loratadine/pseudoephedrine, Zyrtec® (cetirizine HCl) and Claritin ® (loratadine) oral liquid solution, syrup, disintegrating tablets and capsules.	<ul style="list-style-type: none"> • ALLEGRA® (fexofenadine) (generic) (for children < 2 years old) • CLARITIN® (loratadine)(generic)tablets, • XYZAL® (levocetirizine) (generic) tablets, • Zyrtec® (cetirizine) (generic) tablets or oral solution

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