

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

Effective July 01, 2017, the following products will be removed from the AmeriHealth Caritas District of Columbia (Alliance) drug formulary.

Members currently receiving Effexor XR tablets products will require a new prescription for an alternative product before **August 15, 2017**. 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.

Formulary Removals	
Product list	Alternative Product(s)
Effexor XR tablets	<ul style="list-style-type: none"> • Effexor XR capsules

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Formulary Removals	
Product list	Alternative Product(s)
Neptazane (Methazolamide) 50mg tablet	<ul style="list-style-type: none"> • Diuril (Chlorothiazide), Chlorthalidone, Microzide (Hydrochlorothiazide), Hydrochlorothiazide, Zaroxolyn (Metolazone), Lasix (Furosemide), Demadex (Torsemide), Aldactone (Spironolactone), Amiloride/Hydrochlorothiazide
Inspra (Eplerenon) 25mg and 50mg tablet	<ul style="list-style-type: none"> • Diuril (Chlorothiazide), Chlorthalidone, Microzide (Hydrochlorothiazide), Hydrochlorothiazide, Zaroxolyn (Metolazone), Lasix (Furosemide), Demadex (Torsemide), Aldactone (Spironolactone), Amiloride/Hydrochlorothiazide
Natroba (spinosad) topical suspension	<ul style="list-style-type: none"> • Over-the-counter permethrin lotion, cream rinse and liquid or pyrethrins/piperonyl butoxide shampoo

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