



## Update: Formulary Changes

1. Effective December 01, 2020, the following products will be removed from the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast drug formulary.

Members currently receiving any of the products listed below will require a new prescription for an alternative product before **February 01, 2021**. 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)
<ul style="list-style-type: none"> <li>proprantheline bromide 15mg tablet</li> </ul>	<ul style="list-style-type: none"> <li>glycopyrrolate 1mg, 2mg tablet</li> </ul>
<ul style="list-style-type: none"> <li>chlorpheniramine maleate (EdChloped Jr ®) 2 mg/5 mL syrup</li> </ul>	<ul style="list-style-type: none"> <li>diphenhydramine 12.5 mg/5 ml syrup/elixir/liquid</li> </ul>
<ul style="list-style-type: none"> <li>dicyclomine 10 mg/5 mL oral solution</li> </ul>	<ul style="list-style-type: none"> <li>dicyclomine 10 mg oral capsule</li> <li>dicyclomine 20 mg oral tablet</li> </ul>

**Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available on-line at:**

[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) → Providers → Resource → Pharmacy Services

[www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.com) → Providers → Resource → Pharmacy Services

2. Effective December 01, 2020, the following products will have a quantity limit and day supply limit without prior authorizations.

Members currently receiving more than the quantity limit and day supply limit whom it is not medically advisable to change therapy will require prior authorization before **February 01, 2021**

Formulary Limits	
Product List	Quantity Limit, Day Supply limit
<ul style="list-style-type: none"> <li>methylergonovine maleate</li> <li>(Methergine ®) 0.2 mg tablets</li> </ul>	<ul style="list-style-type: none"> <li><b>Quantity limit:</b> 28 tablets per 7 days without prior authorization</li> </ul>
<ul style="list-style-type: none"> <li>glucagon emergency kit (Glucagen®) 1mg</li> </ul>	<ul style="list-style-type: none"> <li><b>Quantity limit:</b> 2 kits per 30 days without prior authorization</li> </ul>

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

Plan Name	Telephone Number
AmeriHealth Caritas Pennsylvania	1-866-610-2774
AmeriHealth Caritas Northeast	1-888-208-1020