

To: AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Providers

Date: May 11, 2022

RE: Update: Formulary Changes

- The following products will be removed from the AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Pennsylvania Community HealthChoices drug formulary.**

Members or Participants currently receiving the product listed below will require a new prescription for an alternative product before **June 15, 2022**. Members or Participants 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)
Floriva® Plus 0.25 mg fluoride (0.55 mg)/mL oral drops	multi-vitamin with fluoride chewable tablets or multi-vitamin with fluoride oral drops
Quflora® Pediatric 1 mg fluoride (2.2 mg), 0.5 mg fluoride (1.1 mg) or 0.25mg fluoride (0.55 mg) chewable tablets	
Quflora® Pediatric Drops 0.5 mg fluoride (1.1 mg)/mL or 0.25 mg fluoride (0.55 mg)/mL	
hydroxyzine 25 mg/mL IM solution hydroxyzine 50 mg/mL IM solution	hydroxyzine oral tablet or solution
ferrous sulfate 134 mg (27 mg iron) tablet ferrous sulfate 250 mg (50 mg iron) tablet, extended release	ferrous sulfate (Feosol) 325 mg (65 mg iron) tablet ferrous sulfate (Slow Fe) 142 mg (45 mg iron) tablet, extended release ferrous sulfate dried (Slow Release Iron) 159 mg or 144 mg (45 mg iron) tablet, extended release ferrous sulfate dried 160 mg (50 mg iron) tablet, extended release
Iron 18 mg tablet	
Slow Release Iron (ferrous sulfate, dried) 168 mg (50 mg iron) tablet, extended release	
ferrous sulfate 300 mg (60 mg iron)/5 mL oral liquid	ferrous sulfate 220 mg (44 mg iron)/5 mL oral solution
ferrous gluconate 236 mg (27 mg iron) tablet ferrous gluconate 256 mg (28 mg iron) tablet	ferrous gluconate (Fergon®) 240 mg (27 mg iron) tablet ferrous gluconate 324 mg (38 mg iron) tablet

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

www.amerihealthcaritaspa.com → Providers → Resource → Pharmacy Services or
www.amerihealthcaritaschc.com → Providers → Pharmacy Services

2. The following products will have a quantity limit without prior authorizations.

Members or Participants currently receiving more than the quantity limit whom it is not medically advisable to change therapy will require prior authorization before **June 15, 2022**.

Formulary Limits	
Product List	Quantity Limit
Precision Xtra® B-Ketone strips or novaMax Plus Ketone Test Strips	Quantity limit: 50 strips per 30 days without prior authorization
Ketone Care Test Strips, Ketone Diastix Strips, Relion Ketone Urine Test Strips, Ketostix Strips, Keto-Diastix Strips or TruePLUS Strips	Quantity limit: 100 strips per 30 days without prior authorization

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

Plan Name	Telephone Number
AmeriHealth Caritas Pennsylvania	1-866-610-2774
AmeriHealth Caritas Pennsylvania Community HealthChoices	1-800-674-8720