

## Update: AmeriHealth Caritas District of Columbia Formulary Change.

1. Effective October 05, 2020, the following products will be removed from the AmeriHealth Caritas District of Columbia drug formulary.

Enrollees currently receiving any of the products list below will require a new prescription for an alternative product before **December 04, 2020**. Enrollees for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the non-formulary products.

Formulary Removals	
Product List	Alternative Product(s)
<ul style="list-style-type: none"><li>• isoniazid 50mg/5ml oral solution</li></ul>	<ul style="list-style-type: none"><li>• isoniazid 100mg oral tablets</li><li>• isoniazid 300mg oral tablets</li></ul>
<ul style="list-style-type: none"><li>• Pentasa ER® (mesalamine ER) 250mg oral capsules</li><li>• Pentasa ER® (mesalamine ER) 500mg oral capsules</li></ul>	<ul style="list-style-type: none"><li>• mesalamine DR 400mg oral capsules</li><li>• mesalamine DR 1.2 gm oral tablets</li></ul>

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