

Update: AmeriHealth Caritas District of Columbia Formulary Change

Effective January 1, 2021, 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 **January 4, 2021**. 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">• Toviaz® (fesoterodine fumarate) 4 mg extended release tablets• Toviaz® (fesoterodine fumarate) 8 mg extended release tablets	<ul style="list-style-type: none">• tolterodine oral tablets• tolterodine extended release capsules• oxybutynin oral tablets• oxybutynin extended release tablets• trospium oral tablets

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

Update: AmeriHealth Caritas District of Columbia Formulary Change

Effective January 4, 2021, 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 **February 1, 2021**. 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">Basaglar KwikPen Subcutaneous Pen-Injector 100 Unit/mL (insulin glargine)	<ul style="list-style-type: none">Semglee Subcutaneous Solution Pen-Injector 100 Unit/mL (insulin glargine)

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