

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

Date: January 3, 2022

RE: Update: Formulary Changes

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

Participants currently receiving the product listed below will require a new prescription for an alternative product before **February 1, 2022**. 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)
Isopto® Tears (hypromellose) 0.5% eye drops	Refresh Tears 0.5% (carboxymethylcellulose sodium) eye drops, Genteal Tears 0.1%-0.2%-0.3% (dextran/hypromellose/glycerin) eye drops or Artificial Tears 1.4% (polyvinyl alcohol) drops

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

www.amerhealthcaritaschc.com → Providers → Pharmacy Services

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

Participants 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 1, 2022**.

Formulary Limits	
Product List	Quantity Limit, Day Supply limit
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	Quantity limit: 240 ml per 30 days without prior authorization
Promethazine-DM Syrup 6.25-15 MG/5ML	Quantity limit: 240 ml per 30 days without prior authorization
Chemet® (succimer) 100 mg capsule	Day supply limit: 19 day supply without prior authorization

If you have any questions regarding this notice, please contact Pharmacy Services at 1-800-674-8720.