

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

Date: December 17, 2024

Re: Formulary Changes

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

Members/Participants currently receiving the products listed below will require a new prescription for an alternative product effective **January 1, 2025**. As of **January 1, 2025**, these products are no longer on the **AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Pennsylvania Community HealthChoices** drug formulary. According to the Centers for Medicare & Medicaid Services 55 PA Code Section 1121.54(17) and 42 U.S. Code Section 1396r-8(a)(1), the products listed below are not Medicaid covered drugs.

Formulary Removals	
Product List	Alternative Product(s)
Xtampza ER	Fentanyl Patch, Morphine ER, Oxycodone ER, and Tramadol ER
Nucynta IR	APAP Codeine, Hydrocodone APAP, Morphine Sulfate, Oxycodone, Tramadol, and Tramadol APAP
Nucynta ER	Fentanyl Patch, Morphine ER, Oxycodone ER, and Tramadol ER

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

www.amerihealthcaritaspa.com → Pharmacy → Pharmacy Homepage

www.amerihealthcaritaschc.com → For Providers → Pharmacy Services

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 Pennsylvania Community HealthChoices	1-888-674-8720