

December 13, 2023

Dear AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider,

The manufacturers of Flovent and Levemir® have recently communicated plans to discontinue all brand name formulations of these products starting in the very near future. We encourage you to work with your Members/Participants that utilize these products to identify appropriate alternatives on the Pennsylvania Department of Human Services (DHS) Statewide Preferred Drug List (PDL) and to transition to these alternatives as soon as possible.

DHS has indicated that additional alternatives to Flovent will be made Preferred on the 2024 Statewide PDL that is utilized by all Pennsylvania MCOs. These products will be made available as Preferred alternatives on the AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC formulary effective immediately. Alternatives for Levemir are currently available as well and are scheduled to remain unchanged on the Statewide PDL into 2024.

Please consider the following as you work with your Members/Participants on these transitions:

Product name	Discontinuation date (per manufacturer)	FDA-approved Age	Statewide PDL Preferred Alternative	FDA-approved Age
Flovent Diskus Flovent HFA	January 1, 2024	4 years and older	Asmanex Twisthaler	4 years and older
			QVAR Redihaler	
			Asmanex HFA	5 years and older
			Arnuity Ellipta	
			Pulmicort Flexhaler	6 years and older
Levemir Flexpen	April 1, 2024	2 years and older	Insulin glargine Solostar, vials (unbranded biologic for lantus [Winthrop brand only])	6 years and older
Levemir vials	End of 2024		Lantus Solostar, vials	
			Toujeo Solostar	
			Toujeo Max Solostar	

Adalimumab (Humira)

DHS is also adding several biosimilar formulations of adalimumab (generic name for Humira®) as Preferred on the Statewide PDL in 2024. These agents have been proven as safe and effective substitutes for brand name Humira® and have been FDA-approved for all the same indications as Humira (except for pediatric ulcerative colitis, hidradenitis suppurativa, and uveitis, in some cases). These biosimilars can present significant cost savings (as large [as] 85%¹) when compared to the brand name Humira and are considered Preferred on the AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC formulary effective immediately.

The following prescriptions can be alternatives for Members/Participants who require Adalimumab:

- Adalimumab-fkjp (CF) 50 mg/mL pen, syringe
- Hadlima (adalimumab-bwwd) 50 mg/mL Pushtouch, syringe
- Hadlima (CF) (adalimumab-bwwd) 100 mg/mL Pushtouch, syringe
- Yusimry (CF) (adalimumab-aqvh) 50 mg/mL pen

Please note that prior authorization will still be required for any formulation of adalimumab (including Humira).

For a complete list of Preferred and Non-preferred drugs to be included in the 2024 Statewide PDL, as well as any limits associated with these drugs, please visit <https://papdl.com>. If you have any questions regarding this change, please contact AmeriHealth Caritas PA Pharmacy Services at **1-866-610-2774** or AmeriHealth Caritas PA CHC Pharmacy Services at **1-888-674-8720**.

¹ <https://www.medscape.com/viewarticle/994498?form=fpf>