

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

Date: December 4, 2025

Re: Update: Formulary Changes

1. The following products will be removed from the AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC drug formulary.

Members/Participants currently receiving the product listed below will require a new prescription for an alternative product before **January 5, 2026**. Members/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) |
| Anafranil Oral Capsule 50 MG and 75 MG | Clomipramine capsule |
| Canasa Rectal Suppository 1000 MG | Mesalamine Rectal suppository |
| Carbatrol Oral Capsule Extended Release 12 Hour 200 MG and 300 MG | Carbamazepine ER capsule |
| CellCept Oral Tablet 500 MG | Mycophenolate mofetil tablet |
| Corlanor Oral Tablet 5mg & 7.5mg | Ivabradine 5mg & 7.5mg |
| Depakote ER Oral Tablet Extended Release 24 Hour 250 MG and 500 MG | Divalproex Sodium ER tablet |
| Depakote Oral Tablet Delayed Release 125 MG, 250 MG and 500 MG | Divalproex Sodium DR tablet |
| Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG | Divalproex Sodium DR Sprinkle capsule |
| Dilantin Infatabs Oral Tablet Chewable 50 MG | Phenytoin Chewable tablet |
| Dilantin-125 Oral Suspension 125 MG/5ML | Phenytoin suspension |
| Effexor XR Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG and 75 MG | Venlafaxine HCl ER capsule |
| Imuran Oral Tablet 50 MG | Azathioprine tablet |
| Keppra Oral Solution 100 MG/ML | Levetiracetam solution |
| Keppra Oral Tablet 1000 MG, 250 MG and 500 MG | Levetiracetam tablet |
| Keppra XR Oral Tablet Extended Release 24 Hour 500 MG and 750 MG | Levetiracetam ER tablet |
| Klonopin Oral Tablet 0.5 MG, 1 MG | Clonazepam tablet *Age restrictions in place* |
| Lamictal Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG | Lamotrigine tablet |
| Lexapro Oral Tablet 10 MG, 20 MG and 5 MG | Escitalopram tablet |
| Lialda Oral Tablet Delayed Release 1.2 GM | Mesalamine DR tablet |
| Myfortic Oral Tablet Delayed Release 180 MG | Mycophenolic Acid DR tablet |
| Mysoline Oral Tablet 250 MG | Primidone tablet |
| Onfi Oral Suspension 2.5 MG/ML | Clobazam suspension |

| Formulary Removals | |
|--|------------------------------------|
| Product List | Alternative Product(s) |
| Onfi Oral Tablet 10 MG and 20 MG | Clobazam tablet |
| Phenytek Oral Capsule 200 MG and 300 MG | Phenytoin ER capsule |
| Pristiq Oral Tablet Extended Release 24 Hour 100 MG and 50 MG | Desvenlafaxine Succinate ER tablet |
| Prograf Oral Capsule 0.5 MG and 1 MG | Tacrolimus capsule |
| Prozac Oral Capsule 10 MG, 20 MG and 40 MG | Fluoxetine capsule |
| Remeron Oral Tablet 30 MG | Mirtazapine tablet |
| Remeron SolTab Oral Tablet Disintegrating 45 MG | Mirtazapine ODT |
| Tegretol Oral Suspension 100 MG/5ML | Carbamazepine suspension |
| Tegretol Oral Tablet 200 MG | Carbamazepine tablet |
| Tegretol-XR Oral Tablet Extended Release 12 Hour 100 MG, 200 MG and 400 MG | Carbamazepine ER tablet |
| Topamax Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG | Topiramate tablet |
| Topamax Sprinkle Oral Capsule Sprinkle 25 MG | Topiramate Sprinkle capsule |
| Trileptal Oral Suspension 300 MG/5ML | Oxcarbazepine suspension |
| Trileptal Oral Tablet 150 MG, 300 MG, 600 MG | Oxcarbazepine tablet |
| Viibryd Oral Tablet 10 MG and 40 MG | Vilazodone tablet |
| Vimpat Oral Solution 10 MG/ML | Lacosamide solution |
| Vimpat Oral Tablet 100 MG, 150 MG, 200 MG and 50 MG | Lacosamide tablet |
| Wellbutrin SR Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG, | Bupropion SR tablet |
| Wellbutrin XL Oral Tablet Extended Release 24 Hour 150 MG and 300 MG | Bupropion XL tablet |
| Zoloft Oral Concentrate 20 MG/ML | Sertraline Concentrate solution |
| Zoloft Oral Tablet 100 MG, 25 MG and 50 MG | Sertraline tablet |

2. The following products will have new or updated quantity limits.

Members/Participants currently receiving more than the quantity limit(s) listed below, for whom it is not medically advisable to change therapy, will require prior authorization effective **January 5, 2026**.

| Formulary Limits | |
|-------------------------------|---|
| Product List | Quantity Limit |
| Ivabradine Oral Tablet 5 MG | Quantity Limit: 90 tablets/30 days |
| Ivabradine Oral Tablet 7.5 MG | Quantity Limit: 60 tablets/30 days |
| Kalydeco Packet 25MG | Quantity Limit: 60 packets/30 days |

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

www.amerhealthcaritaspa.com → Pharmacy → Pharmacy Homepage

www.amerhealthcaritaschc.com → For Providers → Pharmacy services

If you have any questions regarding this notice, please contact AmeriHealth Caritas PA Pharmacy Services at 1-866-610-2774 or AmeriHealth Caritas PA CHC at 1-888-674-8720.