AmeriHealth Caritas Pennsylvania | Community HealthChoices | AmeriHealth Caritas Pennsylvania

PHARMACY FAST FACTS

Important Formulary Update for Our Providers

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

Date: **September 16, 2026**

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 **November 16, 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)**
Urea External Cream 40 %	Ammonium lactate cream, Ammonium lactate lotion, Salicylic acid solution
Pharmacist Choice Lancets	Accu-Check, Advocate, Microlet, TRUEplus, OneTouch, and Easy Touch

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 **November 16, 2026.**

Formulary Limits	
Product List	**Quantity Limit**
ARYNTA 10 MG/ML ORAL SOLUTION	7 ML per day
AQVESME 100 MG TABLET	2 tablets per day
ATMEKSI 750 MG/5 ML SUSPENSION	32.34 ML per day
BREKIYA 1 MG/ML AUTOINJECTOR	0.86 ML per day
CARDAMYST 70 MG NASAL SPRAY	2 devices per day
CETIRIZINE HCL 1 MG/ML SOLN	10 ML per day
CRENESSITY 100 MG CAPSULE	4 capsules per day
CRENESSITY 25 MG CAPSULE	2 capsules per day
CRENESSITY 50 MG CAPSULE	2 capsules per day

CRENESSITY 50 MG/ML SOLUTION	8 ML per day
DOPTELET SPRINKLE 10 MG CAP	2 capsules per day
ENSACOVE 100 MG CAPSULE	2 capsules per day
ENSACOVE 25 MG CAPSULE	9 capsules per day
ESCITALOPRAM 15 MG CAPSULE	1 capsule per day
FORZINITY 280 MG/3.5 ML VIAL	0.5 ML per day
HYMOVIS ONE 32 MG/4 ML SYRINGE	0.05 ML per day
HYRNUO 10 MG TABLET	4 tablets per day
ICOTYDE 200 MG TABLET	1 tablet per day
KOMZIFTI 200 MG CAPSULE	3 capsules per day
LIFYORLI 125 MG DOSE PACK	0.86 capsules per day
LIFYORLI 150 MG DOSE PACK	1.29 capsules per day
METHADONE INTENSOL 10 MG/ML	2 ML per day
MYQORZO 10 MG TABLET	1 tablet per day
MYQORZO 15 MG TABLET	1 tablet per day
MYQORZO 20 MG TABLET	1 tablet per day
MYQORZO 5 MG TABLET	1 tablet per day
OMVOH 200 MG DOSE - 2 PENS	0.08 ML per day
OMVOH 200 MG DOSE - 2 SYRINGES	0.08 ML per day
OMVOH 200 MG/2ML PEN	0.08 ML per day
OMVOH 200 MG/2 ML SYRINGE	0.08 ML per day
ONTRALFY 2 MG/5 ML SOLUTION	90 ML per day
REDEMPLO 25 MG/0.5 ML SYRINGE	0.01 ML per day
RHAPSIDO 25 MG TABLET	2 tablets per day
SIMLANDI(CF) 20 MG/0.2 ML SYRG	0.08 ML per day
SIMLANDI(CF) 80 MG/0.8 ML SYRG	0.15 ML per day
SIMLANDI(CF) AI 80 MG/0.8 ML	0.15 ML per day
TONMYA 2.8 MG TABLET SL	2 tablets per day
WEGOVY 1.5 MG TABLET	1 tablet per day
WEGOVY 4 MG TABLET	1 tablet per day
WEGOVY 9 MG TABLET	1 tablet per day
WEGOVY 25 MG TABLET	1 tablet per day
WAYRILZ 400 MG TABLET	2 tablets per day
YUVIWEL 1.3 MG VIAL	0.15 ML per day
YUVIWEL 2.8 MG VIAL	0.15 ML per day
YUVIWEL 5.5 MG VIAL	0.29 ML per day
ZANAFLEX 8 MG CAPSULE	4 capsules per day

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**