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: **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.amerihealthcaritaspa.com → *Pharmacy → Pharmacy Homepage*
www.amerihealthcaritaschc.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.