

**To: AmeriHealth Caritas Next and First Choice Next Providers**

**Date: November 26, 2024**

**SUBJECT: JANUARY 1ST, 2025 FORMULARY UPDATES**

**A. The following products will have tiering updates:**

1. Moving from Tier 4 to Tier 3
  - a. Invega Hafyera Intramuscular Suspension Prefilled Syringe 1092 MG/3.5ML
  - b. Invega Hafyera Intramuscular Suspension Prefilled Syringe 1560 MG/5ML
  - c. Invega Sustenna Intramuscular Suspension Prefilled Syringe 117 MG/0.75ML
  - d. Invega Sustenna Intramuscular Suspension Prefilled Syringe 156 MG/ML
  - e. Invega Sustenna Intramuscular Suspension Prefilled Syringe 234 MG/1.5ML
  - f. Invega Sustenna Intramuscular Suspension Prefilled Syringe 39 MG/0.25ML
  - g. Invega Sustenna Intramuscular Suspension Prefilled Syringe 78 MG/0.5ML
  - h. Invega Trinza Intramuscular Suspension Prefilled Syringe 273 MG/0.88ML
  - i. Invega Trinza Intramuscular Suspension Prefilled Syringe 410 MG/1.32ML
  - j. Invega Trinza Intramuscular Suspension Prefilled Syringe 546 MG/1.75ML
  - k. Invega Trinza Intramuscular Suspension Prefilled Syringe 819 MG/2.63ML
  - l. Perseris Subcutaneous Prefilled Syringe 120 MG
  - m. Perseris Subcutaneous Prefilled Syringe 90 MG
  - n. Rykindo Intramuscular Suspension Reconstituted ER 25 MG
  - o. Rykindo Intramuscular Suspension Reconstituted ER 37.5 MG
  - p. Rykindo Intramuscular Suspension Reconstituted ER 50 MG
  - q. Uzedy Subcutaneous Suspension Prefilled Syringe 100 MG/0.28ML
  - r. Uzedy Subcutaneous Suspension Prefilled Syringe 125 MG/0.35ML
  - s. Uzedy Subcutaneous Suspension Prefilled Syringe 150 MG/0.42ML
  - t. Uzedy Subcutaneous Suspension Prefilled Syringe 200 MG/0.56ML
  - u. Uzedy Subcutaneous Suspension Prefilled Syringe 250 MG/0.7ML
  - v. Uzedy Subcutaneous Suspension Prefilled Syringe 50 MG/0.14ML
  - w. Uzedy Subcutaneous Suspension Prefilled Syringe 75 MG/0.21ML
2. Moving from Tier 4 to Tier 2 (\*removal of PA)
  - a. Abilify Asimtufii Intramuscular Prefilled Syringe 720 MG/2.4ML\*
  - b. Abilify Asimtufii Intramuscular Prefilled Syringe 960 MG/3.2ML\*
  - c. Abilify Maintena Intramuscular Prefilled Syringe 300 MG\*
  - d. Abilify Maintena Intramuscular Prefilled Syringe 400 MG\*
  - e. Abilify Maintena Intramuscular Suspension Reconstituted ER 300 MG\*
  - f. Abilify Maintena Intramuscular Suspension Reconstituted ER 400 MG\*
  - g. Aristada Initio Intramuscular Prefilled Syringe 675 MG/2.4ML\*
  - h. Aristada Intramuscular Prefilled Syringe 1064 MG/3.9ML\*
  - i. Aristada Intramuscular Prefilled Syringe 441 MG/1.6ML\*

- j. Aristada Intramuscular Prefilled Syringe 662 MG/2.4ML\*
  - k. Aristada Intramuscular Prefilled Syringe 882 MG/3.2ML\*
  - l. Ledipasvir-Sofosbuvir 90-400 MG Tablet
  - m. Mavyret 100-40 MG Tablet
  - n. Mavyret 50-20 MG Pellet Packet
  - o. Sofosbuvir-Velpatasvir 400-100 MG Tablet
  - p. Vosevi 400-100-100 MG Tablet
  - q. Zyprexa Relprevv Intramuscular Suspension Reconstituted 210 MG\*
  - r. Zyprexa Relprevv Intramuscular Suspension Reconstituted 300 MG\*
  - s. Zyprexa Relprevv Intramuscular Suspension Reconstituted 405 MG\*
3. Moving from Tier 4 to Tier 1 (\*removal of PA)
- a. Fingolimod HCl Oral Capsule 0.5 MG
  - b. Risperidone Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG\*
  - c. Risperidone Microspheres ER Intramuscular Suspension Reconstituted ER 25 MG\*
  - d. Risperidone Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG\*
  - e. Risperidone Microspheres ER Intramuscular Suspension Reconstituted ER 50 MG\*
4. Moving from Tier 3 to Tier 2
- a. Juluca Oral Tablet 50-25 MG

**B. The following products will have quantity limit updates:**

- 1. Adempas Oral Tablet 0.5 MG
- 2. Adempas Oral Tablet 1 MG
- 3. Adempas Oral Tablet 1.5 MG
- 4. Adempas Oral Tablet 2 MG
- 5. Adempas Oral Tablet 2.5 MG
- 6. Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT
- 7. Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT
- 8. Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 200 MCG/ACT
- 9. Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 50 MCG/ACT
- 10. Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT
- 11. Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 MCG/ACT
- 12. Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT
- 13. Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/ACT
- 14. Asmanex HFA Inhalation Aerosol 100 MCG/ACT
- 15. Asmanex HFA Inhalation Aerosol 200 MCG/ACT
- 16. Asmanex HFA Inhalation Aerosol 50 MCG/ACT
- 17. Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT
- 18. Belsomra Tablet 10 MG Oral
- 19. Belsomra Tablet 15 MG Oral
- 20. Belsomra Tablet 20 MG Oral
- 21. Belsomra Tablet 5 MG Oral
- 22. Bevespi Aerosphere Inhalation Aerosol 9-4.8 MCG/ACT
- 23. Breztri Aerosphere Inhalation Aerosol 160-9-4.8 MCG/ACT
- 24. Budesonide Inhalation Suspension 0.25 MG/2ML
- 25. Budesonide Inhalation Suspension 0.5 MG/2ML
- 26. Calcitonin (Salmon) Solution 200 UNIT/ACT Nasal
- 27. Combivent Respimat Inhalation Aerosol Solution 20-100 MCG/ACT
- 28. DayVigo Tablet 10 MG Oral

29. DayVigo Tablet 5 MG Oral
30. Diacomit Capsule 250 MG Oral
31. Diacomit Capsule 500 MG Oral
32. Diacomit Packet 250 MG Oral
33. Diacomit Packet 500 MG Oral
34. Diclofenac sodium 3% topical gel
35. Epidolex solution
36. Fanapt Titration Pack Tablet 1 & 2 & 4 & 6 MG Oral
37. Fetzima Oral Capsule Extended Release 24 Hour 120 MG
38. Fetzima Oral Capsule Extended Release 24 Hour 20 MG
39. Fetzima Oral Capsule Extended Release 24 Hour 40 MG
40. Fetzima Oral Capsule Extended Release 24 Hour 80 MG
41. Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 & 40 MG
42. Fintepla Solution 2.2 MG/ML Oral
43. Fluorouracil 5% cream
44. Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT
45. Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 250 MCG/ACT
46. Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT
47. Fluticasone Propionate HFA Inhalation Aerosol 110 MCG/ACT
48. Fluticasone Propionate HFA Inhalation Aerosol 220 MCG/ACT
49. Fluticasone Propionate HFA Inhalation Aerosol 44 MCG/ACT
50. Formoterol Fumarate Inhalation Nebulization Solution 20 MCG/2ML
51. Hetlioz LQ Suspension 4 MG/ML Oral
52. Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/ACT
53. Jublia Solution 10%
54. Memantine HCl Tablet 28 x 5 MG & 21 x 10 MG Oral
55. Nuedexta Oral Capsule 20-10 MG
56. Pulmicort Flexhaler Inhalation Aerosol Powder Breath Activated 180 MCG/ACT
57. Pulmicort Flexhaler Inhalation Aerosol Powder Breath Activated 90 MCG/ACT
58. Qvar RediHaler Inhalation Aerosol Breath Activated 40 MCG/ACT
59. Qvar RediHaler Inhalation Aerosol Breath Activated 80 MCG/ACT
60. Savella Tablet 100 MG Oral
61. Savella Tablet 12.5 MG Oral
62. Savella Tablet 25 MG Oral
63. Savella Tablet 50 MG Oral
64. Savella Titration Pack 12.5 & 25 & 50 MG Oral
65. Sodium Oxybate Solution 500 MG/ML Oral
66. Spiriva Respimat Inhalation Aerosol Solution 1.25 MCG/ACT
67. Spiriva Respimat Inhalation Aerosol Solution 2.5 MCG/ACT
68. Stiolto Respimat Inhalation Aerosol Solution 2.5-2.5 MCG/ACT
69. Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT
70. Tasimelteon Oral Capsule 20 MG
71. Tiotropium Bromide Monohydrate Inhalation Capsule 18 MCG
72. Tramadol HCl ER Tablet Extended Release 24 Hour 100 MG Oral
73. Tramadol HCl ER Tablet Extended Release 24 Hour 200 MG Oral
74. Tramadol HCl ER Tablet Extended Release 24 Hour 300 MG Oral
75. Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT
76. Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT

77. Tyvaso DPI Maintenance Kit Inhalation Powder 16 MCG
78. Tyvaso DPI Maintenance Kit Inhalation Powder 32 MCG
79. Tyvaso DPI Maintenance Kit Inhalation Powder 48 MCG
80. Tyvaso DPI Maintenance Kit Inhalation Powder 64 MCG
81. Tyvaso DPI Titration Kit Inhalation Powder 16 & 32 & 48 MCG
82. Uptravi Oral Tablet 1000 MCG
83. Uptravi Oral Tablet 1200 MCG
84. Uptravi Oral Tablet 1400 MCG
85. Uptravi Oral Tablet 1600 MCG
86. Uptravi Oral Tablet 200 MCG
87. Uptravi Oral Tablet 400 MCG
88. Uptravi Oral Tablet 600 MCG
89. Uptravi Oral Tablet 800 MCG
90. Uptravi Titration Oral Tablet Therapy Pack 200 & 800 MCG
91. Vyndamax Capsule 61 MG Oral
92. Xcopri (250 MG Daily Dose) Oral Tablet Therapy Pack 100 & 150 MG
93. Xcopri (350 MG Daily Dose) Oral Tablet Therapy Pack 150 & 200 MG
94. Xcopri Oral Tablet 100 MG
95. Xcopri Oral Tablet 150 MG
96. Xcopri Oral Tablet 200 MG
97. Xcopri Oral Tablet 25 MG
98. Xcopri Oral Tablet 50 MG
99. Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral
100. Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral
101. Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral
102. Xultophy Subcutaneous Solution Pen-injector 100-3.6 UNIT-MG/ML
103. Xywav Solution 500 MG/ML Oral

**C. The following products will have step therapy added (\*QL added):**

1. Briviact Oral Solution 10 MG/ML\*
2. Briviact Oral Tablet 10 MG\*
3. Briviact Oral Tablet 100 MG\*
4. Briviact Oral Tablet 25 MG\*
5. Briviact Oral Tablet 50 MG\*
6. Briviact Oral Tablet 75 MG\*
7. Linzess Oral Capsule 145 MCG
8. Linzess Oral Capsule 290 MCG
9. Linzess Oral Capsule 72 MCG

**D. The following products will have step therapy updated:**

1. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 12.5 MG
2. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 15.7 MG
3. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 18.8 MG
4. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 3.1 MG
5. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 6.3 MG
6. Adzenys XR-ODT Oral Tablet Extended Release Disintegrating 9.4 MG
7. Amphetamine Sulfate Oral Tablet 10 MG
8. Amphetamine Sulfate Oral Tablet 5 MG



**E. The following products will have step therapy removed and prior authorization added:**

1. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG
2. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 15 MG
3. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 20 MG
4. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG
5. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG
6. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 35 MG
7. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 40 MG
8. Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 5 MG
9. Lisdexamfetamine Dimesylate Oral Capsule 10 MG
10. Lisdexamfetamine Dimesylate Oral Capsule 20 MG
11. Lisdexamfetamine Dimesylate Oral Capsule 30 MG
12. Lisdexamfetamine Dimesylate Oral Capsule 40 MG
13. Lisdexamfetamine Dimesylate Oral Capsule 50 MG
14. Lisdexamfetamine Dimesylate Oral Capsule 60 MG
15. Lisdexamfetamine Dimesylate Oral Capsule 70 MG
16. Myrbetriq Oral Tablet Extended Release 24 Hour 25 MG
17. Myrbetriq Oral Tablet Extended Release 24 Hour 50 MG
18. Xiidra Ophthalmic Solution 5%\*

**F. The following products will be added to the formulary:**

1. Adding to Tier 4 with PA
  - a. Alyglo Intravenous Solution 10 GM/100ML
  - b. Alyglo Intravenous Solution 20 GM/200ML
  - c. Alyglo Intravenous Solution 5 GM/50ML
  - d. Cimerli Intravitreal Solution 0.3 MG/0.05ML
  - e. Cimerli Intravitreal Solution 0.5 MG/0.05ML
  - f. Dysport Intramuscular Solution Reconstituted 300 UNIT
  - g. Dysport Intramuscular Solution Reconstituted 500 UNIT
  - h. Epclusa 150-37.5 MG Pellet Pkt
  - i. Epclusa 200 Mg-50 MG Tablet
  - j. Epclusa 200-50 MG Pellet Pack
  - k. Epclusa 400 Mg-100 MG Tablet
  - l. Euflexxa Intra-articular Solution Prefilled Syringe 20 MG/2ML
  - m. Fulphila Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML
  - n. Gelsyn-3 Intra-articular Solution Prefilled Syringe 16.8 MG/2ML
  - o. Harvoni 33.75-150 MG Pellet Pack
  - p. Harvoni 45-200 MG Pellet Packet
  - q. Harvoni 45-200 MG Tablet
  - r. Harvoni 90-400 MG Tablet
  - s. Releuko Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML
  - t. Releuko Subcutaneous Solution Prefilled Syringe 480 MCG/0.8ML
  - u. Ruxience Intravenous Solution 100 MG/10ML
  - v. Ruxience Intravenous Solution 500 MG/50ML
  - w. Truxima Intravenous Solution 100 MG/10ML
  - x. Truxima Intravenous Solution 500 MG/50ML
  - y. Xeomin Intramuscular Solution Reconstituted 100 UNIT

- z. Xeomin Intramuscular Solution Reconstituted 200 UNIT
- aa. Xeomin Intramuscular Solution Reconstituted 50 UNIT
  
- 2. Adding to Tier 3 (\*with QL; \*\*with ST)
  - a. Bijuva Oral Capsule 0.5-100 MG\*
  - b. Bijuva Oral Capsule 1-100 MG\*
  - c. Ergomar Sublingual Tablet Sublingual 2 MG\*
  - d. Menest Oral Tablet 2.5 MG\*\*
  - e. Mirabegron ER Oral Tablet Extended Release 24 Hour 25 MG\*
  - f. Mirabegron ER Oral Tablet Extended Release 24 Hour 50 MG\*
- 3. Adding to Tier 2 with QL
  - a. Cabenuva Intramuscular Suspension Extended Release 400 & 600 MG/2ML
  - b. Cabenuva Intramuscular Suspension Extended Release 600 & 900 MG/3ML
  - c. Sunlenca Oral Tablet Therapy Pack 4 x 300 MG
  - d. Sunlenca Oral Tablet Therapy Pack 5 x 300 MG
- 4. Adding to Tier 1 (\*with QL)
  - a. Alogliptin Benzoate Oral Tablet 12.5 MG\*
  - b. Alogliptin Benzoate Oral Tablet 25 MG\*
  - c. Alogliptin Benzoate Oral Tablet 6.25 MG\*
  - d. Alogliptin-metformin HCl Oral Tablet 12.5-1000 MG\*
  - e. Alogliptin-metformin HCl Oral Tablet 12.5-500 MG\*
  - f. Benznidazole Oral Tablet 100 MG
  - g. Benznidazole Oral Tablet 12.5 MG
  - h. Orphenadrine-Aspirin-Caffeine Oral Tablet 25-385-30 MG

**G. The following products will be removed from the formulary:**

1. Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT
  - a. NDC 66993001968 (albuterol authorized generic for Ventolin) only
2. Jentaduetto Oral Tablet 2.5-1000 MG
3. Jentaduetto Oral Tablet 2.5-500 MG
4. Jentaduetto Oral Tablet 2.5-850 MG
5. Jentaduetto XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG
6. Jentaduetto XR Oral Tablet Extended Release 24 Hour 5-1000 MG
7. Levemir FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML
8. Levemir FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML
9. Levemir Subcutaneous Solution 100 UNIT/ML
10. Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/ACT
11. Spritam Oral Tablet Disintegrating Soluble 1000 MG
12. Spritam Oral Tablet Disintegrating Soluble 250 MG
13. Spritam Oral Tablet Disintegrating Soluble 500 MG
14. Spritam Oral Tablet Disintegrating Soluble 750 MG
15. Tradjenta Oral Tablet 5 MG
16. Victoza Subcutaneous Solution Pen-injector 18 MG/3ML
17. Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML
18. Zarxio Injection Solution Prefilled Syringe 480 MCG/0.8ML
19. Ziextenzo Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML

AmeriHealth Caritas Next and First Choice Next are individual and family health plans offered both on and off the Health Insurance Marketplace® by certain companies within the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas Next is offered by AmeriHealth Caritas VIP Next, Inc. in Delaware; AmeriHealth Caritas Florida, Inc. in Florida; AmeriHealth Caritas North Carolina, Inc. in North Carolina; and First Choice Next by Select Health of South Carolina, Inc. in South Carolina.

**Delaware**  
1-833-301-3377

[www.amerihealthcaritasnext.com/de](http://www.amerihealthcaritasnext.com/de)

**Florida**  
1-833-983-3577

[www.amerihealthcaritasnext.com/fl](http://www.amerihealthcaritasnext.com/fl)

**North Carolina**  
1-855-266-0219

[www.amerihealthcaritasnext.com/nc](http://www.amerihealthcaritasnext.com/nc)

**South Carolina**  
1-833-986-7277

[www.firstchoicenext.com](http://www.firstchoicenext.com)