

September 9, 2025

OCTOBER 15th, 2025, FORMULARY UPDATE

A. The following products will have quantity limit updates:

1. Abiraterone Acetate Oral Tablet 250 MG, 500 MG
2. Abirtega Oral Tablet 250 MG
3. Alecensa Oral Capsule 150 MG
4. Alunbrig Oral Tablet 30 MG, 90 MG, 180 MG
5. Alunbrig Oral Tablet Therapy Pack 90 & 180 MG
6. Ayvakit Oral Tablet 25 MG, 50 MG, 100 MG, 200 MG, 300 MG
7. Balversa Oral Tablet 3 MG, 4 MG, 5 MG
8. Baxdela Oral Tablet 450 MG
9. Bosulif Oral Capsule 50 MG, 100 MG
10. Bosulif Oral Tablet 100 MG, 400 MG, 500 MG
11. Braftovi Oral Capsule 75 MG
12. Brukinsa Oral Capsule 80 MG
13. Cabometyx Oral Tablet 20 MG, 40 MG, 60 MG
14. Calquence Oral Tablet 100 MG
15. Caprelsa Oral Tablet 100 MG, 300 MG
16. Cometriq (100 MG Daily Dose) Oral Kit 80 & 20 MG
17. Cometriq (140 MG Daily Dose) Oral Kit 3 x 20 MG & 80 MG
18. Cometriq (60 MG Daily Dose) Oral Kit 20 MG
19. Copiktra Oral Capsule 15 MG, 25 MG
20. Cotellic Oral Tablet 20 MG
21. Dasatinib Oral Tablet 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG
22. Daurismo Oral Tablet 25 MG, 100 MG
23. Erivedge Oral Capsule 150 MG
24. Erleada Oral Tablet 60 MG, 240 MG
25. Erlotinib HCl Oral Tablet 25 MG, 100 MG, 150 MG
26. Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG, 10 MG
27. Fotivda Oral Capsule 0.89 MG, 1.34 MG
28. FreeStyle Libre 14 Day Sensor Miscellaneous
29. FreeStyle Libre 2 & 3 Plus Sensor Miscellaneous
30. FreeStyle Libre 2 & 3 Sensor Miscellaneous
31. Gavreto Oral Capsule 100 MG
32. Gefitinib Oral Tablet 250 MG
33. Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG
34. Ibrance Oral Capsule 75 MG, 100 MG, 125 MG
35. Ibrance Oral Tablet 75 MG, 100 MG, 125 MG

AmeriHealth Next and First Choice Next are individual and family health plans offered 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.



36. Iclusig Oral Tablet 10 MG, 15 MG, 30 MG, 45 MG
37. Idhifa Oral Tablet 50 MG, 100 MG
38. Imbruvica Oral Capsule 70 MG
39. Imbruvica Oral Suspension 70 MG/ML
40. Imbruvica Oral Tablet 280 MG, 420 MG
41. Inlyta Oral Tablet 1 MG, 5 MG
42. Inqovi Oral Tablet 35-100 MG
43. Inrebic Oral Capsule 100 MG
44. Jakafi Oral Tablet 5 MG, 10 MG, 15 MG, 20 MG, 25 MG
45. Jaypirca Oral Tablet 50 MG, 100 MG
46. Krazati Oral Tablet 200 MG
47. Lapatinib Ditosylate Oral Tablet 250 MG
48. Lenvima Oral Capsule Therapy Packs
49. Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG
50. Lorbrena Oral Tablet 25 MG, 100 MG
51. Lumakras Oral Tablet 120 MG, 240 MG, 320 MG
52. Lynparza Oral Tablet 100 MG, 150 MG
53. Mekinist Oral Solution Reconstituted 0.05 MG/ML
54. Mekinist Oral Tablet 0.5 MG, 2 MG
55. Mektovi Oral Tablet 15 MG
56. Nerlynx Oral Tablet 40 MG
57. Nilutamide Oral Tablet 150 MG
58. Ninlaro Oral Capsule 2.3 MG, 3MG, 4MG
59. Nubeqa Oral Tablet 300 MG
60. Nurtec Oral Tablet Disintegrating 75 MG
61. Odomzo Oral Capsule 200 MG
62. Onureg Oral Tablet 200 MG, 300 MG
63. Orserdu Oral Tablet 86 MG, 345 MG
64. Pazopanib HCl Oral Tablet 200 MG
65. Pemazyre Oral Tablet 4.5 MG, 9 MG, 13.5 MG
66. Piqray (200 MG Daily Dose) Oral Tablet Therapy Pack 200 MG
67. Piqray (250 MG Daily Dose) Oral Tablet Therapy Pack 200 & 50 MG
68. Piqray (300 MG Daily Dose) Oral Tablet Therapy Pack 2 x 150 MG
69. Pomalyst Oral Capsule 1 MG, 2 MG, 3MG, 4MG
70. Qinlock Oral Tablet 50 MG
71. Retevmo Oral Capsule 40 MG, 80 MG
72. Retevmo Oral Tablet 40 MG, 80 MG, 120 MG, 160 MG
73. Rezlidhia Oral Capsule 150 MG
74. Rivastigmine Transdermal Patch 24 Hour 4.6 MG/24HR ,9.5 MG/24HR ,13.3 MG/24HR
75. Rozlytrek Oral Capsule 100 MG, 200 MG

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76. Rubraca Oral Tablet 200 MG, 250 MG, 300 MG
77. Rydapt Oral Capsule 25 MG
78. Scemblix Oral Tablet 20, 40, 100 MG
79. Soltamox Oral Solution 10 MG/5ML
80. Sorafenib Tosylate Oral Tablet 200 MG
81. Stivarga Oral Tablet 40 MG
82. Sunitinib Malate Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG
83. Taltrex Oral Tablet 150 MG, 200 MG
84. Tafinlar Oral Capsule 50 MG, 75 MG
85. Tagrisso Oral Tablet 40 MG, 80 MG
86. Talzenna Oral Capsule 0.1 MG, 0.5 MG, 0.25 MG, 0.35 MG, 0.75 MG, 1 MG
87. Tasigna Oral Capsule 50 MG, 150 MG, 200 MG
88. Tazverik Oral Tablet 200 MG
89. Tepmetko Oral Tablet 225 MG
90. Tibsovo Oral Tablet 250 MG
91. Tukysa Oral Tablet 50 MG, 150 MG
92. Turalio Oral Capsule 125 MG
93. Venclexta Oral Tablet 10 MG, 50 MG, 100 MG
94. Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG
95. Verzenio Oral Tablet 50 MG, 100 MG, 150 MG, 200 MG
96. Vitakvi Oral Capsule 28 MG, 100 MG
97. Vitakvi Oral Solution 20 MG/ML
98. Vizimpro Oral Tablet 15 MG, 30 MG, 45 MG
99. Welireg Oral Tablet 40 MG
100. Xalkori Oral Capsule 200 MG, 250 MG
101. Xalkori Oral Capsule Sprinkle 20 MG, 50 MG, 150 MG
102. Xospata Oral Tablet 40 MG
103. Xpovio Oral Tablet Therapy Packs
104. Xtandi Oral Capsule 40 MG
105. Xtandi Oral Tablet 40 MG, 80 MG
106. Yonsa Oral Tablet 125 MG
107. Zejula Oral Tablet 100 MG, 200 MG, 300 MG
108. Zelboraf Oral Tablet 240 MG
109. Zolanza Oral Capsule 100 MG
110. Zydlig Oral Tablet 100 MG, 150 MG
111. Zykadia Oral Tablet 150 MG

B. The following products will have step therapy updated to a prior authorization:

1. Na Sulfate-K Sulfate-Mg Sulf Oral Solution 17.5-3.13-1.6 GM/177ML

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2. PEG-KCl-NaCl-NaSulf-Na Asc-C Oral Solution Reconstituted 100 GM

C. The following products will have prior authorization removed:

1. Tetrabenazine Oral Tablet 12.5 MG
2. Tetrabenazine Oral Tablet 25 MG

D. The following products will be added to the formulary:

1. Tier 1
 - a. GaviLyte-N with Flavor Pack Oral Solution Reconstituted 420 GM
2. Tier 2 with QL
 - a. Penmenvy Intramuscular Suspension Reconstituted

E. The following products will be removed from the formulary:

1. Altabax External Ointment 1%
2. Xepi External Cream 1%

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department for your state.

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