

July 29, 2025

SEPTEMBER 1st, 2025 FORMULARY UPDATE

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

1. Tier 3 with PA and QL
 - a. Brenzavvy Oral Tablet 20 MG
2. Tier 4 with PA
 - a. Abrilada (1 Pen) Subcutaneous Auto-injector Kit 40 MG/0.8ML
 - b. Abrilada (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.8ML
 - c. Abrilada (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML
 - d. Abrilada (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML
 - e. Adalimumab-aaty (1 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML
 - f. Adalimumab-aaty (1 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML
 - g. Adalimumab-aaty (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML
 - h. Adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML
 - i. Adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML
 - j. Adalimumab-aaty CD/UC/HS Start Subcutaneous Auto-injector Kit 80 MG/0.8ML
 - k. Imuldosa Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
 - l. Imuldosa Subcutaneous Solution Prefilled Syringe 90 MG/ML
 - m. Simlandi (1 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML
 - n. Simlandi (1 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML
 - o. Simlandi (1 Syringe) Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML
 - p. Simlandi (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML
 - q. Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML
 - r. Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML
 - s. Yusimry Subcutaneous Solution Auto-injector 40 MG/0.8ML

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

1. Ubrelvy Oral Tablet 50 MG
2. Ubrelvy Oral Tablet 100 MG

C. The following products will remain on Tier 4 with PA, but move from non-preferred to preferred:

1. Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML

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.



2. Enbrel Subcutaneous Solution 25 MG/0.5ML
3. Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML
4. Enbrel Subcutaneous Solution Prefilled Syringe 50 MG/ML
5. Enbrel SureClick Subcutaneous Solution Auto-injector 50 MG/ML

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

1. Humira (1 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML
2. Humira (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML
3. Humira (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.8ML
4. Humira (2 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML
5. Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 10 MG/0.1ML
6. Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML
7. Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML
8. Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML
9. Humira-CD/UC/HS Starter Subcutaneous Auto-injector Kit 40 MG/0.8ML
10. Humira-CD/UC/HS Starter Subcutaneous Auto-injector Kit 80 MG/0.8ML
11. Humira-Ped<40kg Crohns Starter Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML
12. Humira-Ped>=40kg Crohns Start Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML
13. Humira-Ped>=40kg UC Starter Subcutaneous Auto-injector Kit 80 MG/0.8ML
14. Humira-Ps/UV/Adol HS Starter Subcutaneous Auto-injector Kit 40 MG/0.8ML
15. Humira-Psoriasis/Uveit Starter Subcutaneous Auto-injector Kit 80 MG/0.8ML & 40MG/0.4ML

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