

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

Date: October 23, 2025

Re: Update: Formulary Changes

The following products will have new or updated quantity limits.

Members/Participants currently receiving more than the quantity limit, whom it is not medically advisable to change therapy, will require prior authorization effective **January 1, 2026**.

Formulary Limits	
Product List	Daily Quantity Limit
Alyftrek Oral Tablet 4-20-50 MG	3 tablets per day
Bimzelx Subcutaneous Solution Auto-injector 160 MG/ML	0.04 ML per day
Gomekli Oral Capsule 1 MG	1.5 capsules per day
Symbravo Oral Tablet 20-10 MG	0.24 MG per day
Teriparatide Subcutaneous Solution Pen-injector 560 MCG/2.24ML	0.08 ML 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 → Providers → Resources → Pharmacy Services

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