

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

Date: April 17, 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 **June 16, 2025**.

Formulary Limits	
Product List	Daily Quantity Limit
Palonosetron HCl Intravenous Solution 0.25 MG/5ML	0.36 mL
Retevmo Oral Tablet 80 MG	2 tablets
Vioice Oral Tablet Therapy Pack 50 MG	1 tablet
Crexont Oral Capsule Extended Release 52.5-210 MG and 87.5-350 MG	6 capsules
Austedo XR Oral Tablet Extended Release 24 Hour 24 MG	1 tablet
Onyda XR Oral Suspension Extended Release 0.1 MG/ML	4 mL

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 or www.amerihealthcaritaschc.com → Providers → Resources → 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