AmeriHealth Caritas Pennsylvania | Community HealthChoices | AmeriHealth Caritas Pennsylvania

PHARMACY FAST FACTS

Important Formulary Update for Our Providers

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

Date: **November 5, 2026**

Re: **Update: Formulary Changes**

The following products will be removed from the AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Pennsylvania Community HealthChoices drug formulary.

Members/Participants currently receiving the product listed below will require a new prescription for an alternative product before **January 4, 2027**. Members/Participants for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the formulary changed products.

Formulary Removals	
Product List	**Alternative Product(s)**
Emverm Oral Tablet Chewable 100 mg	Albendazole oral tablet 200 mg, Ivermectin oral tablet 3 mg, Praziquantel oral tablet 600 mg
Multivitamin/Fluoride Oral Suspension 0.25 MG/ML	Multi-Vitamin/Fluoride Oral Suspension 0.25 MG/ML

Additional prior authorization criteria may apply. Please refer to most recent drug formulary and prior authorization information available online at:
www.amerihealthcaritaspa.com → *Pharmacy → Pharmacy Homepage*
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**