

To: AmeriHealth Caritas Next and First Choice Next Providers

Date: September 5, 2024

SUBJECT: NOVEMBER 1ST, 2024 FORMULARY UPDATES

A. The following products will have tiering updates:

1. Moving from Tier 2 to Tier 1:
 - a. Lubiprostone Oral Capsule 8 MCG
 - b. Lubiprostone Oral Capsule 24 MCG

B. The following products will have quantity limit updates:

1. Alphagan P Ophthalmic Solution 0.1 %
2. Aprepitant Oral Capsule 125 MG
3. Aprepitant Oral Capsule 40 MG
4. Aprepitant Oral Capsule 80 MG
5. Aprepitant Oral Miscellaneous 80 & 125 MG
6. Granisetron HCl Oral Tablet 1 MG
7. Lumigan Ophthalmic Solution 0.01 %
8. Movantik Oral Tablet 12.5 MG
9. Movantik Oral Tablet 25 MG
10. Ondansetron HCl Oral Solution 4 MG/5ML
11. Ondansetron HCl Oral Tablet 24 MG
12. Ondansetron HCl Oral Tablet 4 MG
13. Ondansetron HCl Oral Tablet 8 MG
14. Ondansetron Oral Tablet Disintegrating 4 MG
15. Ondansetron Oral Tablet Disintegrating 8 MG
16. Relistor Oral Tablet 150 MG
17. Relistor Subcutaneous Solution 12 MG/0.6ML
18. Relistor Subcutaneous Solution 8 MG/0.4ML
19. Rhopressa Ophthalmic Solution 0.02 %
20. Simbrinza Ophthalmic Suspension 1-0.2 %
21. Symproic Oral Tablet 0.2 MG

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.



C. The following products will have step therapy added:

1. Brimonidine Tartrate-Timolol Ophthalmic Solution 0.2-0.5 %
2. Desoximetasone External Cream 0.05 %
3. Desoximetasone External Gel 0.05 %
4. Fluocinolone Acetonide External Cream 0.01 %
5. Hydrocortisone Butyrate External Cream 0.1 %
6. Hydrocortisone Butyrate External Lotion 0.1 %
7. Hydrocortisone Butyrate External Ointment 0.1 %
8. Hydrocortisone Butyrate External Solution 0.1 %
9. Hydrocortisone Valerate External Ointment 0.2 %

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

1. Carisoprodol Oral Tablet 350 MG

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

1. Carisoprodol Oral Tablet 250 MG
2. Metronidazole External Lotion 0.75 %
3. RediTrex Subcutaneous Solution Prefilled Syringe 10 MG/0.4ML
4. RediTrex Subcutaneous Solution Prefilled Syringe 12.5 MG/0.5ML
5. RediTrex Subcutaneous Solution Prefilled Syringe 15 MG/0.6ML
6. RediTrex Subcutaneous Solution Prefilled Syringe 17.5 MG/0.7ML
7. RediTrex Subcutaneous Solution Prefilled Syringe 20 MG/0.8ML
8. RediTrex Subcutaneous Solution Prefilled Syringe 22.5 MG/0.9ML
9. RediTrex Subcutaneous Solution Prefilled Syringe 25 MG/ML
10. RediTrex Subcutaneous Solution Prefilled Syringe 7.5 MG/0.3ML

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