AmeriHealth Caritas Next | FirstChoice Next A Product of Select Health of South Carolina, Inc.

Provider Alerts

Important information for our providers

March 11, 2026

April 15th, 2026 Formulary Update

A. The following products will have quantity limit updates:

1. Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG
2. Fingolimod HCl Oral Capsule 0.5 MG
3. Alyftrek Oral Tablet 4-20-50MG, 10-50-125 MG
4. Orkambi Oral Packet 75-94 MG, 100-125 MG, 150-188 MG
5. Orkambi Oral Tablet 100-125 MG, 200-125 MG
6. Symdeko Oral Tablet Therapy Pack 50-75 & 75 MG, 100-150 & 150 MG
7. Trikafta Oral Tablet Therapy Pack 100-50-75 & 150 MG
8. Trikafta Oral Tablet Therapy Pack 50-25-37.5 & 75 MG
9. Trikafta Oral Therapy Pack 80-40-60 & 59.5 MG, 100-50-75 & 75 MG
10. Kalydeco Oral Packet 5.8 MG, 13.4 MG, 25 MG, 50 MG, 75 MG
11. Kalydeco Oral Tablet 150 MG

B. The following products will have prior authorization added:

1. Testosterone Cypionate Intramuscular Solution 100MG/ML, 200 MG/ML
2. Testosterone Enanthate Intramuscular Solution 200 MG/ML

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

1. Tier 2 with ST
   a. Tresiba Subcutaneous Solution 100 UNIT/ML
   b. Tresiba FlexTouch Subcutaneous Solution Pen-injector 200 UNIT/ML
   c. Tresiba FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML
2. Tier 3 with PA and QL
   a. Vizz Ophthalmic Solution 1.44%
3. Tier 4 with PA (*with QL)
   a. Jascayd Oral Tablet 9MG, 18 MG*
   b. Starjemza Subcutaneous Solution 45 MG/0.5ML
   c. Starjemza Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
   d. Starjemza Subcutaneous Solution Prefilled Syringe 90 MG/ML
   e. Ustekinumab-aauz Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML

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

1. Imuldosa Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
2. Imuldosa Subcutaneous Solution Prefilled Syringe 90 MG/ML
3. Otulfi Subcutaneous Solution 45 MG/0.5ML
4. Otulfi Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
5. Otulfi Subcutaneous Solution Prefilled Syringe 90 MG/ML
6. Selarsdi Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
7. Selarsdi Subcutaneous Solution Prefilled Syringe 90 MG/ML
8. Steqeyma Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
9. Steqeyma Subcutaneous Solution Prefilled Syringe 90 MG/ML
10. Yesintek Subcutaneous Solution 45 MG/0.5ML
11. Yesintek Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML
12. Yesintek Subcutaneous Solution Prefilled Syringe 90 MG/ML
13. Insulin Degludec FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML
14. Insulin Degludec FlexTouch Subcutaneous Solution Pen-injector 200 UNIT/ML
15. Insulin Degludec Subcutaneous Solution 100 UNIT/ML

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive.