



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: March 9, 2023

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective April 17, 2023, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- ascorbic acid, 250 mg tablets
- ascorbic acid, 500 mg tablets
- ascorbic acid, 1000 mg tablets
- Hyftor — with a prior authorization requirement
- Zytenglo — with a prior authorization requirement
- Amvuttra — with a prior authorization requirement
- Injectafer, 100 mg/2 mL IV solution
- Quetiapine, 150 mg tablet — with QL
- Orkambi, 75 mg-94 mg oral granules in packet — with a prior authorization requirement
- Pirfenidone, 534 mg tablet — with a prior authorization requirement
- Caplyta, 10.5 mg capsule, 21 mg capsule — with a prior authorization requirement
- Granisetron, 0.1mg/mL
- Granisetron injection solution, 1 mg/mL
- Granisetron injection solution, 4 mg/mL
- Ondansetron injection solution, 4 mg/2 mL
- Ondansetron injection solution, 40mg/20ml

Medications removed from the formulary:

- Plevnar 13 — CDC recommends newer formulations

Quantity limit additions:

Please note, children can receive an additional inhaler for school.

- Asmanex Twisthaler, 110 mcg, 220 mcg — 1 inhaler per 30 days
- Flovent Diskus, 50 mcg — 1 inhaler (60 blisters) per 30 days
- Flovent Diskus, 100 mcg — 2 inhalers (120 blisters) per 30 days
- Flovent Diskus, 250 mcg — 4 inhalers (240 blisters) per 30 days
- fluticasone propionate HFA/Flovent HFA, 44 mcg — 1 inhaler (10.6 grams) per 30 days
- fluticasone propionate HFA/Flovent HFA, 110 mcg1 inhaler (12 grams) per 30 days
- fluticasone propionate HFA/Flovent HFA, 220 mcg — 2 inhalers (24 grams) per 30 days
- budesonide inhalation suspension, 0.25 mg/2 mL — 30 ampules (60 mLs) per 30 days
- Pulmicort (budesonide) Inhalation suspension, 0.25 mg/2 mL — 30 ampules (60 mLs) per 30 days



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- budesonide inhalation suspension, 0.5 mg/2 mL — 60 ampules (120 mLs) per 30 days
- Pulmicort (budesonide) inhalation suspension 0.5 mg/2 mL — 60 ampules (120 mLs) per 30 days
- budesonide inhalation suspension 1 mg/2 mL — 30 ampules (60 mLs) per 30 days
- Pulmicort (budesonide) inhalation suspension 1 mg/2 mL — 30 ampules (60 mLs) per 30 days
- Dulera 50-5 mcg/act inhaler — 1 inhaler (13 grams) per 30 days
- Dulera 100-5 mcg/act inhaler — 1 inhaler (13 grams) per 30 days
- Dulera 200-5 mcg/act inhaler — 1 inhaler (13 grams) per 30 days
- fluticasone-vilanterol (Breo Ellipta) 100 mcg-25 mcg inhaler — 1 inhaler (60 blisters) per 30 days
- Breo Ellipta (fluticasone-vilanterol) 100 mcg-25 mcg inhaler — 1 inhaler (60 blisters) per 30 days
- fluticasone-vilanterol (Breo Ellipta) 200 mcg-25 mcg inhaler — 1 inhaler (60 blisters) per 30 days
- Breo Ellipta (fluticasone-vilanterol) 200 mcg-25 mcg inhaler — 1 inhaler (60 blisters) per 30 days
- fluticasone-salmeterol (AirDuo RespiClick) 55mcg-14mcg inhaler — 1 inhaler per 30 days
- AirDuo RespiClick (fluticasone-salmeterol) 55 mcg-14 mcg inhaler — 1 inhaler per 30 days
- fluticasone-salmeterol (AirDuo RespiClick) 113 mcg-14 mcg inhaler — 1 inhaler per 30 days
- AirDuo RespiClick (fluticasone-salmeterol) 113 mcg-14 mcg inhaler — 1 inhaler per 30 days
- fluticasone-salmeterol (AirDuo RespiClick) 232 mcg-14 mcg inhaler — 1 inhaler per 30 days
- AirDuo RespiClick (fluticasone-salmeterol) 232 mcg-14 mcg inhaler — 1 inhaler per 30 days
- fluticasone-salmeterol/Wixela Inhub/Advair Diskus 100 mcg-50 mcg inhalers — 1 inhaler (60 blisters) per 30 days
- fluticasone-salmeterol/Wixela Inhub/Advair Diskus 250 mcg-50 mcg inhalers — 1 inhaler (60 blisters) per 30 days
- fluticasone-salmeterol/Wixela Inhub/Advair Diskus 500 mcg-50 mcg inhalers — 1 inhaler (60 blisters) per 30 days
- Advair HFA (fluticasone propionate-salmeterol) 45 mcg-21 mcg inhaler — 1 inhaler (12 grams) per 30 days
- Advair HFA (fluticasone propionate-salmeterol) 115 mcg-21 mcg inhaler — 1 inhaler (12 grams) per 30 days
- Advair HFA (fluticasone propionate-salmeterol) 230 mcg-21 mcg inhaler — 1 inhaler (12 grams) per 30 days
- budesonide-formoterol/Symbicort HFA 80 mcg-4.5 mcg inhalers — 1 inhaler (10.2 grams) per 30 days
- budesonide-formoterol/Symbicort HFA 160 mcg-4.5 mcg inhalers — 1 inhaler (10.2 grams) per 30 days
- Pneumovax-23-increase to 2 doses per lifetime
- Ozempic (semaglutide) subcutaneous pen injector, 1mg — 3 mg per 28 days
- Rybelsus (semaglutide) 3 mg, 7 mg, 14 mg — 30 tablets per 30 days
- quetiapine 150 mg tablet — 150 tablets per 30 days

New clinical prior authorization criteria additions:

- topical mTOR kinase inhibitors
- gene therapy for regular red blood cell (RBC) transfusion-dependent beta-thalassemia
- janus kinase inhibitors for nonsegmental vitiligo



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Clinical prior authorization revisions:

A. The following criteria are updated with changes:

- Buprenorphine/naloxone and buprenorphine (oral) criteria
- Antifibrotic respiratory tract agents
- Calcitonin gene-related peptide (CGRP) antagonists for headache prevention
- Gonadotropin-releasing hormone agonists (GHRH)
- Medications for management of obesity
- Pulmonary biologics for asthma and eosinophilic conditions
- Systemic immunomodulator criteria
- White blood cell stimulators
- Anti-CD-19 CAR-T immunotherapies
- Transthyretin-mediated amyloidosis agents
- 5-Hydroxytryptamine-3 (5-HT₃) serotonin receptor antagonists (5-HT₃ RA), substance P/Neurokinin 1 receptor antagonists (NK1 RA), and combination agents
- Brand name medication criteria
- Gonadotropin-releasing hormone (GHRH) agonists
- Hepatitis C treatment
- Medications for the management of obesity
- Immune globulins
- Sleep disorder therapy
- Sublingual allergenic extracts
- Xolair for asthma and urticaria
- Zulresso

B. The following criteria are updated with no clinical changes:

- Safety edit exception criteria
- Cholbam
- danazol
- Daraprim (pyrimethamine)
- Endari
- Fabrazyme
- Galafold (migalastat)
- Hormone replacement therapy
- Neuromyelitis optica spectrum disorder (NMOSD) agents
- Oncology drugs
- Prior authorization exception criteria
- Quantity limit exception criteria
- Retinoids (dermatologic)
- Step therapy exception criteria
- Type I interferon (IFN) receptor antagonist
- Vesicular monoamine transporter 2 (VMAT2) inhibitors for tardive dyskinesia

C. Prior authorization removed

- N/A



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D. The following criteria will be retired:

- Fintepla

Age limit (AL) additions (in years of age):

- budesonide inhalation suspension 0.25 mg/2 mL — maximum AL of 8 years
- Pulmicort (budesonide) Inhalation suspension 0.25 mg/2 mL — maximum AL of 8 years
- budesonide inhalation suspension 0.5 mg/2 mL — maximum AL of 8 years
- Pulmicort (budesonide) inhalation suspension 0.5 mg/2 mL — maximum AL of 8 years
- budesonide inhalation suspension 1 mg/2 mL — maximum AL of 8 years
- Pulmicort (budesonide) inhalation suspension 1 mg/2 mL — maximum AL of 8 years

Drug utilization review changes:

Duplicate therapy edits will be added to the following classes:

- N/A

Questions:

If you have questions about this communication, please contact AmeriHealth Caritas New Hampshire Provider Pharmacy Services at **1-888-765-6394 (TTY 1-855-809-9206)**.