



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: March 28, 2022
Subject: AmeriHealth Caritas New Hampshire formulary changes

Summary: Effective June 1, 2022, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- Corlanor (ivabradine) 5 mg, 7.5 mg tablet. Prior authorization (PA) required.
- Corlanor (ivabradine) 5 mg/5 mL solution. Prior authorization (PA) required.
- Tavneos 10 mg capsule. Prior authorization (PA) required.
- Livmarli 9.5 mg/mL oral solution. Prior authorization (PA) required.
- Tecartus intravenous suspension 100000000 cells. Prior authorization (PA) required.
- Biktarvy (bictegravir/emtricitabine/tenofovir alefenamide 30 mg-120 mg-15 mg) tablet.
- Oxbryta 300 mg, 500 mg. Prior authorization (PA) required.
- Cuvposa 1 mg/5 mL solution. Prior authorization (PA) required.

Medications removed from the formulary:

- iron 18 mg tablet
- ferrous sulfate 134 mg (27 mg iron) tablet
- ferrous sulfate (Pediatric Fe-Vite) 15 mg iron (75 mg)/mL oral drops
- ferrous gluconate 236 mg (27 mg iron) tablet
- diphenhydramine 50 mg/mL injection solution
- promethazine (Phenergan) 25 mg/mL injection solution

New clinical prior authorization criteria additions:

- Corlanor
- Tavneos
- adrenergic, alpha-receptor-blocking agent (Phenoxybenzamine)
- Dojolvi

Clinical prior authorization revisions:

- agents for graft versus host disease
- agents for Hepatitis C
- anti-CD19 CAR T immunotherapies
- new heart failure agents



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- ileal bile acid transporter (IBAT) inhibitors
- adrenal enzyme inhibitors for Cushing's disease
- alpha-1 proteinase inhibitors (human)
- Benlysta
- Blincyto
- Glycopyrrolate
- growth hormone (GH) for growth failure or GH deficiency
- Ocaliva
- proprotein convertase subtilisin/kexin 9 (PCSK9) inhibitors
- Buprenorphine/naloxone and buprenorphine (oral) criteria
- emergency use authorization for COVID-19

Quantity limit (QL) increases:

- ondansetron 4 mg, 8 mg tablet. Increase QL to 60 tablets per 30 days.
- Zofran (ondansetron) 4 mg, 8 mg tablet. Increase QL to 60 tablets per 30 days.
- ondansetron 4 mg, 8 mg dispersible tablet (ODT). Increase QL to 60 tablets per 30 days.
- ondansetron 4 mg/5 mL oral solution. Increase QL to 600 mL per 30 days.
- testosterone cypionate intramuscular solution 100 mg/mL. Increase QL to 10 mL per 28 days.

Quantity limit (QL) additions:

- acetaminophen-codeine 300-15 mg, 300-30 mg, 300-60 mg tablets. QL of 6 tablets/day.
- hydrocodone-acetaminophen 5-325 mg, 7.5-325 mg, 10-325 mg tablets. QL of 6 tablets/day.
- hydromorphone 2 mg, 4 mg tablets. QL of 6 tablets per day.
- hydromorphone 8 mg tablets. QL of 4 tablets per day.
- morphine sulfate 15 mg, 30 mg tablets. QL of 6 tablets per day.
- oxycodone 5, 10, 15 mg tablets. QL to 6 tablets per day.
- oxycodone 20 mg, 30 mg tablets. QL of 4 tablets per day.
- oxycodone-acetaminophen 5-325 mg tablets. QL of 6 tablets per day.
- Tramadol 50 mg tablets. QL of 6 tablets per day.
- Tramadol 100 mg tablets. QL of 4 tablets per day.
- doxepin 3 mg, 6 mg tablets. QL of 30 tablets per 30 days.
- Silenor (doxepin) 3 mg, 6 mg tablets. QL of 30 tablets per 30 days.
- Entresto. QL of 60 tablets per 30 days.

Age limit (AL) additions:

- doxepin 3 mg, 6 mg tablets. AL ≥ 18 years.
- Silenor (doxepin) 3 mg, 6 mg tablets. AL ≥ 18 years



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- **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)**.

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