



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: May 22, 2023

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: As of April 3, 2023, due to shortages, we have temporarily waived certain restrictions on stimulant drug therapy.

Due to a shortage of stimulant medications, AmeriHealth Caritas New Hampshire is temporarily waiving the requirement to try two preferred drugs before being covered for a non-preferred drug. This authorization for a non-preferred drug will be good for six months.

The temporary change to the PA criteria is as follows: If the request is for a non-preferred ADHD medication where the member has not tried/failed two PDL preferred medications, a trial with preferred agents is not required due to the ongoing shortage of preferred medications. Also, the approval will be for 6 months.”

See below for lists of preferred and non-preferred drugs.

Preferred:

Adderall® (generic)
Adderall XRre
amphetamine salt combo/XR
(generic for
Adderall®/XR)
amphetamine sulfate (generic for
Evekeo®)
atomoxetine (generic for
Strattera®)
clonidine ER (generic for
Kapvay®)
Concerta®
dexmethylphenidate/XR (generic
for Focalin/XR®)
dextroamphetamine /ER (generic
for Dexedrine®/ER)
dextroamphetamine soln
(generic for ProCentra®)
Focalin XR®
guanfacine ER (generic for
Intuniv®)

methamphetamine (generic for
Desoxyn®)
Methylin® soln
methylphenidate CD (generic for
Metadate CD®)
methylphenidate chewable
(generic for Methylin® chew)
methylphenidate ER (generic for
Aptensio XR®)
methylphenidate ER (generic for
Concerta®/Ritalin LA®)
methylphenidate soln (generic
for Methylin® soln)
methylphenidate/SR (generic for
Ritalin/ SR®)
Relexxii®
Vyvanse®



AmeriHealth Caritas[™]

New Hampshire

Non-preferred:

Adhansia XR[™]
Adzenys XR-ODT[®]
Aptensio XR[®]
Azstarys[™]
Cotempla XR-ODT[®]
Daytrana[®]
Desoxyn[®]
Dexedrine ER[®]
Dyanavel XR[®]
Evekeo[®]/ODT

Focalin[®]
Intuniv[®]
Jornay PM[®]
Mydayis[®]
ProCentra[®]
Qelbree[™]
QuilliChew ER[®]
Quillivant XR[®]
Ritalin[®]
Ritalin LA[®]
Strattera[®]
Zenzedi[®]