



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: September 15, 2021
Subject: AmeriHealth Caritas New Hampshire formulary change

Summary: Effective November 15, 2021, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

Formulary changes:

Medications added to the formulary:

- Amnesteem® 10, 20, 40 mg capsules: prior authorization (PA) required.
- Claravis® 10, 20, 30, 40 mg capsules: prior authorization (PA) required.
- Myorisan® 10, 20, 30, 40 mg capsules: prior authorization (PA) required.
- Zenatane®: prior authorization (PA) required.
- Hypromellose (EQ Gentle®, Pure & Gentle®) 0.3% eye drops: no prior authorization (PA) required.
- Verquvo®: prior authorization (PA) required.
- Aduhelm™: prior authorization (PA) required.
- Empaveli™: prior authorization (PA) required.
- Myfembree®: Prior authorization (PA) required.
- Cosentyx® 75 mg/0.5 mL subcutaneous syringe: prior authorization (PA) required.
- Xcopri® Maintenance pack 250mg/day (150 mg x 1 and 100 mg x 1) tablets: prior authorization (PA) required.
- Ingrezza® 60 mg capsule: prior authorization (PA) required.
- Skyrizi® 150 mg/mL subcutaneous pen injector: prior authorization (PA) required.
- Skyrizi® 150 mg/mL subcutaneous syringe: prior authorization (PA) required.
- Pancreaze® lipase/protease/amylase 37,000-97,300-149,900 USP units, delayed-release capsule: prior authorization (PA) required.
- Dupixent® 200 mg/1.14 mL subcutaneous pen injector: prior authorization (PA) required.
- Trikafta® elexacaftor/tezacaftor/ivacaftor 50-25-37.5 mg and ivacaftor 75 mg tablets: prior authorization (PA) required.
- Bronchitol®: prior authorization (PA) required.
- Dexcom® G6 Receiver: prior authorization (PA) required and quantity limits (QL)
- Dexcom® G6 Sensor: prior authorization (PA) required and quantity limits (QL)
- Dexcom® G6 Transmitter: prior authorization (PA) required and quantity limits (QL)
- Eversense® Smart Transmitter: prior authorization (PA) required and quantity limits (QL)
- Eversense® Sensor-Holder: prior authorization (PA) required and quantity limits (QL)
- Omnipod Dash® pods: prior authorization (PA) required and quantity limits (QL)



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Medications removed from the formulary:

- Isopto Tears (hypromellose) 0.5% eye drops

New clinical prior authorization criteria additions:

- Verquvo®
- Anti-amyloid monoclonal antibodies
- Gonadotropin-releasing hormone antagonist combination
- Insulin pumps

Clinical prior authorization revisions. For up-to-date PA criteria, please reference the PA criteria on the website at <https://www.amerhealthcaritasnh.com/assets/pdf/provider/resources/forms/pharmacy/prior-authorization-criteria.pdf>:

- Safety edit exception criteria
- Continuous glucose monitors
- Sublingual allergenic extracts
- Vasodilators for pulmonary hypertension
- Calcitonin gene-related peptide (CGRP) antagonists for headache prevention
- Acute migraine treatments
- Medications for management of obesity
- Retinoids
- Chronic dry eye
- Chelating agents
- Drugs for chronic bowel disorders/gastrointestinal motility
- Complement inhibitors
- Acthar® gel
- Agents for gender dysphoria
- Anti-FGF23 monoclonal antibodies
- Antifibrotic respiratory tract agents
- Oxbryta®
- Rituximab
- Xifaxan® (rifaximin)
- White blood cell stimulators

Retired clinical criteria:

- Oriahnn®



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Quantity limit (QL) additions:

Members currently on these medications will be authorized for continued use without the quantity limits for 90 days after receipt of member notice.

- Dexcom® G6 Receiver: QL of one receiver per year
- Dexcom® G6 Sensor: QL of three sensors per 30 days
- Dexcom® G6 Transmitter: QL of one transmitter per 90 days
- Eversense® Smart Transmitter: QL of one transmitter per year
- Eversense® Sensor-Holder: QL of one sensor per 90 days
- Omnipod Dash® pods: QL of 15 pods per 30 days
- FreeStyle Libre® 10-day sensor: QL of three sensors per 30 days
- FreeStyle Libre® 10-day reader: QL of one reader per year
- FreeStyle Libre® 14-day sensor: QL of two sensors per 28 days
- FreeStyle Libre® 14-day reader: QL of one reader per year
- FreeStyle Libre® 2 sensor: QL of two sensors per 28 days
- FreeStyle Libre® 2 reader: QL of one reader per year
- Promethazine hydrochloride (HCl) syrup 6.25 mg/5mL: QL of 240 mL per 30 days
- Promethazine and phenylephrine syrup 6.25-5 mg/5mL: QL of 240 mL per 30 days
- Promethazine-DM syrup 6.25-15 mg/5mL: QL of 240 mL per 30 days
- Oseltamivir (Tamiflu®) 6 mg/mL oral suspension: increase QL to 180 mL per 180 days
- Oseltamivir, (Tamiflu®) 30 mg capsules: increase QL to 20 per 180 days
- Relenza Diskhaler® (zanamavir) 5 mg/actuation powder: increase QL to 20 per 180 days

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)**.