



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: November 1, 2023

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective September 5, 2023, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- oxycodone/acetaminophen (Percocet), 2.5 milligram (mg)-325 mg oral tablets, with quantity limit (QL) 6/day
- oxycodone/acetaminophen (Percocet), 7.5 mg-325 mg oral tablets, with QL 6/day
- oxycodone/acetaminophen (Percocet), 10 mg-325 mg oral tablets, with QL 6/day
- Briumvi, with prior authorization (PA)
- Rebyota, with PA
- Leqembi, 200 mg/2 milliliter (mL), with PA
- Leqembi, 500 mg/5 mL, with PA
- Lamzede 10 mg, with PA
- Jesduvroq, (daprodustat), with PA
- Syfovre, 15 mg/0.1 mL, with PA
- Tezspire, 210 mg/ 1.91mL (110 mg/mL) subcutaneous pen injector, with PA
- Takhzyro, 150 mg/mL subcutaneous syringe, with PA
- Orenitram, Month 1 Titration 0.125 mg (126)-0.25 mg (42) tablet, extended-release (ER) dose pack (DsPk), with PA
- Orenitram, Month 2 Titration 0.125 mg (126)-0.25 mg (210) tablet, ER DsPk, with PA
- Orenitram, Month 3 Titration 0.125 mg (126)-0.25 mg (42)-1 mg tablet, ER DsPk, with PA

Medications removed from the formulary:

- Meperidine, 50 mg tablets

Quantity limit (QL) additions:

- dextroamphetamine ER (Dexedrine), 5 mg, QL of 90/30 days
- Dexedrine (dextroamphetamine ER), 5 mg, QL of 90/30 days
- dextroamphetamine ER (Dexedrine), 10 mg, QL of 90/30 days
- Dexedrine (dextroamphetamine ER), 10 mg, QL of 90/30 days
- dextroamphetamine ER (Dexedrine), 15 mg, QL of 120/30 days



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- Dexedrine (dextroamphetamine ER), 15 mg, QL of 120/30 days
- dextroamphetamine (Zenedi) tablets, 10 mg, QL of 90/30 days
- Zenedi (dextroamphetamine), tablets 10 mg, QL of 90/30 days
- dextroamphetamine (Zenedi), tablets 5 mg, QL of 90/30 days
- Zenedi (dextroamphetamine), tablets 5 mg, QL of 90/30 days
- dextroamphetamine (Zenedi), tablets 15 mg, QL of 90/30 days
- Zenedi (dextroamphetamine), tablets 15 mg, QL of 90/30 days
- dextroamphetamine (Zenedi), tablets 20 mg, QL of 90/30 days
- Zenedi (dextroamphetamine), tablets 20 mg, QL of 90/30 days
- dextroamphetamine (Zenedi), tablets 30 mg, QL of 60/30 days
- methylphenidate HCl (Ritalin), 5 mg tablets, QL of 90/30 days
- Ritalin (methylphenidate HCl), 5 mg tablets, QL of 90/30 days
- methylphenidate HCl (Ritalin), 10mg tablets, QL of 90/30 days
- Ritalin (methylphenidate HCl), 10 mg tablets, QL of 90/30 days
- methylphenidate HCl (Ritalin), 20 mg tablets, QL of 90/30 days
- Ritalin (methylphenidate HCl), 20 mg tablets, QL of 90/30 days
- Nonoxynol-9 (VCF) 4% Gel/PF Applicator, increase to 76.5mg/34 days

New clinical prior authorization criteria additions:

- tramadol, 100 mg ER tablets
- tramadol, 200 mg ER tablets
- tramadol, 300 mg ER tablets
- tramadol (ConZip), 100 mg ER
- tramadol (ConZip), 200 mg ER
- tramadol (ConZip), 300 mg ER
- tramadol, 100 mg ER multi-phase tablets
- tramadol, 200 mg ER multi-phase tablets
- tramadol, 300 mg ER multi-phase tablets
- Opioid-containing products
- Filspari (sparsentan)
- Lamzede
- Jesduvroq

Clinical prior authorization revisions:

- Topical mTOR Inhibitors
- Medications for use in ADHD treatment for members 21 and older
- Rebyota (fecal microbiota, live-jslm)
- Anti-amyloid monoclonal antibodies (mAb)
- Complement inhibitors



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- Amyotrophic lateral sclerosis (ALS) agents
- Colchicine
- Kuvan
- Somatostatin analogues and growth hormone receptor agonists
- Oral atypical antipsychotics
- Palynziq
- pregabalin (Lyrica and Lyrica CR)
- Proprotein convertase subtilisin/kexin 9 (PCSK9)
- Agents to treat Gaucher's Disease

The following criteria will be retired:

- Long-acting opioid analgesic criteria
- Morphine milligram equivalent criteria
- Methadone criteria

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

- Latuda/lurasidone, AL of 10 years and older

Drug utilization review changes:

- Add a days' supply limit of 7 days maximum for opioid prescriptions for opioid-naïve members.

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)**.