



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: March 1, 2024
Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective April 1, 2024, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- Daily-Vite Oral Tablet
- Daxxify (daxibotulinumtoxinA-lanm) 100-unit vial with Prior Authorization
- Izervay with Prior Authorization
- Lantidra with Prior Authorization
- Veopoz with Prior Authorization
- Vyjuvek with Prior Authorization
- Rystiggo (rozanolixizumab-noli) 280 mg/2 ml vial with Prior Authorization
- Xenpozyme (olipudase alfa-rpcp) 4 mg vial with Prior Authorization
- Cosentyx (secukinumab) 300 mg/2 ml subcutaneous auto-injector with Prior Authorization
- Breo Ellipta (fluticasone furoate-vilanterol) 50-25 mcg/inhalation with a quantity limit
- Grastek with Prior Authorization
- Odactra with Prior Authorization
- Ragwitek with Prior Authorization

Medications removed from the formulary:

- N/A

Quantity limit (QL) additions:

- Breo Ellipta (fluticasone furoate-vilanterol) 50-25 mcg/inhalation with a quantity limit of 60 inhalations (1 inhaler) per 30 days
- Chemstrip® K with quantity limit of 100 strips per 30 days
- Ketone test strip with quantity limit of 100 strips per 30 days
- ReliOn test strip with quantity limit of 100 strips per 30 days
- Ketostix reagent strip with quantity limit of 100 strips per 30 days
- CVS Ketone Care test strip with quantity limit of 100 strips per 30 days
- Chemstrip® uGK with quantity limit of 100 strips per 30 days
- Keto-Diastix® strips with quantity limit of 100 strips per 30 days
- Lyumjev KwikPen (insulin lispro-aabc) U-100 with a quantity limit of 30 mL per 30 days



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- Lyumjev Tempo Pen (insulin lispro-aabc) U-100 with a quantity limit of 30 mL per 30 days
- Lyumjev vial (insulin lispro-aabc) U-100 with a quantity limit of 30 mL per 30 days
- Lyumjev KwikPen (insulin lispro-aabc) U-200 with a quantity limit of 30 mL per 30 days
- Fiasp FlexTouch pen (insulin aspart) U-100 with a quantity limit of 30 mL per 30 days
- Fiasp Penfill cartridge (insulin aspart) U-100 with a quantity limit of 30 mL per 30 days
- Fiasp vial (insulin aspart) U-100 with a quantity limit of 30 mL per 30 days
- Novolin R Flexpen (insulin regular) U-100 with a quantity limit of 30 mL per 30 days
- Humulin R KwikPen (insulin regular) U-500 with a quantity limit of 30 mL per 30 days

New clinical prior authorization criteria additions:

- Lantidra
- Veopoz
- Vyjuvek
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Clinical prior authorization revisions:

- Myasthenia Gravis Agents
- Oral Atypical Antipsychotics
- Insulin Pumps
- Continuous Glucose Monitors
- Botulinum Toxins
- Complement Inhibitors
- Danazol
- Immune globulins
- Sublingual Allergenic Extracts (previously Oralair)
- Medications for Management of Obesity
- Hepatitis C Treatment

prior authorization revisions with no clinical changes:

- Cholbam
- Daraprim
- Endari
- Galafold (migalastat)
- Hormone Replacement Therapy
- Janus Kinase Inhibitors for Nonsegmental Vitiligo
- Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents
- Prior Authorization Exception Criteria
- Quantity Limit Exception Criteria
- Retinoids (dermatologic)
- Safety Edit Exception Criteria



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- Sleep Disorder Therapy
- Step Therapy Exception Criteria
- Type I Interferon (IFN) Receptor Antagonist
- Xolair for Asthma and Urticaria
- Zulresso

The following criteria will be retired:

- Inhaled Insulin Criteria
- Brand Drugs and Non-Specialty Reference Biologics
- Specialty Drugs
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors for Tardive Dyskinesia
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors for Huntington's Disease

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

- 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)**.