



# AmeriHealth Caritas™

## New Hampshire

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

**Summary: Effective August 23, 2021, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.**

### FORMULARY CHANGES:

#### Medications added to the formulary:

- FreeStyle Libre®: Prior authorization (PA) required.
- Kymriah®: Prior authorization (PA) required.
- Yescarta®: Prior authorization (PA) required.
- Breyanzi®: Prior authorization (PA) required.
- Abecma®: Prior authorization (PA) required.
- Lupkynis®: Prior authorization (PA) required.
- Vesicare®: LS 5 mg/5 mL oral suspension: Prior authorization (PA) required.
- Xeljanz® 1 mg/mL oral solution: Prior authorization (PA) required.
- PlegriDy® 125 mcg/0.5 mL intramuscular syringe: Prior authorization (PA) required.
- Abilify®: MyCite Starter Kit 2, 5, 10, 15, 20, 30 mg oral tablet with sensor, strip, pod: Prior authorization (PA) required.
- Amondys®: 45 50 mg/mL intravenous solution: Prior authorization (PA) required.
- riluzole (Rilutek)®: Prior authorization (PA) required.
- Oxlumo®: Prior authorization (PA) required.

#### New clinical prior authorization criteria additions:

- Continuous glucose monitors (CGMs).
- Medications for use in ADHD treatment for members 21 and older.
- B-cell maturation antigen (BCMA) directed chimeric antigen receptor (CAR) T-cell therapy.
- Immunosuppressants for lupus nephritis.
- Oxlumo (lumasiran).
- Agents for thrombocytopenia.
- Amyotrophic lateral sclerosis (ALS) agents.
- Erythropoiesis-stimulating agents.
- Medications for management of obesity.



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### **New clinical prior authorization criteria additions, continued**

- Ketamine.
- Somatostatin analogs.
- Off-label uses criteria
- Antisense oligonucleotides for Duchenne muscular dystrophy.

### **Clinical prior authorization revisions:**

- Treatment of hereditary angioedema (HAE).
- Complement inhibitors.
- Immune globulins.
- Xoliar for asthma and urticaria.
- Biologic agents for nasal polyps.
- Rituximab.
- Emergency use authorization drugs/products for COVID-19.
- Gonadotropin-releasing hormone agonists (GNRH).
- Anti-CD19 CAR-T immunotherapies.
- Agents to treat Gaucher disease.
- Acute migraine treatments.
- Calcitonin gene-related peptide (CGRP) antagonists for headache prevention.
- Colchicine.
- Injectable infusible bone-modifying agents for osteoporosis and Paget's disease.
- Multaq.
- Non-preferred/Prior authorization required medications criteria.
- Palynziq.
- Pregabalin (Lyrica and Lyrica CR).
- Primary hemophagocytic lymphohistiocytosis (HLH) agents.

### **Retired clinical criteria:**

- CNS stimulant and ADHD/ADD medications criteria — Retire state policy.
- Hematopoietic agent criteria — Retire state policy.
- Exondys 51— Retire state policy.
- Viltepso — Retire state policy.
- Vyondys 53 — Retire state policy.



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### Quantity limit (QL) additions:

Members currently on these medications will be authorized for continued use without the quantity limits until **October 15, 2021**.

Amphetamines and methylphenidate hydrochloride prescriptions may be filled for up to a 60-day supply if either such prescription specifies it is being used for the treatment of attention deficit disorder, attention deficit disorder with hyperactivity, or narcolepsy.

- dexamethylphenidate (Focalin) 2.5, 5 mg tablets, QL of 90 tablets per 30 days.
- dexamethylphenidate (Focalin) 10 mg tablet, QL of 60 tablets per 30 days.
- dexamethylphenidate (Focalin XR) 5, 10, 15, 20, 25, 30, 35, 40 mg ER capsules — QL of 30 capsules per 30 days.
- dextroamphetamine-amphetamine (Adderall XR) 5, 10, 15 mg ER capsules — QL of 30 capsules per 30 days.
- dextroamphetamine-amphetamine (Adderall XR) 20, 25, 30 mg ER capsules — QL of 60 capsules per 30 days.
- dextroamphetamine-amphetamine (Adderall) 5, 7.5, 10, 12.5, 15, 20 mg tablets — QL of 90 tablets per 30 days.
- dextroamphetamine-amphetamine (Adderall) 30 mg tablets — QL of 60 tablets per 30 days.
- Vyvanse (lisdexamfetamine) 10, 20, 30, 40, 50, 60, 70 mg capsules — QL of 30 capsules per 30 days.
- Vyvanse (lisdexamfetamine) 10, 20, 30, 40, 50, 60 mg chewable tablets — QL of 30 tablets per 30 days.
- methylphenidate (Ritalin LA) 10, 20, 30, 40, 60 mg ER capsules — QL of 30 capsules per 30 days.
- Ritalin LA (methylphenidate) 10, 20, 30, 40 mg ER capsules — QL of 30 capsules per 30 days.
- methylphenidate (Ritalin) 5, 10, and 20 mg tablets — QL of 120 tablets per 30 days.
- Ritalin (methylphenidate) 5, 10, and 20 mg tablets — QL of 120 tablets per 30 days.
- methylphenidate (Metadate CD) 10, 20, 30, 40, 50, 60 mg ER capsules — QL of 30 capsules per 30 days.
- methylphenidate (Concerta, Relexxii) 18, 27, 54, 72 mg ER tablets — QL of 30 tablets per 30 days.
- methylphenidate (Concerta) 36 mg ER tablets — QL of 60 tablets per 30 days.
- methylphenidate (Metadate ER) 10, 20 mg ER tablets — QL of 90 tablets per 30 days.
- methylphenidate (Aptensio XR) 10, 15, 20, 30, 40, 50, 60 mg ER capsules — QL of 30 capsules per 30 days.
- alprazolam (Xanax) 0.25, 0.5, 1, 2 mg tablet — QL of 120 tablets per 30 days.



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### QL additions, continued

- Xanax (alprazolam) 0.25, 0.5, 1, 2 mg tablet — QL of 120 tablets per 30 days.
- alprazolam intensol 1 mg/mL oral concentrate — QL of 120 mL per 30 days.
- alprazolam ER (Xanax XR) 0.5, 1, 2 mg extended-release tablet — QL of 120 tablets per 30 days.
- Xanax XR (alprazolam) 0.5, 1, 2 mg extended-release tablet — QL of 120 tablets per 30 days.
- alprazolam ER (Xanax XR) 3 mg extended-release tablet — QL of 90 tablets per 30 days.
- Xanax XR (alprazolam) 3 mg extended-release tablet — QL of 90 tablets per 30 days.
- alprazolam ODT 0.25, 0.5, 1, 2 mg disintegrating tablet — QL of 120 tablets per 30 days.
- chlordiazepoxide (Librium) 5, 10, 25mg capsules — QL of 120 capsules per 30 days.
- clonazepam (Klonopin) 0.5, 1, 2 mg tablets — QL of 90 tablets per 30 days.
- Klonopin (clonazepam) 0.5, 1, 2 mg tablets — QL of 90 tablets per 30 days.
- clonazepam rapid disintegrating tablets 0.125, 0.25, 0.5, 1, 2mg — QL of 90 tablets per 30 days.
- clorazepate (Tranxene-T) 3.75, 7.5, 15 mg tablet — QL of 120 tablets per 30 days.
- Tranxene-T (clorazepate) 7.5 mg tablet — QL of 120 tablets per 30 days.
- diazepam (Valium) 5mg/mL vial, syringe, cartridge — QL of 240 mL per 30 days.
- diazepam (Valium) 2, 5, 10 mg tablet — QL of 120 tablets per 30 days.
- diazepam 1 mg/mL oral solution — QL of 1,200 mL per 30 days.
- diazepam Intensol 5mg/mL oral concentrate — QL of 240 mL per 30 days.
- lorazepam (Ativan) 0.5, 1, 2 mg tablet — QL of 120 tablets per 30 days.
- Ativan (lorazepam) 0.5, 1, 2 mg tablet — QL of 120 tablets per 30 days.
- lorazepam (Ativan) 2 mg/ml oral concentrate — QL of 120 mL per 30 days.
- oxazepam (Serax) 10, 15, 30 mg capsule — QL of 120 capsules per 30 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)**.