

To: AmeriHealth Caritas New Hampshire Providers
Date: July 14, 2020
Subject: AmeriHealth Caritas New Hampshire Formulary Change

Summary: Effective August 14, 2020, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications moved to non-preferred: (Members can still receive these medications with prior authorization).

- Desipramine; **formulary alternative:** amitriptyline.

Medications added to the formulary:

- Cabergoline, 0.5 mg tablets.
- Colchicine, 0.6 mg capsule (with quantity limit [QL] and step therapy [ST]).
- Diaphragms (with QL).
- Nonoxynol, 9.4% gel/PF applicator (with QL).
- Nonoxynol, 9.3% jelly applicator (with QL).
- Emgality[®], 100 mg/mL syringe (with PA).
- Vyepi[™] (with PA).
- Beovu[®] (with PA).
- Palforzia[™] (with PA).
- Vyondys 53[™], (with PA).
- Gamifant[®] (with PA).
- Tepezza[™] (with PA).
- Asmanex[®] HFA, 50 mcg (with PA).
- Ruxience[™] (with PA).

New Clinical Prior Authorization Criteria Additions:

- Adakveo[®] (crizanlizumab-tmca).
- Anti-FGF23 monoclonal antibodies.
- Carisoprodol.
- CGRP receptor antagonists for injection.
- Insulin-like growth factor-1 receptor (Igf-1r) antagonists for thyroid eye disease.
- Oxbryta[®] (voxelotor).
- Palynziq[®].
- Peanut allergy immunotherapy agents (FDA approved).
- Potassium-removing agents.
- Primary hemophagocytic lymphohistiocytosis (HLH) agents.
- Vyondys 53[™] (golodirsen).

Clinical Prior Authorization Revisions:

- Acthar®.
- Acute migraine treatments.
- Diagnosis code requirement.
- Agents to treat Gaucher's disease.
- Injectable/infusible bone-modifying agents for osteoporosis and Paget's disease.
- Injectable/infusible bone-modifying agents for oncology indications.
- Kuvan®.
- Lidocaine topical patch.
- Atovaquone suspension.
- Multaq®.
- Oncology drugs.
- Rituxan® (rituximab).
- Soliris® (eculizumab).
- VEGF inhibitors.
- Zyvox® (linezolid).

Retired Clinical Criteria:

- Carisoprodol (replaced with new criteria).
- CGRP antagonists (replaced with new criteria).

New Step Therapy:

- Colchicine.

Quantity Limits:

- Gabapentin, 100 mg, 300 mg, 400 mg QL of nine caps per day.
- Gabapentin, 600 mg tablets, QL of six tabs per day.
- Gabapentin, 800 mg tablets, QL of four tabs per day.
- Gabapentin, 250 mg/5 ml solution, QL of 72 mL per day.
- Colchicine, 0.6 mg capsule, QL (60/30).
- Diaphragms, QL (1/34).
- Nonoxynol, 9 4% gel/PF applicator, QL (8 grams/34).
- Nonoxynol, 9 3% jelly applicator, QL (162 grams/34).

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)**.