



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** December 1, 2021  
**Subject:** AmeriHealth Caritas New Hampshire formulary change

**Summary: Effective January 1, 2022, the changes below were made to the AmeriHealth Caritas New Hampshire formulary.**

### FORMULARY CHANGES:

#### Medications Added As Preferred Agents:

#### Medications that were previously Non-Preferred:

- Amitiza – Prior Authorization (PA) Required
- Anoro Ellipta
- Aristada Initio
- Butrans patch – Prior Authorization (PA) Required
- Carbatrol ER
- Diastat
- Diastat Acudial
- Elidel – Prior Authorization (PA) Required
- Epidiolex
- Eucrisa – Prior Authorization (PA) Required
- Humulin 70/30 Kwikpen
- Invokamet
- Nesina
- Oriahnn
- Oseni
- Renagel
- Renvela
- Sabril
- Sublocade
- Synjardy
- Tegretol XR
- Tobi Podhaler
- Topamax Sprinkle capsule
- Trileptal suspension
- Trulicity
- Xigduo XR

#### New Medications Added as Preferred Agents:

- arformoterol (Brovana)
- bepotastone (Bepreve)
- brinzolamide (Azopt)
- buprenorphine (Belbuca) buccal film – Prior Authorization (PA) Required
- dextroamphetamine sulfate (Zenzedi) – Prior Authorization (PA) Required for members over 21 years of age
- enalapril (Epaned) oral solution
- etravirine (Intelence)



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- fenofibrate (Antara)
- formoterol (Perforomist)
- hydrocodone ER (Hysingla) abuse-deterrent tablet – Prior Authorization (PA) Required
- insulin glargine-yfgn (Semglee yfgn)
- Kesimpta
- lopinavir-ritonavir (Kaletra)
- nebivolol (Bystolic)
- NovoLOG ReliOn
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- paroxetine (Paxil) oral suspension
- pregabalin ER (Lyrica CR) – Prior Authorization (PA) Required
- rufinamide (Banzel)
- Synarel – Prior Authorization (PA) Required
- Ubrelvy – Prior Authorization (PA) Required
- varenicline (Chantix)
- Vocabria

### **Medications Added As Non-Preferred Agents:**

#### **Medications that were previously Preferred and will now require Prior Authorization (PA):**

- Aptensio XR
- Bevespi Aerosphere Inhaler
- Focalin IR
- Gilenya
- Ilevro
- Letairis
- Makena
- Proventil HFA
- Vigamox

#### **New Medications Added as Non-Preferred Agents with a Prior Authorization requirement:**

- ArmonAir Digihaler
- Bafiertam
- Betimol
- Breztri Aerosphere
- Elepsia XR
- Gemtesa
- Nurtec ODT
- Ponvory
- Semglee/ Semglee yfgn

### **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)**.