



**AmeriHealth Caritas**<sup>™</sup>  
New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** February 23, 2024  
**Subject:** AmeriHealth Caritas New Hampshire Formulary Changes

**Summary: The changes to the AmeriHealth Caritas New Hampshire formulary (listed below), are effective as of March 1, 2024.**

### FORMULARY CHANGES

#### Medications added as Preferred Agents:

- Abilify Asimtufii (aripiprazole) – Quantity limit (QL) of 1 syringe per 56 days and an age minimum of 18 years old
- adalimumab-aacf – Prior authorization (PA) required
- adalimumab-adaz – PA required
- adalimumab-adbm – PA required
- adalimumab-fkjp – PA required
- Austedo XR (deutetrabenazine)– PA required
- Baclofen 10 mg/5 mL solution
- Breo Ellipta (fluticasone-vilanterol) 50 mcg-25 mcg – QL of 1 inhaler per 30 days
- Breyna inhaler (budesonide-formoterol) – QL of 1 inhaler per 30 days
- Canasa (mesalamine), 1000 mg suppository
- flurazepam
- glipizide, 2.5 mg
- metformin, 625 mg tablet
- Relexxii ER (methylphenidate), 18 mg, 27 mg, 36 mg – QL of 1 tablet per day and maximum age of 20 years old (PA is required for members 21 and older)
- Uzedy ER (risperidone), 50 mg, 75 mg, 100 mg, 125 mg – QL of 1 syringe per 28 days and an age minimum of 18 years old
- Uzedy ER (risperidone), 150 mg, 200 mg, 250 mg – QL of 1 syringe per 56 days and an age minimum of 18 years old
- Varenicline, continuing month box
- Zenpep DR (lipase/protease/amylase), 60,000 unit
- Zolpidem, 7.5 mg capsule

## **Medications added as Non-Preferred Agents (All require prior authorization [PA].):**

### **Medications that were previously Preferred:**

- Gvoke/Gvoke HypoPen (glucagon)

### **New medications added as Non-Preferred Agents:**

- Abrilada (adalimumab-afzb)
- Airsupra (albuterol-budesonide)
- Amjevita (adalimumab-atto)
- Aponvie (aprepitant)
- Atorvaliq (atorvastatin)
- Binosto (alendronate)
- Cosentyx vial (secukinumab)
- Cosentyx UnoReady Pen (secukinumab)
- Cyltezo (adalimumab-adbm)
- Entyvio pen (vedolizumab)
- Fiasp PumpCart (insulin aspart)
- Hadlima (adalimumab-bwwd)
- Hulio (adalimumab-fkjp)
- Hyrimoz (adalimumab-adaz)
- Idacio (adalimumab-aacf)
- Inpefa (sotagliflozin)
- Konvomep (omeprazole-sodium bicarbonate)
- Liqrev (sildenafil)
- Ngenla (somatrogon-ghla)
- Olpruva (sodium phenylbutyrate)
- Revzoglir KwikPen (insulin glargine-aglr) – QL of 30 mL per 30 days
- Sogroya (somapacitan-beco)
- Yuflyma (adalimumab-aaty)
- Yusimry (adalimumab-aqvh)
- Zavzpret (zavegepant)

### **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)**.

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