



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: March 21, 2022
Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective April 14, 2022, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- Rezero™ 200 mg tablet: Prior authorization (PA) required.
- Bylva™ 200, 600 mcg oral pellet: PA required.
- Bylva™ 400, 1200 mcg capsule: PA required.
- Saphnelo™ 300 mg/2 mL (150 mg/mL) intravenous solution: PA required.
- Kloxxado™ (naloxone HCl) 8 mg/actuation nasal spray: Quantity limit (QL) of 4 (2 boxes of 2 sprays) per 30 days.
- Xofluza® 80 mg tablet: PA required.
- Xofluza® 40 mg therapy pack (1 x 40 mg): PA required.
- Menest® 0.3, 0.625, 1.25, 2.5 mg tab: PA required.
- Prevna 20™ vaccine: QL (0.5 mL), AL ≥19.
- Vaxneuvance™ vaccine: QL (0.5 mL), AL ≥19.
- modafinil 100, 200 mg tablet: PA required.
- armodafinil 50, 150, 200, 250, mg tablet: PA required.

Medications removed from the formulary:

- Hydrocortisone (Scalpicin Maximum Strength) 1% topical solution.

New clinical prior authorization criteria additions:

- Rho-associated, coiled-coil containing protein kinase (ROCK) inhibitors for chronic graft versus host disease.
- Ileal bile acid transporter inhibitor (IBAT).
- Type I interferon (IFN) receptor antagonist.

Clinical prior authorization revisions:



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- 5-Hydroxytryptamine-3 serotonin receptor antagonists (5-HT₃ RA), substance P/Neurokinin 1 receptor antagonists (NK1 RA), and combination agents.
- Danazol.
- Daraprim®.
- Emergency use authorization (EUA) drugs/products for COVID-19.
- Epidiolex® (cannabidiol).
- Fabrazyme®.
- Gonadotropin-releasing hormone (GNRH) agonists.
- Hepatitis C treatment.
- Hormone replacement therapy.
- Immune globulins.
- Brand drug and non-specialty reference biologics.
- Sleep disorder therapy.
- Interleukin receptor antagonists for eosinophilic conditions.
- Neuromyelitis optica spectrum disorder (NMOSD) agents.
- Oncology drugs.
- Safety edit exception criteria.
- Sublingual allergenic extracts.
- Xolair® for asthma and urticaria.
- Medications for the management of obesity.
- Specialty drugs.
- Continuous glucose monitors.
- Insulin pumps.
- Biologic agents for nasal polyps.

Quantity limit (QL) additions:

Members currently on these medications will be authorized for continued use without the quantity limits until **June 6, 2022**.

- Ivermectin — QL of 10 tabs per 90 days.
- Pneumovax-23 vaccine —QL (0.5 mL) lifetime.
- Fluocinolone (Synalar®) 0.025% ointment — QL of 120 grams per 30 days.
- Synalar® (fluocinolone) 0.025% ointment — QL of 120 grams per 30 days.
- Fluocinolone (Synalar®) 0.025% cream — QL of 120 grams per 30 days.
- Synalar® (fluocinolone) 0.025% cream — QL of 120 grams per 30 days.
- Fluocinolone (Derma-Smoothe/FS Body Oil®) 0.01% oil — QL of 120 mL per 30 days.
- Derma-Smoothe/FS Body Oil® (fluocinolone) 0.01% oil — QL of 120 mL per 30 days.
- Fluocinolone (Derma-Smoothe/FS Scalp) 0.01% oil — QL of 120 mL per 30 days.
- Derma-Smoothe/FS Scalp (fluocinolone) 0.01% oil — QL of 120 mL per 30 days.
- Fluocinolone 0.01% cream — QL of 60 grams per 30 days.



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- Fluocinolone (Synalar®) 0.01% solution — QL of 60 mL per 30 days.
- Synalar® (fluocinolone) 0.01% solution — QL of 60 mL per 30 days.
- Flurandrenolide (Cordran®) 0.05% ointment — QL of 60 grams per 30 days.
- Fluticasone (Cutivate®) 0.05% lotion — QL of 120 mL per 30 days.
- Fluticasone (Cutivate®) 0.05% cream — QL of 120 grams per 30 days.
- Hydrocortisone valerate 0.2% ointment — QL of 60 grams per 30 days.
- Hydrocortisone valerate 0.2% cream — QL of 60 grams per 30 days.
- Mometasone furoate (Elocon®) 0.1% cream — QL of 45 grams per 30 days.
- Mometasone 0.1% solution — QL of 60 mL per 30 days.
- Triamcinolone acetonide (Trianex®) 0.1% ointment — QL of 160 grams per 30 days.
- Triamcinolone acetonide (Triderm®) 0.1% cream — QL of 160 grams per 30 days.
- Triamcinolone (Kenalog®) 0.147 mg/g aerosol — QL of 100 grams per 30 days.
- Kenalog® (triamcinolone) 0.147 mg/g aerosol — QL of 100 grams per 30 days.
- SanaDermRx Skin Repair External Kit 0.1 & 5% (triamcinolone/dimethicone/silicone) cream — QL of 1 kit per 30 days.
- Triamcinolone acetonide (Kenalog®) 0.025% ointment — QL of 160 grams per 30 days.
- Triamcinolone acetonide 0.1% lotion — QL of 60 mL per 30 days.
- Triamcinolone acetonide (Trianex®) 0.05% ointment — QL of 120 grams per 30 days.
- Trianex® (triamcinolone acetonide) 0.05% ointment — QL of 120 grams per 30 days.
- Triamcinolone acetonide 0.025% cream — QL of 80 grams per 30 days.
- Triamcinolone acetonide 0.025% lotion — QL of 60 mL per 30 days.
- Betamethasone dipropionate 0.05% (Diprolene®) lotion — QL of 60 mL per 30 days.
- Betamethasone valerate (Valisone®) 0.1% cream — QL of 45 grams per 30 days.
- Betamethasone valerate 0.1% lotion — QL of 60 mL per 30 days.
- Desonide (Tridesilon®) 0.05% ointment — QL of 60 grams per 30 days.
- Desonide (DesOwen®) 0.05% lotion — QL of 120 grams per 30 days.
- Desonide (DesOwen®) 0.05% cream — QL of 60 grams per 30 days.
- DesOwen® (desonide) 0.05% cream — QL of 60 grams per 30 days.
- Fluticasone (Cutivate®) 0.05% lotion — QL of 120 mL per 30 days.
- Cutivate® (fluticasone) 0.05% lotion — QL of 120 mL per 30 days.
- Fluticasone (Cutivate®) 0.05% cream — QL of 60 grams per 30 days.
- Cutivate® (fluticasone) 0.05% cream — QL of 60 grams per 30 days.
- Hydrocortisone butyrate (Locoid®) 0.1% ointment — QL of 45 grams per 30 days.
- Hydrocortisone butyrate (Locoid®) 0.1% cream — QL of 45 grams per 30 days.
- Locoid® (hydrocortisone butyrate) 0.1% cream — QL of 45 grams per 30 days.
- Hydrocortisone butyrate (Locoid®) 0.1% lotion — QL of 120 mL per 30 days.
- Locoid® (hydrocortisone butyrate) 0.1% lotion — QL of 120 mL per 30 days.
- Hydrocortisone butyrate (Locoid®) 0.1% solution — QL of 60 mL per 30 days.
- Hydrocortisone butyrate (Locoid Lipocream®) 0.1% emollient cream — QL of 60 grams per 30 days.
- Locoid Lipocream® (hydrocortisone butyrate) 0.1% emollient cream — QL of 60 grams per 30 days.
- Prednicarbate (Dermatop®) 0.1% ointment — QL of 60 grams per 30 days.



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QL additions, continued

- Prednicarbate (Dermatop®) 0.1% cream — QL of 60 grams per 30 days.
- Alclometasone 0.05% cream — QL of 60 grams per 30 days.
- Alclometasone 0.05% ointment — QL of 60 grams per 30 days.
- Clocortolone pivalate (Cloderm®) 0.1% cream — QL of 90 grams per 30 days.
- Cloderm® (clocortolone pivalate) 0.1% cream — QL of 90 grams per 30 days.
- Hydrocortisone (Ala-Cort®) 2.5% cream — QL of 60 grams per 30 days.
- Hydrocortisone (Anti-Itch®) 1% ointment — QL of 60 grams per 30 days.
- Hydrocortisone (Cortisone-10 Plus®) 1% cream — QL of 60 grams per 30 days.
- Hydrocortisone 0.5% cream — QL of 60 grams per 30 days.
- Hydrocortisone 0.5% ointment — QL of 60 grams per 30 days.
- Hydrocortisone 2.5% lotion — QL of 120 mL per 30 days.
- Hydrocortisone 2.5% ointment — QL of 60 grams per 30 days.
- Hydrocortisone acetate 1% ointment — QL of 30 grams per 30 days.
- Hydrocortisone acetate 1% cream — QL of 60 grams per 30 days.
- Hydrocortisone with aloe 0.5% cream — QL of 60 grams per 30 days.
- Hydrocortisone with aloe 1% cream — QL of 60 grams per 30 days.
- Testosterone (AndroGel®) 1.62% (20.25 mg/1.25 gram) transdermal gel packet — QL of 37.5 grams (30 packets) per 30 days.
- AndroGel® (testosterone) 1.62% (20.25 mg/1.25 gram) transdermal gel packet — QL of 37.5 grams (30 packets) per 30 days.
- Testosterone (AndroGel®) 1.62% (40.5 mg/2.5 gram) transdermal gel packet — QL of 150 grams (60 packets) per 30 days.
- AndroGel® (testosterone) 1.62% (40.5 mg/2.5 gram) transdermal gel packet — QL of 150 grams (60 packets) per 30 days.

Age limit (AL) additions:

- Shingrix vaccine. Reduce AL from ≥ 50 to ≥ 19 .

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)**.