



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: May 19, 2022

Subject: Pharmacy prior authorization criteria amendments

Summary: Effective June 1, 2022, the prior authorization criteria for Firdapse (amifampridine) and agents for Atopic Dermatitis will be amended.

AmeriHealth Caritas New Hampshire is amending the prior authorization (PA) criteria for Firdapse (amifampridine), as well as agents for atopic dermatitis.

Please reference the changes to the PA criteria. They can be found on our website on or after the effective date of June 1, 2022, at:

<https://www.amerhealthcaritasnh.com/assets/pdf/provider/resources/forms/pharmacy/prior-authorization-criteria.pdf>.

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)**.

ACNH_222018404