AmeriHealth Caritas™
New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: December 4, 2025

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective December 15, 2025, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- Alhemo Subcutaneous Solution Pen-injector 150 MG/1.5ML w/PA
- Alhemo Subcutaneous Solution Pen-injector 60 MG/1.5ML w/PA
- Alhemo Subcutaneous Solution Pen-injector 300 MG/3ML w/PA
- Hympavzi Subcutaneous Solution Auto-injector 150 MG/ML w/PA
- Aucatzyl w/PA
- Adalimumab-adaz Subcutaneous Solution Auto-injector 80 MG/0.8ML w/PA
- BKEMV Intravenous Solution 300 MG/30ML w/PA
- Emend BiPack Oral Capsule 80 MG w/PA and QL
- Epysqli Intravenous Solution 300 MG/30ML w/PA
- Esperoct Intravenous Solution Reconstituted 4000 UNIT w/PA
- Evrysdi Oral Tablet 5 MG w/PA
- Humira (1 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML w/PA
- Jivi Intravenous Solution Reconstituted 4000 UNIT
- Lidocaine HCl Urethral/Mucosal External Gel 2 %
- Omvoh (300 MG Dose) Subcutaneous Solution Auto-injector 100 MG/ML & 200 MG/2ML w/PA
- Omvoh (300 MG Dose) Subcutaneous Solution Prefilled Syringe 100 MG/ML & 200 MG/2ML
- Purified Cortrophin Gel Subcutaneous Prefilled Syringe 40 UNIT/0.5ML w/PA
- Purified Cortrophin Gel Subcutaneous Prefilled Syringe 80 UNIT/ML w/PA
- Rybelsus Oral Tablet 1.5 MG w/PA and QL
- Rybelsus Oral Tablet 4 MG w/PA and QL
- Rybelsus Oral Tablet 9 MG w/PA and QL
- Simlandi (1 Pen) Subcutaneous Auto-injector Kit 80 MG/0.8ML w/PA
- Simlandi (1 Syringe) Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML w/PA
- Simlandi (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML
- Tremfya Crohns Induction Subcutaneous Solution Auto-injector 200 MG/2ML w/PA
- Pavblu™ (aflibercept-ayyh) 2 mg/0.05 ml vial -w/PA
- Pavblu™ (aflibercept-ayyh) 2 mg/0.05 ml intravitreal solution prefilled syringe- w/PA
- Tremfya Pen Subcutaneous Solution Auto-injector 100 MG/ML-w/PA
- lamiVUDine Oral Solution 300 MG/30ML
- Paxlovid Oral Tablet Therapy Pack 6 x 150 MG & 5 x 100MG -w/QL

- Sunlenca Oral Tablet 300 MG
- Vyvgart Hytrulo Subcutaneous Solution Prefilled Syringe 1000-10000 MG-UNT/5ML-w/PA
- GNP Naloxone HCl Nasal Liquid 4 MG/0.1 mL
- Zepbound Subcutaneous Solution 12.5 mg/0.5 mL w/PA
- Zepbound Subcutaneous Solution 15 mg/0.5 mL w/PA
- Promethazine HCl Oral Syrup 6.25 MG/5ML W/QL
- Ipratropium-Albuterol Inhalation Solution 2.5-0.5 MG/3ML
- Edurant PED Oral Tablet Soluble 2.5 MG
- Livmarli Oral Tablet 10 MG -w/PA
- Livmarli Oral Tablet 15 MG-w/PA
- Livmarli Oral Tablet 20 MG-w/PA
- Livmarli Oral Tablet 30 MG-w/PA
- Escitalopram Oxalate Oral Solution 10 MG/10ML
- Bisoprolol Fumarate Oral Tablet 2.5 MG
- Adalimumab-aaty CD/UC/HS Start Subcutaneous Auto-injector Kit 80 MG/0.8MLw/PA
- Amnesteem Oral Capsule 30 MG-w/PA
- Neffy Nasal Solution 1 MG/0.1ML
- Paxlovid Oral Tablet Therapy Pack 6 x 150 MG & 5 x 100MG

Medications removed from the formulary:

- Santyl-no longer rebateable
- Beqvez-discontinued First Generation Antihistamines

Quantity limit (QL) additions:

- Pramipexole 0.375 mg ER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 0.75 mg ER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 1.5 mg ER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 2.25 mg ER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 3 mg ER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 3.75 mgER tablet -adding QL of 30 tablets per 30 days
- Pramipexole 4.5 mg ER tablet -adding QL of 30 tablets per 30 days
- Pokonza™ (potassium chloride) 10 mEq oral packet-Adding QL of 300 packets per 30 days
- Potassium chloride (Klor-Con®) 20 mEq oral packet-Adding QL of 150 packets per 30 days
- Harvoni Oral Tablet 90-400 MG- updating QL to 84 tablets per 365 days
- Epclusa Oral Tablet 400-100 MG - updating QL to 84 tablets per 365 days
- Fiasp PumpCart Subcutaneous Solution Cartridge 100 UNIT/ML- Updating QL to 30 ml per 30 days
- Insulin Lispro Junior KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML
- Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-injector (75-25) 100 UNIT/ML- Updating QL to 30ml/30 days

- NovoLIN N FlexPen ReliOn Subcutaneous Suspension Pen-injector 100 UNIT/ML- Updating QL to 30ml/ 30 days
- NovoLIN N FlexPen Subcutaneous Suspension Pen-injector 100 UNIT/ML- Updating QL to 30 ml per 30 days
- Auvi-Q Injection Solution Auto-injector 0.3 MG/0.3ML- Updating QL to 30 ml per 30 days
- Esomeprazole Magnesium Oral Packet 10 MG- Updating QL to 30 ml per 30 days
- Esomeprazole Magnesium Oral Packet 20 MG- Updating QL to 30 ml per 30 days
- Esomeprazole Magnesium Oral Packet 40 MG- Updating QL to 30 ml per 30 days
- Pantoprazole Sodium Oral Packet 40 MG- Updating QL to 30 ml per 30 days
- Cymbalta Oral Capsule Delayed Release Particles 20 MG-Updating QL to 60 capsules per 30 days
- Cymbalta Oral Capsule Delayed Release Particles 30 MG-Updating QL to 60 capsules per 30 days
- Cymbalta Oral Capsule Delayed Release Particles 60 MG-Updating QL to 60 capsules per 30 days
- Daytrana Transdermal Patch 10 MG/9HR Updating QL to 30 ml per 30 days
- Daytrana Transdermal Patch 15 MG/9HR Updating QL to 30 ml per 30 days
- Daytrana Transdermal Patch 20 MG/9HR Updating QL to 30 ml per 30 days
- Daytrana Transdermal Patch 30 MG/9HR Updating QL to 30 ml per 30 days
- Endocet Oral Tablet 5-325 MG-Updating QL to 6 tablets per day
- Fexofenadine Oral Tablet 60 MG Updating QL to 60 capsules per 30 days
- Timolol Maleate Ophthalmic Solution 0.25% -Updating QL to60 ml per 30 days
- Timolol Maleate Ophthalmic Solution 0.5%-Updating QL to60 ml per 30 days
- FT Itch Relief Max Strength External Ointment 1%-Updating QL to 60 gm per 30 days
- Triamcinolone in Absorbase External Ointment 0.05 %-Updating QL to 120 gm per 30 days
- Pocket Peak Flow Meter Device- Updating QL to 1 each per 365 days
- Mini Wright Peak Flow Meter Device- Updating QL to 1 each per 365 days
- Airzone Peak Flow Meter Device- Updating QL to 1 each per 365 days
- Piko 1 Device- Updating QL to 1 each per 365 days
- Personal Best Full Range Device- Updating QL to 1 each per 365 days
- Personal Best Low Range Device- Updating QL to 1 each per 365 days
- Microlife Digital Peak Flow Device- Updating QL to 1 each per 365 days
- Peak Air Peak Flow Meter Device- Updating QL to 1 each per 365 days
- TruZone Peak Flow Meter Device- Updating QL to 1 each per 365 days
- AsthmaPack for Children Kit- Updating QL to 1 each per 365 days
- Aerogear Action Asthma Kit Kit- Updating QL to 1 each per 365 days
- Ciprofloxacin (Cipro®) 250mg/5ml-Adding QL of 300ml/30 days
- Ciprofloxacin (Cipro®)500mg/5ml oral suspension - Adding QL of 300ml/30 days
- Levofloxacin oral solution 25mg/ml -Adding a QL of 480ml/30 days
- Mavyret® (glecaprevir-pibrentasvir) 100-40 mg tablet - Adding QL of 252/365

- Mavyret® (glecaprevir-pibrentasvir) 50-20 mg pellet packet Adding QL of 420/365
- Epclusa® (sofosbuvir-velpatasvir) 400-100 mg tablets- Adding QL of 168/365

New clinical prior authorization criteria additions:

- Kebilidi
- Crenessity
- Tryngolza
- MEK Inhibitors for Neurofibromatosis Type 1 (NF1) PA Criteria
- IGA Nephropathy PA Criteria
- Ctexli
- Encelto
- Vykat XR

Clinical prior authorization revisions:

- Agents for Graft Versus Host Disease
- Biological Agents for Nasal Polyposis
- Blincyto
- Epidermolysis Bullosa Agents
- Filspari
- linezolid (Zyvox)
- Opioid containing products
- Oral Atypical Antipsychotics for Members Below the FDA Approved Minimum Age
- Rezdiffra
- Somatostatin Analogs
- Transthyretin-mediated Amyloidosis Agents
- Xolair
- Complement Inhibitor PA Criteria
- Myasthenia Gravis PA Criteria
- Anti-Parkinson's Agents for OFF Episodes
- Oncology PA Criteria
- Chelating Agents
- Qfitlia

prior authorization revisions with no clinical changes:

- Calcitonin Gene-Related Peptide Antagonists for Acute Migraine Treatment
- Adrenal Enzyme Inhibitors for Cushing's Syndrome (Recorlev)
- Adzynma
- Agents to Treat Gaucher's Disease
- Agents for Thrombocytopenia
- Amtagvi

- Antisense Oligonucloetides for Duchenne Muscular Dystrophy
- Atovaquone suspension (Mepron)
- Calcitonin Gene-Related Peptide (CGRP) for Headache Prevention
- Colchicine
- Diagnosis Code Requirement
- Eohilia
- Hydroxyprogesterone caproate (generic Delalutin)
- Immunosuppressants for Lupus Nephritis
- Ketamine
- Kuvan
- Lamzede
- Lidocaine Topical Patch
- Multaq
- Natriuretic Peptides for Achondoplasia (Voxzogo)
- Off-Label Uses Criteria
- Palynziq
- Peanut Allergy Immunotherapy Agents
- Primary HLH Agents
- Proprotein Convertase Subtilisin/kexin 9 (PCSK9)
- Radicava
- Tarpeyo
- Topical mTOR Kinase Inhibitors
- Treatment of Hereditary Angioedema
- Treatments for Plasminogen Deficiency Type 1 (Ryplazim)
- Wegovy
- Buprenorphine
- Medications for Use in ADHD Treatment for Members 21 and Older
- Adakveo
- Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors
- Anti-FGF23 Monoclonal Antibodies
- Antifibrotic Respiratory Tract Agents
- BCMA Inhibitors
- Continuous Glucose Monitors
- Corticotropin (previously Acthar)
- Crinone
- Dificid
- Duvyzat
- Elevidys
- Enzyme Replacement Therapies for Fabry Disease
- Fecal Microbiota

- Gene Therapy for Hem B
- Generalized Pustular Psoriasis (GPP) Agents (Spevigo)
- Increlex
- Insulin-Like Growth Factor-1 Receptor Antagonists for Thyroid Eye Disease
- Joenja
- Leqembi
- Mucopolysaccharidosis II Agents (Elaprase)
- Pulmonary Hypertension
- Qalsody
- Rituximab
- Scopolamine Patch
- Serostim
- Skyclarys
- Synagis
- Verquvo
- Vijoice
- Vimizim
- Voriconazole (Vfend)
- Xifaxan
- Xolremdi
- ACNH Rho Kinase Inhibitors
- Agents to Treat Constipation
- Brineura
- Camzyos
- Chronic Dry Eye Agents
- Daybue
- Ileal bile acid transporter inhibitor (IBAT)
- Pyruvate Kinase Activators
- Voquezna
- Lenmeldy
- White blood cell stimulators

The following criteria will be retired:

- IGA Nephropathy PA Criteria -old criteria

Age limit (AL) additions (in years of age):

- MResvia Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML-apdating AL to 18 and older

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).**