

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** March 15, 2021  
**Subject:** AmeriHealth Caritas New Hampshire formulary change

**Summary: Effective April 12, 2021, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.**

**FORMULARY CHANGES:**

**Medications added to the formulary:**

- Cilostazol 50, 100 mg tablets.
- Isturisa (osilodrostat).
- Orladeyo (berotralstat).
- Retacrit 20,000 unit/2 mL injection solution (new vial size).
- Retacrit 20,000 unit/mL injection solution (new strength).
- Eplclusa 200 mg, 50 mg tablet (new strength).
- Ultomiris 100 mg/mL, 300 mg/3 mL intravenous solution.
- Difucid 40 mg/mL oral suspension (new formulation).
- Nyvepria 6 mg/0.6 mL subcutaneous syringe.
- Riabni 10 mg/mL intravenous solution.
- Trelegy Ellipta 200 mcg, 62.5 mcg, 25 mcg powder for inhalation (new strength).

**New clinical prior authorization criteria additions:**

- Adrenal enzyme inhibitors for Cushing's disease.
- Mucopolysaccharidosis VI (Maroteaux-Lamy syndrome) agents.

**Clinical prior authorization revisions:**

- Acute migraine treatments criteria.
- Agents for atopic dermatitis.
- Complement inhibitors.
- White blood cell stimulators.
- Buprenorphine/naloxone.
- Pulmonary arterial hypertension.
- Anti-Parkinson's agents for OFF episodes.
- Treatment of hereditary angioedema (HAE).
- Alpha-1 proteinase inhibitors (human).
- Benlysta.
- Botulinum toxins A and B.
- Emflaza.
- Ocalvia.

**Retired clinical criteria:**

- Remdesivir.
- Diclofenac 1% gel.
- Injectable/infusible pulmonary arterial hypertension medications

**Quantity limit additions:**

- Buprenorphine-naloxone/Suboxone (increase quantity limits to 24 mg/day).

**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)**.