

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** February 18, 2021

**Subject:** AmeriHealth Caritas New Hampshire Formulary Change

**Summary: March 17, 2021 the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.**

**FORMULARY CHANGES:**

**Medications added to the formulary:**

- Nystatin 100,000 units/g powder
- Clotrimazole/betamethasone dipropionate 1%-0.05% cream
- Evrysdi (w/PA)
- Enspryng (w/PA)
- Uplizna (w/PA)
- Tecartus (w/PA)
- Viltepso (w/PA)
- Trulicity 3 mg/0.5 mL, 4.5 mg/0.5 mL(W/PA and QL)
- Dupixent 300 mg/2 mL subcutaneous pen injector (w/PA)
- Enbrel 25 mg/0.5 mL subcutaneous solution (w/PA)
- Xywav (w/PA)
- Zulresso (w/PA)
- Fabrazyme (w/PA)
- Galafold (w/PA)
- Wakix (w/PA)
- Sunosi (w/PA)
- Oriahnn (w/PA)
- Fintepla (w/PA)

**New Clinical Prior Authorization Criteria Additions:**

- Tecartus
- Viltepso
- Zulresso
- Fabrazyme
- Galafold
- Wakix
- Sunosi
- ACFC - Brand Name Medication Criteria
- Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents
- SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA)

- Oriahnn
- Fintepla

**Clinical Prior Authorization Revisions:**

- Xolair (omalizumab)
- Tardive Dyskinesia
- Sleep Disorder Therapy
- Retinoids (dermatologic)
- Immunoglobulins
- Hereditary Angioedema
- Hormone Replacement Therapy
- ACFC - Safety Edit Exception Criteria
- ACFC - Step Therapy Exception Criteria
- ACFC - Prior Authorization Exception Criteria
- Gonadotropin Releasing Hormone Agonists (GNRH)
- Endari
- Daraprim (pyrimethamine)
- Danazol
- Biologic Agents for Nasal Polyposis
- Allergenic Extracts
- 5-Hydroxytryptamine-3 (5-HT<sub>3</sub>) Serotonin Receptor Antagonists (5-HT<sub>3</sub> RA), Substance P/Neurokinin 1 Receptor Antagonists (NK1 RA), and Combination Agents
- Anti-CD19 CAR-T Immunotherapies
- Rituximab
- Soliris
- Synagis PA Criteria
- Interleukin Receptor Antagonist

**Retired Clinical Criteria:**

- Brand Name Multiple Source Prescription Drug Product Criteria
- Spinraza
- Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ophthalmic Conditions

**Quantity Limit Additions:**

- Toviaz (fesoterodine fumarate) 4 mg, 8 mg ER tablets QL(30/30)
- Avonex (interferon beta 1a) QL (1/30)
- Rebif (interferon beta 1a) QL (6/30)
- dimethyl fumarate (Tecfidera) QL (60/30)
- Gilenya (fingolimod) QL(30/30)
- Ampyra (dalfampridine) QL (60/30)
- dalfampridine (Ampyra) QL (60/30)
- Trulicity 3 mg/0.5 mL, 4.5 mg/0.5 mL QL (2 mL/28 days)



**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)**.