

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** April 22, 2020  
**Subject:** AmeriHealth Caritas New Hampshire formulary change

**Summary: Effective June 22, 2020, the changes will be made to the AmeriHealth Caritas New Hampshire formulary.**

**The following medications will be changed to non-preferred medications. Members can still receive these medications with prior authorization. The formulary alternatives listed below are preferred products:**

- Proantheline 15 mg oral tablet; **formulary alternative:** glycopyrrolate 1, 2 mg oral tablet.
- Dicyclomine 10 mg/5 mL oral solution; **formulary alternative:** dicyclomine 10 mg capsule, dicyclomine 20 mg tablet.
- Chlorpheniramine 2 mg/5 mL syrup; **formulary alternative:** diphenhydramine 12.5 mg/5 ml syrup/elixir/liquid.
- Diphenhydramine 6.25 mg/mL drops; **formulary alternative:** diphenhydramine 12.5 mg/5 ml syrup/elixir/liquid.
- Nitro-Dur<sup>®</sup> (nitroglycerin) 0.3 mg/hr, 0.8 mg/hr transdermal 24-hour patch; **formulary alternative:** Nitro-Dur (nitroglycerin) 0.1 mg/hr, 0.2mg /hr, 0.4 mg/hr, 0.6 mg/hr transdermal 24-hour patch.
- Isordil<sup>®</sup> (isosorbide dinitrate) 40 mg tablet; **formulary alternative:** Isordil (isosorbide dinitrate) 10mg, 20mg, 30mg tablet.
- Isordil Tembids<sup>®</sup> (isosorbide dinitrate) 40 mg extended release tablet; **formulary alternative:** Imdur<sup>®</sup> (isosorbide mononitrate) 30 mg, 60 mg, 120 mg.

**The following medications will be added to the formulary:**

- Nucala<sup>®</sup> 100 mg/mL.
- Fasentra<sup>®</sup> 30 mg/mL.
- Ruzurgi<sup>®</sup> (amifampridine).
- Baqsimi<sup>™</sup> (glucagon) 3 mg nasal powder (quantity limit of two devices per 30 days and age limit of 4 years and older).
- Baqsimi (glucagon) emergency kit 1 mg (quantity limit of two devices per 30 days).
- Nourianz<sup>™</sup>.
- Inbrija<sup>™</sup>.
- Onpattro<sup>®</sup>.
- Tegsedi<sup>™</sup>.
- Dovato (dolutegravir/lamivudine).
- Vyndaqel<sup>®</sup>/Vyndamax<sup>™</sup>.
- Trikafta<sup>™</sup>.

**The following medications will require prior authorization in accordance with clinical pharmacy policies:**

- Nucala 100 mg/mL.
- Fasenra 30 mg/mL.
- Ruzurgi (amifampridine).
- Nourianz.
- Inbrija.
- Onpattro.
- Tegsedi.
- Vyndaqel/Vyndamax.
- Trikafta.

**The following medications and medication classes will have updated prior authorization criteria (please see prior authorization criteria on our provider website):**

- Botulinum toxins A and B.
- White blood cell stimulator.
- Glycopyrrolate.
- Interleukin receptor antagonists for asthma.
- Anti-Parkinson's agents for off episodes.
- Ziextenzo<sup>®</sup>.
- Alpha-1 proteinase inhibitors (human).
- Inhaled cystic fibrosis agents.
- Injectable/infusible agents for pulmonary arterial hypertension.
- Juxtapid<sup>®</sup>.
- Proprotein convertase subtilisin/kexin 9 (PCSK9).
- Spinraza<sup>®</sup>.
- Emflaza<sup>®</sup>.

**The following medications and medication classes will have new prior authorization criteria**

**(Please see prior authorization criteria on our provider website):**

- Natpara<sup>®</sup>.
- Agents to treat constipation.
- Cystic fibrosis transmembrane conductance regulator (CFTR) modulators.
- Ruzurgi.
- Transthyretin-mediated amyloidosis agents.
- Anti-CD19 CAR-T immunotherapies.
- Benlysta.
- Diclofenac 1% gel.
- Blincyto<sup>®</sup>.
- Dendritic cell tumor peptide immunotherapy.



**Additional prior authorization criteria may apply. Please refer to clinical pharmacy policies and most recent drug formulary information (updated June 22, 2020), available online at <https://www.amerhealthcaritasnh.com> → Providers → Pharmacy Services.**

**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)**.