

To: AmeriHealth Caritas New Hampshire Providers

Date: July 16, 2020

Subject: AmeriHealth Caritas New Hampshire Formulary Change

Notice: As of July 1, 2020 the list of medication below have removed from the AmeriHealth Caritas New Hampshire formulary.

Members currently receiving the medications listed below will require a new prescription for an alternative product before November 1, 2020. Members for whom it is not medically advisable to change therapy will require prior authorization to continue to receive coverage for the medications listed below since they are now non-formulary products.

Formulary Removals	
Medication Removed from PDL	Preferred Alternative
Harvoni (ledipasvir-sofosbuvir) 90-400 mg tablet	ledipasvir-sofosbuvir 90-400 mg tablet
Epclusa (sofosbuvir-velpatasvir) 400-100 mg tablet	sofosbuvir-velpatasvir 400-100 mg tablet
Humulin 70/30 KwikPen 100 unit/mL	Humulin 70/30 vial 100 unit/mL
Bydureon BCise (exenatide extended release) Auto-injector 2 mg	Bydureon (exenatide extended release) Pen 2 mg
Inderal XL (propranolol) extended release 80 mg capsule	propranolol extended release 80 mg capsule
loratadine-pseudoephedrine ER tablet	loratadine tablet, pseudoephedrine tablet, pseudoephedrine-guaifenesin ER tablet

fexofenadine-pseudoephedrine ER tablet	fexofenadine tablet, pseudoephedrine tablet, pseudoephedrine-guaifenesin ER tablet
Rebif (interferon Beta-1a)	Avonex (interferon Beta-1a)
fish oil, krill oil oral capsule	omega-3 fatty acids (Lovaza)
hydrocortisone 0.5% ointment	hydrocortisone 0.5% cream

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)**.