



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers  
**Date:** December 13, 2022  
**Subject:** AmeriHealth Caritas New Hampshire Formulary Changes

**Summary: Effective February 6, 2023, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.**

### **FORMULARY CHANGES:**

#### **Medications added to the formulary:**

- Tyrvaya (varenicline) 0.03 mg nasal spray: added to the supplemental formulary with a step therapy requirement through both an artificial tears product and cyclosporine 0.05% eye dropperette
- FreeStyle Libre 3 Sensor: added to the supplemental formulary with a step therapy requirement through insulin
- Pyrukynd (mitapivat): added to the supplemental formulary with a prior authorization requirement
- Carvykti (ciltacabtagene autoleucel): added to the supplemental formulary with a prior authorization requirement
- Vijoice (alpelisib): added to the supplemental formulary with a prior authorization requirement
- Camzyos (mavacamten): added to the supplemental formulary with a prior authorization requirement
- Nucala 40 mg/0.4 mL subcutaneous syringe: added to Tier 2 (Non-Preferred PDL drug) with prior authorization
- Skyrizi 60 mg/mL intravenous solution: added to Tier 2 (Non-Preferred PDL drug) with prior authorization
- Skyrizi 360 mg/2.4 mL (150 mg/mL) subcutaneous wearable injector: added to Tier 2 (Non-Preferred PDL drug) with prior authorization
- Omnipod Dash Kit: added to the supplemental formulary with a prior authorization requirement and a quantity limit of 1 per year
- Omnipod 5 G6 Kit: added to the supplemental formulary with a prior authorization requirement and a quantity limit of 1 per year
- Omnipod 5 G6 pods: added a quantity limit of 15 pods per 30 days

#### **Medications removed from the formulary:**

- adefovir (Hepsera) 10 mg oral tablet: moved to non-preferred
- Epivir-HBV (lamivudine) 25 mg/5 mL oral solution: moved to non-preferred



# AmeriHealth Caritas™

## New Hampshire

### **New clinical prior authorization criteria additions:**

- Camzyos (mavacamten)
- Pyruvate Kinase Activators
- Serostim
- Vijoice (alpelisib)
- Vuity

### **Clinical prior authorization revisions:**

#### **The following criteria are updated with changes:**

- Amyotrophic Lateral Sclerosis (ALS) agents
- Acthar H.P. (corticotropin)
- Adenosine-Triphosphate Citrate Lyase (ACL) inhibitors
- Agents for Atopic Dermatitis
- Anti-Amyloid Monoclonal Antibodies (Aduhelm)
- B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy
- Biologic Agents for Nasal Polyps
- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists
- Chelating Agents
- Chronic Dry Eyes
- Complement Inhibitors
- Continuous Glucose Monitors
- Gonadotropin-Releasing Hormone Agonists
- Insulin Pumps
- Oxbryta
- Pulmonary Biologic for Asthma and Eosinophilic Conditions
- Rituximab
- SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA)
- Specialty Drugs
- Synagis
- Verquvo
- White Blood Cell Stimulators

#### **The following criteria are updated with no clinical changes:**

- Adakveo
- Anti-FGF23 Monoclonal Antibodies
- Antifibrotic Respiratory Tract Agents
- Brineura
- Difucid (fidaxomicin)
- Increlex
- Mucopolysaccharidosis II (Hunter Syndrome) Agents – Elaprase
- Scopalamine patch
- Toremifene (Fareston)



# AmeriHealth Caritas™

## New Hampshire

- Vasodilators for Pulmonary Arterial Hypertension (PAH)
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors for Huntington's Disease
- Vimizim
- Voriconazole (Vfend)
- Xifaxan

### **Prior authorization removed**

- FreeStyle Libre 14 Day Reader and Sensor: removed the prior authorization requirement and added a step therapy requirement through insulin
- FreeStyle Libre 2 Reader and Sensor: removed the prior authorization requirement and added a step therapy requirement through insulin
- Dexcom G6 Receiver, Sensor, and Transmitter: removed the prior authorization requirement, and added a step therapy requirement through insulin

### **The following criteria will be retired:**

- Agents for Gender Dysphoria

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

- Tretinoin products: new maximum age limit of 34 years. Members 35 years and older will require prior authorization.

### **Drug utilization review changes:**

Duplicate therapy edits will be added to the following classes:

- HIV treatments for complete regimens
- Asthma and COPD inhalers
- Benzodiazepines and opioids

### **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)**.

ACNH\_222338659