



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers

Date: June 15, 2024

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective July 15, 2024, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- Agamree with PA criteria
- Casgevy with PA criteria
- Lyfgenia with PA criteria
- Lodoco with PA criteria
- Sohonos with PA criteria
- Rivfloza with PA criteria
- Zurzuvae with PA criteria

Medications removed from the formulary:

- promethazine/phenylephrine (promethazine VC) 6.25 mg-5 mg/5 mL oral syrup
- colchicine 0.6 mg capsules

Quantity limit (QL) additions:

- hydrocodone-homatropine (Hycodan) 5 mg-1.5 mg tablet with quantity limit of 5-day supply per fill
- Hydrocodone-homatropine (Hycodan) 5 mg-1.5 mg/5 mL solution with quantity limit of 5-day supply per fill

New clinical prior authorization criteria additions:

- Pompe disease agents
- Gene therapy for regular red blood cell (RBC) transfusion-dependent beta-thalassemia
- Gene therapy for sickle cell disease
- Lodoco
- Sohonos

Clinical prior authorization revisions:

- Insulin pumps
- Presbyopia agents
- Corticosteroids for Duchenne muscular dystrophy (DMD)



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- Colchicine
- Primary hyperoxaluria agents
- Treatment of postpartum depression
- Drugs for chronic bowel disorders/GI motility
- Carisoprodol
- Generalized pustular psoriasis (GPP) agents
- Glycopyrrolate
- Growth hormone (GH) for growth failure or GH deficiency
- Injectable infusible bone modifying agents for osteoporosis and Paget's disease
- Relyvrio
- Vasodilators for pulmonary hypertension
- White blood cell stimulators
- Rho kinase inhibitors

Prior authorization revisions with no clinical changes:

- Buprenorphine/Naloxone and buprenorphine (oral) criteria
- Adrenal enzyme inhibitors for Cushing's disease
- Adrenergic, alpha-receptor-blocking agent
- Agents for homozygous familial hypercholesterolemia
- Alpha-1 proteinase inhibitors (human)
- Amifampridine
- Benlysta
- Blincyto
- Continuous glucose monitors
- Corlanor
- Cystic fibrosis transmembrane conductance regulator (CFTR) modulators
- Dojolvi
- Enzyme replacement therapy for acid sphingomyelinase deficiency (ASMD)
- Injectable/Infusible bone-modifying agents for oncology indications
- Mucopolysaccharidosis IV (Maroteaux-Lamy syndrome) agents
- Ocaliva
- Oxbryta
- Pulmonary biologics for asthma and eosinophilic conditions
- SMN2 splicing modifiers for the treatment of spinal muscular atrophy (SMA)
- Tavneos
- Transthyretin-mediated amyloidosis agents
- Tzield
- Antifungal medications

The following criteria will be retired:

- Anti-Parkinson's agents for OFF episodes



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- Glycopyrrolate
- Rho kinase inhibitors

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

- hydrocodone-homatropine (Hycodan) 5 mg-1.5 mg tablet (18 years of age and older)
- Hydrocodone-homatropine (Hycodan) 5 mg-1.5 mg/5 mL solution (18 years of age and older)

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)**.