

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** October 10, 2024

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: The changes to the AmeriHealth Caritas New Hampshire formulary (listed below), are effective as of November 1, 2024.

## FORMULARY CHANGES

A. The following products will be added to the formulary:

- Progesterone 100 mg (with quantity limit)
- Progesterone 200 mg (with quantity limit)
- Filsuvez (with prior authorization)
- Rezdiffra (with prior authorization)
- Adzynma (with prior authorization)
- Eohilia (with prior authorization)
- Fabhalta (with prior authorization)
- Amtagvi (with prior authorization)
- Xolair Subcutaneous Solution Auto-injector 75 MG/0.5ML (with prior authorization)
- Xolair Subcutaneous Solution Auto-injector 150 MG/ML (with prior authorization)
- Xolair Subcutaneous Solution Prefilled Syringe 300 MG/2ML (with prior authorization)
- Xolair Subcutaneous Solution Auto-injector 300 MG/2ML (with prior authorization)
- Opill (norgestrel) 0.075 mg tablet (step therapy and quantity limit)
- FreeStyle Libre 3 Reader (step therapy and quantity limit)
- Wainua (eplontersen) 45 mg/0.8 ml subcutaneous auto-injector (with prior authorization)
- Zilbrysq Subcutaneous Solution Prefilled Syringe 16.6 MG/0.416ML (with quantity limit)
- Zilbrysq Subcutaneous Solution Prefilled Syringe 23 MG/0.574ML (with quantity limit)
- Zilbrysq Subcutaneous Solution Prefilled Syringe 32.4 MG/0.81ML (with quantity limit)
- Udenyca Onbody Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML (with quantity limit)
- Yuflyma (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML (with quantity limit)
- B. The following products remain on the formulary with updated edits:
  - N/A
- C. The following products will be removed from the formulary:
  - N/A

AmeriHealth Caritas New Hampshire I <u>www.amerihealthcaritasnh.com</u> I 1-888-599-1479

## **Prior Authorization Changes:**

- A. The following criteria are new:
  - Rezdiffra
  - Adzynma
  - Eohilia
  - Amtagvi
  - Wegovy in Cardiovascular Disease
- B. The following criteria are updated with changes:
  - Leqembi
  - Myasthenia Gravis
  - Transthyretin-mediated Amyloidosis Agents
  - Xolair
  - Epidermolysis Bullosa Agents
  - Complement Inhibitors
  - Agents for Atopic Dermatitis
  - Agents for Thrombocytopenia
  - Natriuretic Peptides for Achondoplasia
  - Opioid Containing Products
  - Peanut Allergy Immunotherapy Agents
  - Potassium Removing Agents
  - Proprotein Convertase Subtilisin/kexin 9 (PCSK9) Monoclonal Antibodies (mAbs)
  - Somatostatin Analogs
  - Tarpeyo
  - Treatment of Hereditary Angioedema
- C. The following criteria are updated with no clinical changes:
  - Calcitonin Gene-Related Peptide Inhibitors for Acute Migraine Treatment
  - Calcitonin Gene-Related Peptide (CGRP) Antagonists for Headache Prevention
  - Buprenorphine/Naloxone and Buprenorphine (Oral) Criteria
  - Dendritic Cell Tumor Peptide Immunotherapy
  - Diagnosis Code Requirement
  - Off-Label Uses Criteria
  - Adrenal Enzyme Inhibitors for Cushing's Syndrome (Recorlev)
  - Agents for Graft Versus Host Disease
  - Agents to Treat Gaucher's Disease
  - Antisense Oligonucleotides for Duchenne Muscular Dystrophy
  - Atovaquone suspension (Mepron)
  - Biological Agents for Nasal Polyposis
  - Blincyto
  - Colchicine
  - Filspari
  - Hydroxyprogesterone caproate (generic Delalutin)
  - Immunosuppressants for Lupus Nephritis
  - Jesduvroq

AmeriHealth Caritas New Hampshire I www.amerihealthcaritasnh.com I 1-888-599-1479

- Ketamine
- Kuvan
- Lamzede
- Lidocaine Topical Patch
- Linezolid (Zyvox)
- Medications for Use in ADHD Treatment for Members 21 and Older
- Multaq
- Oral Atypical Antipsychotics for Members Below the FDA Approved Minimum Age
- Palynziq
- Pregabalin
- Primary HLH Agents
- Radicava
- Topical mTOR Kinase Inhibitors
- Treatments for Plasminogen Deficiency Type 1 (Ryplazim)
- D. The following criteria are retired:
  - Relyvrio (product withdrawn from market)
  - Aduhelm (product withdrawn from market)

Recalls:

N/A

## 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).**