



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: December 16, 2024
Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective January 27, 2025, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

FORMULARY CHANGES:

Medications added to the formulary:

- RSV Vaccine-mResvia (with age limit)
- Pneumonia Vaccine-Capvaxive (with Age limit, quantity limit)
- Voquezna Dual Pak 500-20mg (with prior authorization)
- Voquezna Triple Pak 500-500-20mg (with prior authorization)
- Duvyzat (with prior authorization)
- Beqvez therapy pack 4x1ML (with prior authorization)
- Beqvez therapy pack 5x1ML (with prior authorization)
- Beqvez therapy pack 6x1ML (with prior authorization)
- Beqvez therapy pack 7x1ML (with prior authorization)
- Voydeya 100mg (with prior authorization)
- Voydeya therapy pack 50 and 100mg (with prior authorization)
- Hepatitis B Vaccines-Heplisav-B (with Age limit, quantity limit)
- Xolremdi 100mg (with prior authorization)
- Lenmeldy intravenous suspension (with prior authorization)
- Vijoice 50 mg oral packet (with prior authorization)

Medications removed from the formulary:

N/A

Quantity limit (QL) additions:

- Timolol (Timoptic-XE®) 0.25% ophthalmic gel solution (QL 5 mL/ 30 days)
- Timolol (Timoptic-XE®) 0.5% ophthalmic gel solution (QL 5 mL/ 30 days)
- Timolol (Timoptic® Ocodose) 0.25% ophthalmic drops in dropperette (QL 60 droppers/ 30 days)
- Timoptic® Ocodose (timolol) 0.25% ophthalmic drops in dropperette (QL 60 droppers/ 30 days)
- Timolol (Timoptic® Ocodose) 0.5% ophthalmic drops in dropperette (QL 60 droppers/ 30 days)



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- Timoptic® Ocudose (timolol) 0.5% ophthalmic drops in dropperette (QL 60 droppers/ 30 days)
- Timolol (Istalol®) 0.5% ophthalmic drops (QL 5 mL/ 30 days)
- Istalol® (timolol) 0.5% ophthalmic drops (QL 5 mL/ 30 days)
- Brimonidine (Alphagan P®) 0.15% ophthalmic drops (quantity limit)
- Alphagan P® (brimonidine) 0.15% ophthalmic drops (QL 10 mL/ 30 days)
- Brimonidine (Alphagan P®) 0.1% ophthalmic drops (QL 10 mL/ 30 days)
- Alphagan P® (brimonidine) 0.1% ophthalmic drops (QL 10 mL/ 30 days)
- Brinzolamide (Azopt®) 1% ophthalmic drops (QL 10 mL/ 30 days)
- Azopt® (brinzolamide) 1% ophthalmic drops (QL 10 mL/ 30 days)
- Acetazolamide (Diamox Sequels®) 500 mg ER cap (QL 60 capsules/30 days)
- Acetazolamide (Diamox®) 125 mg tab (QL 240 capsules/30 days)
- Acetazolamide (Diamox®) 250 mg tab (QL 120 capsules/30 days)
- Travoprost (Travatan Z®) 0.004% ophthalmic drops (QL 5 mL/ 30 days)
- Travatan Z® (travoprost) 0.004% ophthalmic drops (QL 5 mL/ 30 days)
- Bimatoprost (Lumigan®) 0.03% ophthalmic drops (QL 5 mL/ 30 days)
- tafluprost (Zioptan®) 0.0015% ophthalmic drops (QL 5 mL/ 30 days)
- Zioptan® (tafluprost) 0.0015% ophthalmic drops (QL 5 mL/ 30 days)
- brimonidine tartrate-timolol (Combigan®) 0.2%-0.5% ophthalmic drops (QL 10 mL/ 30 days)
- Combigan® (brimonidine tartrate-timolol) 0.2%-0.5% ophthalmic drops (QL 10 mL/ 30 days)
- Simbrinza® (brinzolamide-brimonidine) 1%-0.2% ophthalmic drops (QL 10 mL/ 30 days)
- dorzolamide-timolol (Cosopt®) 2%-0.5% ophthalmic drops (QL 10 mL/ 30 days)
- Cosopt® (dorzolamide-timolol) 2%-0.5% ophthalmic drops (QL 10 mL/ 30 days)
- Hepolisav-B (QL 2 doses per lifetime)
- Prehevbrio (QL 3 doses per lifetime)
- Engerix-B (QL 4 doses per lifetime)
- Recombivax HB (QL 3 doses per lifetime)
- Biktarvy 30 mg-120 mg-15 mg tablet (QL 30 tablets/30 days)
- Biktarvy 50 mg-200 mg-25 mg tablet (QL 30 tablets/30 days)

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

- Arexvy-lower age restriction to 50 years and older
- Hepolisav-B (AL limit minimum of 19 years old)

New clinical prior authorization criteria additions:

- Voquezna
- Duvyzat
- Xolremdi
- Lenmeldy



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- Elevidys
- Anti-FGF23 Monoclonal Antibodies
- Vijoice
- Rho Kinase Inhibitor

Clinical prior authorization revisions:

- Sleep Disorder Therapy
- Anti-CD19 CAR-T Immunotherapiesti-CD19 CAR-T Immunotherapies
- Generalized Pustular Psoriasis Agents
- Vasodilators for Pulmonary Hypertension
- Continuous Glucose Monitors
- Chelating Agents
- Gene Therapy for Hemophilia B
- Complement Inhibitors
- Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors
- BCMA Directed CAR T-Cell Therapy
- Brineura
- Ileal bile acid transporter inhibitor (IBAT)
- Mucopolysaccharidosis II Agents (Elaprase)
- Pyruvate Kinase Activators
- Rituximab
- Synagis
- Vimizim

Prior authorization revisions with no clinical changes:

- Drugs for Chronic Bowel Disorders/GI Motility
- Hepatitis B
- White Blood Cell Stimulators
- Adakveo
- Antifibrotic Respiratory Tract Agents
- Camzyos
- Chronic Dry Eye Agents
- Corticotropin
- Crinone
- Daybue
- Dificid
- Enzyme Replacement Therapies for Fabry Disease
- Fecal Microbiota
- Increlex
- Insulin-Like Growth Factor-1 Receptor Antagonists for Thyroid Eye Disease
- Joenja
- Leqembi



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- Qalsody
- Scopolamine Patch
- Serostim
- Skylarys
- Verquvo
- Voriconazole (Vfend)
- ACNH – Systemic Immunomodulators

The following criteria will be retired:

- Lantidra

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)**.