



AmeriHealth Caritas™

New Hampshire

To: AmeriHealth Caritas New Hampshire Providers
Date: February 24, 2025
Subject: AmeriHealth Caritas New Hampshire PDL Changes

Summary: Effective February 3, 2025, the changes below will be made to the AmeriHealth Caritas New Hampshire PDL.

PDL CHANGES:

Medications that were previously Non-Preferred/New Medications Added as Preferred Agents:

- Differin
- Ingrezza Sprinkle
- ondansetron ODT 16 mg – QL of 30 per month
- Rinvoq LQ solution – Prior Authorization (PA) Required
- sitagliptin (Zituvio)
- sitagliptin-metformin (Zituvimet)
- tramadol 75 mg – QL of 6 per day
- zolmitriptan 2.5 mg nasal spray – QL of 6 per month

Medications Added As Non-Preferred Agents:

New Medications Added as Non-Preferred Agents with a Prior Authorization requirement:

- Entresto Sprinkle
- Libervant film
- Opsyngvi
- Simlandi
- Tofidence
- Tyenne
- Zituvimet
- Zymfentra

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)**.