



# AmeriHealth Caritas™

## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** April 8, 2026

**Subject:** Preferred Drug List (PDL) changes

**Summary:** This is to notify you of new preferred and non-preferred medications added to the AmeriHealth Caritas New Hampshire Drug List. Also, two medications were removed from the drug list.

### **Medications Added as Preferred Agents:**

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

- *Perampanel oral suspension*

### **Medications Added as Non-Preferred Agents:**

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

- *Selarsdi subcutaneous solution 45mg/0.5ml*

### **Drug removals:**

- *Ranitidine 150mg and 300mg tablets*
- *Theophylline ER oral tablet extended release 12hr 200mg*

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Management Account Executive or Pharmacy Provider Services department at **1-888-765-6394**