



AmeriHealth Caritas™
New Hampshire

To: AmeriHealth Caritas New Hampshire Medicaid Providers

Date: June 9th, 2026

Subject: AmeriHealth Caritas New Hampshire Formulary Changes

Summary: Effective May 4, 2026, the changes below will be made to the AmeriHealth Caritas New Hampshire formulary.

Medications added to the formulary:

- Perampanel Oral Suspension 0.5 MG/ML

Medications removed from the formulary:

- Theophylline ER Oral Tablet Extended Release 12 Hour 200 MG
- raNITidine HCl Oral Tablet 150 MG
- raNITidine HCl Oral Tablet 300 MG

Quantity limit (QL) additions:

- Bethkis® (tobramycin) 300 mg/4 mL ampule Adding QL 240/30
- TOBI® Podhaler (tobramycin) 28 mg capsule Adding QL 240/30
- tobramycin (TOBI®, Kitabis Pak®) 300 mg/5 mL Adding QL 300/30
- NovoLIN N FlexPen Subcutaneous Suspension Pen-injector 100 UNIT/ML Adding QL #30/30
- Novolin® N ReliOn FlexPen 100 unit/mL subcutaneous pen Adding QL #30/30

New clinical prior authorization criteria additions:

- Papzimeos
- Forzinity
- Rhapsido

Clinical prior authorization revisions:

- Adrenal Enzyme Inhibitors for Cushing's Syndrome
- Biologic Agents for Nasal Polyposis PA Criteria
- Specialty Biologic Agents PA Criteria
- Thrombocytopenia
- Immunoglobulin A (IgA) Nephropathy Agents
- Antifibrotic Respiratory Tract Agents
- Tyvaso DPI Maintenance Kit Inhalation Powder

- Antifungal Medications
- Corlanor
- Primary Hyperoxaluria Agents
- Pulmonary Biologics for Respiratory and Eosinophilic Conditions
- Skysona
- SMN2 Splicing Modifiers for the Treatment of SMA
- Sohonos
- Tavneos

Prior authorization revisions with no clinical changes:

- Wegovy PA Criteria Update
- Agents for Sickle Cell Disease
- Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators
- Presbyopia Agents
- Injectable/Infusible Bone-Modifying Agents for Osteoporosis and Paget's Disease

The following criteria will be retired:

- Adrenal Enzyme Inhibitors for Cushing's Disease

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)**.
