



**AmeriHealth Caritas**<sup>™</sup>  
New Hampshire

**To: AmeriHealth Caritas New Hampshire Medicaid Providers**

**Date: June 11, 2026**

**Subject: Change in Medicaid Coverage for GLP-1 Medications**

**Summary: Effective July 1, 2026, AmeriHealth Caritas New Hampshire will no longer cover GLP-1 medications that are indicated for Diabetes without Prior Authorization (PA) and a diagnosis of Diabetes.**

These medications will continue to be covered with Prior Authorization and a diagnosis of Diabetes.

What Providers Need to Know:

- GLP-1 medications (such as Liraglutide, Mounjaro, Ozempic, Trulicity and any generic versions) will no longer be covered without a Prior Authorization.
- Coverage will remain unchanged for members that have a PA on file.

Provider Action Steps:

- Review current treatment plans for Medicaid members prescribed GLP-1s.
- If a GLP-1 is needed to control Diabetes, please submit a PA.
- Utilize other covered medications (if applicable).
- Support members in transitioning to covered services or treatments that meet their clinical needs.

We understand this change may be difficult for some members. Your role in helping them navigate alternative care options is essential. Thank you for your continued support in delivering high-quality care to our Medicaid population.

**Questions:** If you have questions about this communication or would like a full list of codes affected by this change, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.

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