To: AmeriHealth Caritas New Hampshire Medicaid Providers

Date: July 21, 2026

Subject: NH Medicaid Brand over Generic Program

Summary: AmeriHealth Caritas New Hampshire would like to inform prescribing and dispensing providers about changes to the New Hampshire Medicaid Preferred Drug List (PDL). Prescribing and dispensing providers shall prescribe/dispense brand name drug products to Medicaid members when the brand name product is listed on the department's Medicaid Preferred Drug List instead of the generic equivalent.

The up to date medication list for the NH Medicaid Brand over Generic Program should be reviewed to minimize barriers to prescribing, dispensing and reimbursement.

Pharmacies should submit claims with a Dispense as Written (DAW) code of 9 to ensure appropriate reimbursement.

Best Practices:

1) Use our searchable formulary to see which medications are on the AmeriHealth Caritas formulary. The searchable formulary also indicates if a Prior Authorization is required along with other additional information.
2) Reference the medication list for the NH Medicaid Brand over Generic Program prior to prescribing.
3) Reference our pharmacy prior authorization criteria (PDF) if a medication requires a Prior Authorization.
4) Embed preferred options into favorites, order sets, and clinical pathways.
5) Create quick links to the medication lists for easy reference.

Disclaimer: Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information in this communication to substitute independent clinical judgment**.**

Questions: If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479.**