



# AmeriHealth Caritas<sup>TM</sup>

## 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
- Opsynvi
- 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)**.