To: AmeriHealth Caritas New Hampshire Medicaid Providers

Date: October 21, 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:

- Itvisma
- Rilpirvirine
- Idvynso

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

- Arynta
- Cardamyst
- Sdamlo
- Besifloxacin 0.6% eye drop
- Zybic
- Icotyde
- Twyneo
- Tapentadol
- Tapentadol ER
- Ontralfy
- Atmeksi
- Exdensur
- Halobetasol prop lotion

Thank you for your participation in our network and your continued commitment to the care of our members.

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