

New Hampshire Medicaid Fee-for-Service Program Medical Necessity Rationale Required Criteria

Approval Date: May 12, 2026

Background

New Hampshire Medicaid will maintain a list of NDCs that will be eligible for this prior authorization criteria on the website, <https://nh.primetherapeutics.com/> with a quarterly update. These products may have a case for medical necessity per prescriber attestation which NH Medicaid will accept. In many instances, these NDCs represent potential fraud, misuse, or medically unnecessary care requiring review.

Criteria for Approval

1. The patient has a clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to other available strengths or formulations (Clinical documentation will be required.); **OR**
2. There is an unacceptable clinical risk associated with a therapeutic change. (An explanation will be required.)

Length of Approval: 12 months

Criteria for Denial

Clinical justification was not provided.

Revision History

Reviewed By	Reason for Review	Date Approved
DUR Board	New	04/21/2026
Commissioner Designee	Approved	05/14/2026

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