



New Hampshire

NEW HAMPSHIRE FEE-FOR-SERVICE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan Rx Management
DATE: June 1, 2023
SUBJECT: NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/ Web Portal Information/E-mail Notifications

This provides notice of changes being made to the New Hampshire Medicaid FFS Pharmacy program effective July 1, 2023.

PREFERRED DRUG LIST CHANGES:

The following additions of **preferred agents** have been made to the therapeutic drug classes on the NH FFS Medicaid PDL.

- **ANALGESICS – LONG-ACTING OPIOIDS:** Xtampza®
- **ANTICONVULSANTS – FIRST GENERATION:** methsuximide (generic for Celontin®)
- **ANTICONVULSANTS – SECOND GENERATION:** topiramate er (generic for Trokendi XR®)
- **ATOPIC DERMATITIS TREATMENTS:** Dupixent®
- **BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS:** lurasidone (generic for Latuda®), Perseris®, Vraylar®
- **BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS:** vilazodone (generic for Viibryd®)
- **BEHAVIORAL HEALTH – ANTIHYPERKINESIS:** methylphenidate patch (generic for Daytrana®)
- **CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATIONS:** Hemangeol®
- **CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP):** levamlodipine (generic for Conjupri®)
- **CARDIOVASCULAR – PLATELET INHIBITORS:** aspirin/omeprazole (generic for Yosprala®)
- **CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS:** fingolimod (generic for Gilenya®), teriflunomide (generic for Aubagio®)
- **ENDOCRINOLOGY – GLUCAGON AGENTS:** Gvoke®
- **ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS:** Ozempic®
- **ENDOCRINOLOGY – INSULIN:** Humalog® Tempo Pen™, insulin degludec (generic for Tresiba®)
- **ENDOCRINOLOGY – WEIGHT MANAGEMENT:** orlistat (generic for Xenical®)
- **GASTROINTESTINAL – ANTIEMETICS:** Bonjesta®
- **GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS:** Dexilant®
- **GASTROINTESTINAL – ULCERATIVE COLITIS - RECTAL:** budesonide (generic for Uceris®)
- **GENITOURINARY/RENAL – URINARY SPASMODICS:** fesoterodine (generic for Toviaz®), Myrbetriq®

- **HEMATOLOGIC – ANTICOAGULANTS:** dabigatran (generic for Pradaxa®)
- **HEMATOLOGIC – HEMATOPOIETIC AGENTS:** Aranesp®
- **HIV/AIDS – ORAL PRODUCTS:** Sunlenca® tablets
- **IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS:** Otezla®, Taltz®
- **OPHTHALMIC – PROSTAGLANDIN AGONISTS:** tafluprost (generic for Zioptan®)
- **OPIATE DEPENDENCE TREATMENT – BUPRENORPHINE – CONTAINING ORAL:** Zubsolv®
- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE:** Incruse Ellipta®, roflumilast (generic for Daliresp®)
- **RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS:** ProAir Respiclick®, Proventil HFA®, Ventolin HFA®, Xopenex HFA®
- **RESPIRATORY – INHALED CORTICOSTEROIDS/ADRENERGIC COMBINATIONS:** Breo Ellipta®, fluticasone/salmeterol HFA (generic for Advair HFA®)
- **TOPICAL – TOPICAL ANTIVIRALS:** penciclovir (generic for Denavir®)

The following medications have been added to the NH FFS Medicaid PDL as **non-preferred agents**. Patients currently taking a non-preferred drug should be considered for a transition to a preferred drug. Non-preferred drugs will require **prior authorization**.

- **ANTIBIOTICS – VAGINAL:** Xaciato®
- **ANTICONVULSANTS – SECOND GENERATION:** Eprontia™, Zonisade™, Ztalmly®
- **ATOPIC DERMATITIS TREATMENTS –**Adbry™
- **BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS:** Latuda®
- **BEHAVIORAL HEALTH – ALHEIMER’S AGENTS:** Adlarity®
- **BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS:** Auvelity®, Venlafaxine Besylate ER
- **BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS:** Quviviq®
- **BEHAVIORAL HEALTH – ANTIHYPERKINESIS:** Xelstrym®
- **CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC:** Aspruzyo™ Sprinkle
- **CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP):** Norliqva®
- **CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS:** Tadliq®
- **CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS:** Tascenso ODT™
- **ENDOCRINOLOGY – GLUCAGON AGENTS:** Zegalogue®
- **ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS:** Mounjaro™
- **ENDOCRINOLOGY – GROWTH HORMONE:** Skytrofa™
- **ENDOCRINOLOGY – INSULIN:** Lyumjev™ Tempo Pen™, Basaglar® Tempo Pen™
- **GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC:** Ibsrela®, Lotronex®
- **GASTROINTESTINAL – HEPATITIS C AGENTS:** Vosevi®
- **GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA:** Entadfi™
- **HEMATOLOGIC – COLONY STIMULATING FACTORS:** Fylnetra®, Releuko®, Rolvedon™, Stimufend®
- **HEMATOLOGIC – HEMATOPOIETIC AGENTS:** Epogen®

- **IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS:** Cibinqo™, Cosentyx®, Sotyktu™, Spevigo™
- **MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS:** Fleqsuvy®, Lyvispah™
- **OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS:** Verkazia®
- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE:** Bevespi Aerosphere®
- **RESPIRATORY – INHALED CORTICOSTEROIDS/ADRENERGIC COMBINATIONS:** AirDuo Digihaler®
- **RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS:** Ryaltris™
- **RESPIRATORY – ASTHMA IMMUNOMODULATORS:** Tezspire™
- **SELF INJECTION EPINEPHRINE:** Auvi-Q®
- **TOPICAL – ANTIPARASITICS:** Sklice®
- **TOPICAL – STEROIDS – VERY HIGH POTENCY:** Impeklo Lotion™
- **TOPICAL – TOPICAL AGENTS FOR PSORIASIS:** Vtama®, Zorvye™

The most recent version of the NH FFS Medicaid PDL and Prior Authorization fax forms are available online and may be obtained by visiting the Magellan Rx Management website at: nh.magellanrx.com.

If you have questions regarding the content of this notice, please contact the Magellan Rx Management Clinical Manager at (443) 201-6789. In addition, the Magellan Rx Management Clinical Call Center is available at (866) 675-7755.

Emergency Drug Coverage

Pharmacies are reminded that federal statute requires Medicaid programs (Fee-for-Service and managed care) provide payment for dispensing of at least a 72-hour supply for any drugs requiring prior authorizations if prior authorization cannot be obtained outside of Medicaid business hours. (*Section 1927 of the Social Security Act. Codified as Section 1396r-8 of Title 42.(d)(5) (B)*)

Pharmacies must request payment for the 72-hour supply from the client’s prescription plan, either Fee-For-Service or the appropriate Medicaid MCO.

Pharmacy Co-payment

Medicaid providers are not permitted to require Medicaid recipients to pay copayments as a condition for receiving services. However, the consequences for a recipient who does not pay the copayment is that the provider:

- (a) may request the copayment each time a recipient needs an item or service;
 - (b) may ask a recipient for outstanding copayments the next time the recipient comes in for an item or service, or
 - (c) may send the recipient bills.
-

New Hampshire Medicaid Web Portal

Prescribers and pharmacies have access to NH FFS Medicaid drug specific data including coverage, prior authorization required, preferred drugs, quantity limits, dose optimization and the pharmacy provider manual. You can access this information at nh.magellanrx.com.

Email notifications

If you wish to receive e-mail notifications regarding New Hampshire FFS Medicaid Pharmacy Program changes, please enter your e-mail address at nh.magellanrx.com under the Resources, Contact Us tab.