



New Hampshire Fee-For-Service Medicaid Pharmacy Program

**TO:** New Hampshire Medicaid Providers  
**FROM:** New Hampshire Department of Health and Human Services/Prime Therapeutics  
**DATE:** June 1, 2026  
**SUBJECT:** NH Fee-for-Service (FFS) Medicaid Clinical Prior Authorization (PA)  
 Updates/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, 2026.**

The following clinical Prior Authorization updates have been made.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

Asthma/Allergy Immunomodulator	Juxtapid® (lomitapide)
Casgevy™ (exagamglogene autotemcel)	Lyfgenia® (lovotibeglogene autotemcel)
Convenience Kits	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease
Drugs for Bowel Disorders/GI Motility, Chronic	Movement Disorders
Dupilixent® (dupilumab)	Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)
Elevidys (delandistrogene moxeparvovec-rokl)	Rho Kinase Inhibitor
Encelto™ (revakinagene taroretcel-lwey)	Skin Disorders
GLP-1 Receptor Agonist (DM)	Spinal Muscular Atrophy (SMA)
Hemophilia B Gene Therapy	Systemic Immunomodulators
Hepatitis C	Topical Retinoids
Human Growth Hormones	Wakix® (pitolisant)
Hyaluronic Acid Derivatives - Injection	

**RETIRED CLINICAL PRIOR AUTHORIZATION CRITERIA:**

1. Short Acting Fentanyl
2. Synagis® (palivizumab)
3. Tryngolza™ (olezarsen)

**NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:**

1. Antipsychotic Polypharmacy
2. Familial Chylomicronemia Syndrome
3. Medical Necessity Rationale Required
4. Waskyra (etuvetidigene autotemcel)

### PREFERRED DRUG LIST CHANGES:

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

- **Antibiotics – Vaginal:** Cleocin® Ovules, Xaciat®
- **Endocrinology – Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations:** Trijardy® XR
- **Endocrinology – Insulins – Long Acting:** Toujeo Max Solostar®
- **Endocrinology – Insulins – Premixed Combinations:** Humalog® Mix Pen
- **Endocrinology – Insulins – Rapid Acting:** Humalog® pen, Humalog® vial, Humalog® cartridge, Humalog® Jr Kwikpen
- **Gastrointestinal – Antiemetics:** Diclegis®
- **Gastrointestinal – Bowel Disorders/GI Motility, Chronic:** prucalopride
- **Genitourinary/Renal – Electrolyte Depleters:** Fosrenol® chewable tab
- **Immunologic – Systemic Immunomodulators:** Pyzchiva®, Starjemza™, Tyenne®
- **Respiratory – Asthma Immunomodulators:** Rhapsido®, Tezspire™
- **Self-Injection Epinephrine:** Auvi-Q®
- **Topical – Antiparasitics:** spinosad

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**.

- **Analgesics – Anti-Inflammatory- Non-selective NSAIDs:** Vyscoxa™
- **Analgesics – Tramadol and Tramadol-like Derivatives:** tramadol ER (Conzip, Ryzolt)
- **Antibiotics – Macrolides:** EES 400®
- **Antibiotics – Vaginal:** Clindesse®
- **Anticonvulsants – Carbamazepine Derivatives:** carbamazepine 200 mg chewable, oxcarbazepine ER (Oxtellar XR™)
- **Anticonvulsants – Second Generation:** perampanel suspension, tiagabine, topiramate sprinkle 50 mg
- **Atopic Dermatitis Treatments:** Zoryve® 0.05% cream
- **Behavioral Health – Antihyperkinesia:** Procentra®
- **Behavioral Health – Novel Antidepressants:** Exxua™
- **Behavioral Health – Serotonin Reuptake Inhibitors and Combos:** escitalopram capsule
- **Cardiovascular – Angiotensin II Receptor Blockers and Combinations:** amlodipine/valsartan/HCTZ
- **Cardiovascular – Platelet Inhibitors:** Brilinta®
- **Cardiovascular – Triglyceride Lowering Agents:** fenofibrate capsule (Lipofen®)
- **Central Nervous System – Multiple Sclerosis:** Tyruko®
- **Endocrinology – Biguanides and Combos:** metformin 750mg tab

- **Endocrinology – Insulins – Long Acting:** insulin glargine max pen
- **Endocrinology – Insulins – Premixed Combinations:** insulin aspart/insulin aspart protamine
- **Endocrinology – Insulins – Rapid Acting:** insulin aspart cartridge, pen, vial
- **Gastrointestinal – Antiemetics:** doxylamine succ/vitamin B6, ondansetron 16mg
- **Genitourinary/Renal – Electrolyte Depleters:** lanthanum carbonate chew
- **Genitourinary/Renal – Urinary Spasmodics:** darifenacin ER
- **Immunologic – Systemic Immunomodulators:** Enbrel®, Otezla® XR, ustekinumab-aauz
- **Miscellaneous – Skeletal Muscle Relaxants:** metaxalone 640mg
- **Miscellaneous – Topical Androgenic Agents:** testosterone gel pump (Vogelxo®), testosterone pump (Axiron®)
- **Ophthalmics – Anti-inflammatory/Immunomodulators:** Restasis Multidose®
- **Ophthalmics – Nonsteroidal Anti-inflammatory:** bromfenac (Bromsite®)
- **Ophthalmic/Glaucoma – Alpha 2 Adrenergic Agents:** apraclonidine
- **Respiratory – Chronic Obstructive Pulmonary Disease:** Tudorza® Pressair®, umeclidinium/vilanterol
- **Respiratory – Idiopathic Pulmonary Disease:** Jascayd®
- **Respiratory – Inhaled Corticosteroids:** Alvesco®
- **Respiratory – Low Sedating Antihistamines:** cetirizine 5mg/5mL OTC
- **Respiratory – Nasal Corticosteroids and Combinations:** flunisolide
- **Topical – Steroids – Medium Potency:** hydrocortisone butyrate solution, hydrocortisone valerate ointment
- **Topical – Topical Agents for Psoriasis:** calcitriol ointment
- **Topical – Topical Retinoids:** clindamycin/tretinoin, tretinoin gel (Atralin®), tretinoin microspheres 0.08% pump
- **Urea Cycle Disorders, Oral:** glycerol phenylbutyrate

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 Prime Therapeutics website at: [nh.primetherapeutics.com](http://nh.primetherapeutics.com).

If you have questions regarding the content of this notice, please contact the Prime Therapeutics Clinical Manager at (612) 318-5936. In addition, the Prime Therapeutics Clinical Call Center is available at (866) 675-7755.

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### **Medical Necessity Rationale Required**

Effective July 1, 2026, a new prior authorization process will be introduced for a list of drugs that will require documentation of medical necessity by the prescriber. The message at point-of-sale indicates prior authorization is required and states, “Consider alternative therapy. Prescriber to call 1-866-675-7755.” You can access quarterly updates to the list at [nh.primetherapeutics.com](http://nh.primetherapeutics.com).



### **New Hampshire Medicaid – CMS Participating Labelers**

For a drug to be covered by New Hampshire Medicaid, the manufacturer of the drug must participate in the Medicaid Drug Rebate Program (MDRP). More information on the specifics of this program can be found at <https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/index.html> You can access quarterly updates to active at [nh.primetherapeutics.com](http://nh.primetherapeutics.com).

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### **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.**

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### **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.

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### **Early Refill Override**

ProDUR edits indicating Overuse/Early Refill can only be overridden by contacting the Prime Therapeutics Technical Support Center at 1-866-664-4511 and requesting an override. A justification for the early refill request will be requested to assist with record keeping and to assist with fraud and abuse prevention. You can access this information in the Pharmacy Manual at [nh.primetherapeutics.com](http://nh.primetherapeutics.com).

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### **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.primetherapeutics.com](http://nh.primetherapeutics.com).

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### **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.primetherapeutics.com](http://nh.primetherapeutics.com) under the Resources, Contact Us tab.