



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 11, 2025
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 14, 2025.

The following clinical Prior Authorization updates have been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

Adenosine Triphosphate-Citrate Lyase	Psychoactive Medications for Children under 5
Brand Name Multisource Drug	Psychotropic Medications – Duplicate Therapy for Pediatric Patients 6 and above
Buprenorphine-Naloxone and Buprenorphine (Oral)	Pulmonary Arterial Hypertension
Carisoprodol and Combinations	Roctavian™
GLP-1 Receptor Agonist	Second-Line Antifungal
Hetlioz® /Hetlioz LQ™	Skin Disorders
Human Growth Hormone	Spravato®
Methadone (Pain Management Only)	Synagis®
Morphine Milligram Equivalent (MME)	Systemic Immunomodulators
New Drug Product	Verquvo®
Oral Isotretinoin	Vuity™
Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)	Weight Management

RETIRED CLINICAL PRIOR AUTHORIZATION CRITERIA:

1. Antifungal Medications for Onychomycosis
2. Horizant®

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:

1. Kebilidi™
2. Niemann-Pick Disease Type C
3. Winrevair™



These Preferred Drug List Changes will be effective July 14, 2025.

NEW THERAPEUTIC CLASSES:

1. Analgesics – Acute Pain – Non-Opioid
2. Antivirals – Oral Treatment of COVID-19
3. Cardiovascular, PCSK9 Targeted Therapies
4. Epinephrine, Self-Administered, Nasal

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 – Acute Pain – Non-Opioid:** Journavx™
- **Antivirals – Oral Treatment of COVID-19:** Paxlovid™
- **Cardiovascular – PCSK9 Targeted Therapies:** Praluent®, Repatha®
- **Epinephrine, Self-Administered:** Neffy®
- **Hematologic - Colony Stimulating Factors:** Fulphila®
- **Weight Management Agents:** Zepbound™

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**.

- **Behavioral Health – Antihyperkinesia:** Onyda™ XR, Methylin® solution, Vyvanse® chewable
- **Behavioral Health – Anticonvulsants:** Topamax® Sprinkle, Vigafyde™
- **Behavioral Health – Antipsychotics:** Cobenfy™, Opipza™, Erzofri®
- **Cardiovascular – PCSK9 Targeted Therapies:** Leqvio®
- **Central Nervous System – Multiple Sclerosis:** Ocrevus Zunovo™
- **Endocrinology – Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations:** Kazano®, Nesina®, Oseni®
- **Endocrinology – Insulins – Rapid Acting:** Humalog® Tempo Pen, Humalog® Junior Kwikpen, Humalog® Pen, Humalog® Cartridge, Humalog® Vial, Novolog® Pen, Novolog® Vial, Novolog® Cartridge
- **Endocrinology – Insulins – Long Acting:** Levemir® Pens, Levemir® Vial
- **Endocrinology – Insulins – Premixed Combinations:** Humalog® Mix Pen, Humalog® Mix Vial, Novolog® Mix Vial, Novolog® Mix Pen
- **Endocrinology – Potassium Binders:** Lokelma® Unit Dose
- **Gastrointestinal – Bowel Disorders/Chronic, GI:** Amitiza®
- **Gastrointestinal – Proton Pump Inhibitors and Combinations:** Nexium® suspension
- **Gastrointestinal – Ulcerative Colitis:** Lialda®
- **Hematologic – Anticoagulants:** Pradaxa® Pellet Pack



- **Hematologic - Colony Stimulating Factors:** Nyvepria™
- **Respiratory – Chronic Obstructive Pulmonary Disease:** Ohtuvayre™
- **Topical – Topical Antivirals:** Zovirax® Cream
- **Topical – Topical Retinoids:** Differin® Cream, Differin® Gel, Differin® Lotion

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.

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.

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.

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.



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.

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.

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 under the Resources, Contact Us tab.