



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: August 29, 2025
SUBJECT: NH Fee-for-Service (FFS) Medicaid Brand over Generic Program/Preferred Drug List (PDL) Updates/Web Portal Information/E-mail Notifications

Effective October 1, 2025, the New Hampshire Medicaid FFS Pharmacy program will cover the following multi-source brand name drugs over the generic equivalent. Pharmacy providers must enter a **DAW code of 9** on the claim to have it correctly priced.

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
ANTIBIOTICS – INHALED	Bethkis	tobramycin
ANTIBIOTICS – INHALED	Kitabis	tobramycin pak
ANTIBIOTICS – SECOND GENERATION QUINOLONES	Cipro suspension	ciprofloxacin suspension
ANTIBIOTICS – VAGINAL	Cleocin	clindamycin cream
ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES	Carbatrol	carbamazepine ER
ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES	Trileptal suspension	oxcarbazepine suspension
ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES	Sabril	vigabatrin
ANTICONVULSANTS – SECOND GENERATION	Trokendi XR	topiramate ER
BEHAVIORAL HEALTH – ALZHEIMER'S AGENTS	Exelon patch	rivastigmine patch
BEHAVIORAL HEALTH – ANTIHYPERKINESIS	Procentra	dextroamphetamine solution
BEHAVIORAL HEALTH – ANTIHYPERKINESIS	Vyvanse capsule	lisdexamfetamine capsule
BEHAVIORAL HEALTH – ANTIHYPERKINESIS	Daytrana	methylphenidate patch
ENDOCRINOLOGY – GLUCAGON AGENTS	Proglycem suspension	diazoxide suspension
ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS	Victoza	liraglutide
ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS	Farxiga	dapagliflozin
ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS	Xigduo XR	dapagliflozin/metformin ER
GASTROINTESTINAL – ULCERATIVE COLITIS	Pentasa	mesalamine
GASTROINTESTINAL – ULCERATIVE COLITIS	Canasa	mesalamine rectal
GENITOURINARY/RENAL – URINARY ANTISPASMODICS	Myrbetriq	mirabegron ER
MISCELLANEOUS – SMOKING CESSATION	Chantix	varenicline
MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS	Androgel Pump	testosterone gel pump
OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY	Prolensa	bromfenac
OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY	Acular LS	ketorolac
OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS	Restasis	cyclosporine
OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES	Alrex	loteprednol
OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS	Alphagan P	brimonidine
OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS	Combigan	brimonidine/timolol
OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS	Istalol	timolol
OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS	Azopt	brinzolamide

RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS	Ventolin HFA	albuterol HFA (Ventolin HFA)
RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Spiriva Handihaler	tiotropium
RESPIRATORY – INHALED CORTICOSTEROIDS	Arnuity Ellipta	fluticasone furoate
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS	Symbicort	budesonide/formoterol fumarate
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS	Advair Diskus	fluticasone/salmeterol
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS	Advair HFA	fluticasone/salmeterol
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS	AirDuo Respiclick	fluticasone/salmeterol
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS	Breo Ellipta	fluticasone/vilanterol
RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS	Dymista	azelastine/fluticasone
TOPICAL ANTIPARASITICS	Natroba	spinosad
TOPICAL – TOPICAL ANTIVIRALS	Denavir	penciclovir
UREA CYCLE DISORDERS, ORAL	Carbaglu	carglumic acid
UREA CYCLE DISORDERS, ORAL	Buphenyl (powder and tablet)	sodium phenylbutyrate (powder and tablet)

This list will be posted at nh.primetherapeutics.com. If any problems occur during the claim adjudication of Preferred Brands, pharmacy providers must contact Prime's Technical Call Center at: 1-866-664-4511. The call center is available 24 hours, 7 days per week.

This provides notice of changes being made to the New Hampshire Medicaid FFS Pharmacy program effective October 1, 2025.

The posted PDL document should be reviewed for many updates to the preferred and nonpreferred status.

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.

Medicaid Drug Rebate Program (MDRP) Termination

Prescription claims submitted for products sold by labelers or drug manufacturers who do not participate in the Medicaid Drug Rebate Program administered by the Centers for Medicare and Medicaid Services (CMS) deny at point of sale as excluded from Medicaid coverage.



There are several labelers that are pending termination on 10/1/2025 that may impact access. Bausch Health, Salix Pharmaceuticals, and Zealand Pharmaceuticals are on the termination list. A complete list may be found at <https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/newreinstated-terminated-labeler-information>

Labelers pending termination 10/1/2025:

99207	BAUSCH HEALTH US, LLC	48102	FERA PHARMACEUTICALS, LLC
68682	OCEANSIDE PHARMACEUTICALS	00095	BAUSCH HEALTH US, LLC
68012	SANTARUS, INC.	10337	PHARMADERM (DIVISION OF FOUGERA PHARMA)
66530	SPEAR DERMATOLOGY PRODUCTS, INC.	10922	INTENDIS, INC.
66490	BAUSCH HEALTH US LLC	37205	CARDINAL HEALTH
65649	SALIX PHARMACEUTICALS, INC.	41616	SUN PHARMA GLOBAL, INC.
57782	BAUSCH & LOMB INC.	43199	COUNTY LINE PHARMACEUTICALS, LLC
25010	BAUSCH HEALTH US, LLC	48818	ACROTECH BIOPHARMA LLC
16781	BAUSCH HEALTH US, LLC	72730	QED THERAPEUTICS, INC.
13548	BAUSCH HEALTH US, LLC	72912	ADLON THERAPEUTICS L.P.
00884	PEDINOL PHARMACAL INC	29033	NOSTRUM LABORATORIES
00187	BAUSCH HEALTH US, LLC.	80644	ZEALAND PHARMA AS

Below is a partial list of impacted drugs that may or may not have generic substitutions readily available:

<i>Aplenzin</i>	<i>Cardizem CD</i>	<i>Relistor</i>
<i>Wellbutrin XL, SR</i>	<i>Xifaxan</i>	<i>Zovirax</i>

Members should be encouraged to talk with their prescriber to review alternative treatment options.

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.
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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.

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.