

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: January 26, 2024
SUBJECT: NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/ Clinical Prior Authorization (PA) Updates/Web Portal Information/E-mail Notifications

Effective immediately, [Opioid Reversal Agents](#) have been added to the Preferred Drug List.

This provides notice of changes being made to the New Hampshire Medicaid FFS Pharmacy program effective March 1, 2024.

The following clinical Prior Authorization updates have been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

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| 1. Adenosine Triphosphate Citrate Lyase Inhibitor | 12. Movement Disorders |
| 2. Anti-Fungal Medication for Onychomycosis | 13. New Drug Product |
| 3. Asthma/Allergy Immunomodulator | 14. Oral Isotretinoin |
| 4. Brand Name Multiple Source Prescription Drug Product | 15. Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) |
| 5. Calcitonin Gene-Related Peptide (CGRP) Inhibitor | 16. Psychoactive Medication for Children (5 Years of Age or Younger) |
| 6. Carisoprodol and Combination Medication | 17. Psychotropic Medication Duplicate Therapy (Patients 6 Years and Older) |
| 7. Hetlioz®/Hetlioz LQ™ | 18. Pulmonary Arterial Hypertension |
| 8. Horizant® | 19. Second-Line Antifungal |
| 9. Human Growth Hormones | 20. Spravato® |
| 10. Methadone (Pain Management Only) | 21. Synagis® |
| 11. Morphine Milligram Equivalent | 22. Systemic Immunomodulators |
| | 23. Verquvo® |
| | 24. Vuity™ |

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:

1. Elevidys
2. GLP-1 Receptor Agonist
3. Roctavian™

RETIRED CLINICAL PRIOR AUTHORIZATION CRITERIA:

1. Duloxetine
2. Pregabalin

PREFERRED DRUG LIST CHANGES:

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

- **Behavioral Health** – Antihyperkinesia – lisdexamfetamine (generic for Vyvanse®)
- **Behavioral Health** – Atypical Antipsychotics – Abilify Asimtufii®, Uzedly™
- **Behavioral Health** – Sedative Hypnotics – zolpidem capsules
- **Central Nervous System** – Movement Disorders - Austedo® XR
- **Endocrinology** – Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations – saxagliptin (generic for Onglyza®), saxagliptin/metformin (generic for Kombiglyze® XR)
- **HIV/AIDS** – Oral Products – darunavir (generic for Prezista®)
- **Immunologic** – Systemic Immunomodulators – adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp
- **Opiate Dependence Treatment** – Buprenorphine-Containing Injectable - Brixadi™
- **Respiratory** – Chronic Obstructive Pulmonary Disease (COPD) – tiotropium (generic for Spiriva®)

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**.

- **Cardiovascular** – High Potency Statins and Combinations - Atorvaliq®
- **Cardiovascular** – Oral Pulmonary Hypertension Agents - Liqrev® suspension
- **Central Nervous System** – Calcitonin Gene-Related Peptide Inhibitors – Migraine and Cluster Headache Treatment - Zavzpret™
- **Central Nervous System** – Multiple Sclerosis Agents - Briumvi™
- **Endocrinology** – Glucagon Agents - Gvoke®
- **Endocrinology** – Growth Hormone - Ngenla®, Sogroya®
- **Endocrinology** – Insulins – Long-Acting - Rezvoglar®
- **Endocrinology** – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations - Inpefa™
- **Gastrointestinal** – Proton Pump Inhibitors and Combinations - Konvomep®
- **Immunologic** – Systemic Immunomodulators - Amjevita™, Cyltezo®, Hadlima™, Hulio®, Hyrimoz®, Idacio®, Yuflyma®, Yusimry™
- **Urea Cycle Disorders, Oral** - Olpruva™

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 (612) 318-5936. 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.
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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.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.