



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: December 2, 2024
SUBJECT: NH Fee-for-Service (FFS) Medicaid Clinical Prior Authorization (PA) Updates/Web Portal Information/E-mail Notifications

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

The following clinical Prior Authorization updates have been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

Benign Prostatic Hyperplasia	Long-Acting Opioid Analgesics
Calcitonin Gene-Related Peptide (CGRP) Inhibitor	Lyfgenia™
Casgevvy®	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease
Codeine for Pediatric Use	Movement Disorders
Convenience Kits	Rho Kinase Inhibitor
Dupixent®	Skin Disorders
Elevidys	Stromectol®
Hepatitis C	Systemic Immunomodulators
Hyaluronic Acid Derivatives	Topical Retinoids
Juxtapid®	Wakix®

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:

1. Cholestatic Pruritus
2. Epidermolysis Bullosa
3. Hemophilia B Gene Therapy
4. Primary Biliary Cholangitis

NEW QUANTITY LIMIT

Effective January 1, 2025, new prescriptions for opioid analgesics for opioid naïve members (60-day lookback) will be limited to an initial 7-day supply. If a member requires more than a 7-day supply at the initial fill, the prescriber will need to contact the Prime Therapeutics Clinical Call Center at (866) 675-7755 for an override.

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.

Effective January 1, 2025, Collegium Pharmaceuticals, the manufacturer for Nucynta®, Nucynta® ER, and Xtampza® XR will no longer participate in the MDRP and will therefore not be covered by New Hampshire Medicaid.

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.