



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: June 14, 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 July 15, 2024.

The following clinical Prior Authorization updates have been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

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| 1. Asthma/Allergy Immunomodulator | 7. Hematopoietic Agent |
| 2. Drugs for Bowel Disorders/GI Motility, Chronic | 8. Short Acting Fentanyl |
| 3. Buprenorphine/Naloxone and Buprenorphine Oral | 9. Skin Disorders |
| 4. Calcitonin Gene-Related Peptide (CGRP) Inhibitor | 10. Skysona® |
| 5. CNS Stimulant and ADHD/ADD | 11. Spinal Muscular Atrophy |
| 6. Duchenne Muscular Dystrophy | 12. Systemic Immunomodulators |
| | 13. Weight Management |
| | 14. Zynteglo™ |

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:

1. Casgevy™
2. Lenmeldy™
3. Lyfgenia™
4. Rezdiffra™
5. Wakix®
6. Zurzuvae™

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.