



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: August 1, 2024
SUBJECT: NH Fee-for-Service (FFS) Medicaid Carve Out Drug Update/Preferred Drug List (PDL)/Web Portal Information/E-mail Notifications

PHARMACY BILLING CHANGES effective September 1, 2024.

All pharmacy claims should be billed at POS to the MCO or FFS program for the member. The previous carve out list will be terminated on September 1, 2024 with the exception of COVID-19 vaccines and test kits. Guidance on continued COVID coverage will be distributed before the October 1, 2024 coverage changes.

Carve out drug list changes:

- Carbaglu®, Ravicti®
carglumic acid, Vijoje™
Crysvita®, Gene therapies
Gattex®, Hemophilia products
Procysbi®

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

PREFERRED DRUG LIST CHANGES:

The following addition of new therapeutic drug classes have been made to the NH Medicaid PDL.

- Duchenne Muscular Dystrophy
Sickle Cell Gene Therapy
Spinal Muscular Atrophy

PREFERRED DRUG LIST CHANGES:

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

- Atopic Dermatitis Treatments– Adbry™
Central Nervous System – CGRP Inhibitors – Migraine and Cluster Headache Prevention - Qulipta™
Central Nervous System – CGRP Inhibitors – Migraine and Cluster Headache Treatment - Nurtec® ODT

- **Duchenne Muscular Dystrophy** - Amondys 45, Elevidys, Exondys 51, Viltepso®, Vyondys 53
- **Endocrinology** – Glucagon Agents – Zegalogue®
- **Endocrinology** – Growth Hormone – Sogroya®
- **Gastrointestinal** – Bowel Disorders/GI Motility, Chronic - Trulance®
- **Hematologic** – Colony Stimulating Factors - Neupogen® vial
- **Immunologic** – Systemic Immunomodulators – Rinvoq®
- **Respiratory** – Asthma Immunomodulators - Nucala®
- **Respiratory** – Chronic Obstructive Pulmonary Disease (COPD) – Tudorza Pressair®
- **Respiratory** – Inhaled Corticosteroids - Alvesco®, Arnuity Ellipta®, QVAR® Redihaler
- **Respiratory** – Inhaled Corticosteroids Adrenergic and Combinations – AirDuo RespiClick®
- **Sickle Cell Gene Therapy** - Casgevy™
- **Spinal Muscular Atrophy** - Evrysdi®, Spinraza™, Zolgensma®

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**.

- **Anticonvulsants** – Second Generation – Motpoly XR™
- **Behavioral Health**– Novel Antidepressants - Zurzuvae®
- **Behavioral Health**– Antihyperkinesia – Adderall XR®, Focalin XR®
- **Behavioral Health** – Atypical Antipsychotics and Combos - Rykindo®
- **Endocrinology** – Dipeptidyl Peptidase-4 Inhibitors and Combinations – Zituvio™
- **Endocrinology** – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations - Invokamet®, Invokana®
- **Endocrinology** – Weight Management - Zepbound®
- **Genitourinary/Renal** – Electrolyte Depleters - Renvela®, Xpozah®
- **Genitourinary/Renal** – Urinary Antispasmodics - Toviaz®
- **Immunologic** – Systemic Immunomodulators - Abrilada™, Bimzelx®, Litfulo™, Omvoh™, Velsipity™
- **Ophthalmic** – Anti-inflammatory/Immunomodulators - Miebo™, Vevye®
- **Ophthalmic/Glaucoma** – Prostaglandin Agonists - Iyuzeh™
- **Sickle Cell Gene Therapy** - Lyfgenia™
- **Topical Steroids** – Low Potency – Hydroxym™ Gel

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.