
TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan RX Management
DATE: January 9, 2015
SUBJECT: NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

The purpose of this notice is to provide a thirty (30) day notice of changes being made to the New Hampshire Medicaid Pharmacy program. These changes are effective **February 9, 2015**

PREFERRED DRUG LIST CHANGES:

Effective **February 9, 2015**, the following additions of **non-preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- **ANALGESICS** – Long acting narcotics – hydromorphone ER (generic for Exalgo®)
- **ANTIBIOTICS** – Herpetic Antivirals – Sitavig®
- **ANTICONVULSANTS** – Second generation – Qudexy XR®, Topiramate ER®
- **ANTIFUNGAL** – Onychomycosis – Jublia®, Kerydin®
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – Namenda XR®
- **BEHAVIORAL HEALTH** – Sedative Hypnotics – eszopiclone (generic for Lunestra®)
- **CARDIOVASCULAR** - Angiotensin II receptor blockers & combinations – amlodipine/valsartan (generic for Exforge®), valsartan (generic for Diovan®)
- **CARDIOVASCULAR** – Triglycerides lower agents – omega-3 ethyl ester (generic for Lovaza®)
- **ENDOCRINOLOGY** – Sodium Glucose co-transporter 2 inhibitor – Jardiance®
- **GASTROINTESTINAL** – Antiemetics – Akynzeo®
- **MISCELLANEOUS** – Topical Androgenic Agents – Vogelxo®
- **RESPIRATORY** – Long acting beta adrenergics & combinations – Inhalers/Nebis – Striverdi Respimat®
- **RESPIRATORY** – Nasal Antihistamines – azelastine (generic for Astepro®)
- **RESPIRATORY** – Nasal Corticosteroids – budesonide (generic for Rhinocort Aqua®)
- **OPIATE DEPENDENCE TREATMENT** – Bunavail®
- **OSTEOPOROSIS** – Bisphosphonates – risedronate (generic for Actonel®)
- **OTIC/ANTIBIOTIC** – Quinolones and Combinations – ciprofloxacin (generic for Cetraxal®)

The most recent version of the NH Medicaid PDL and Prior Authorization fax forms are available on line, and may be obtained by visiting the DHHS Medicaid PDL website or the Magellan RX Management website at: <http://www.dhhs.nh.gov/ombp/pharmacy/preferred.htm> OR <http://newhampshire.magellanmedicaid.com>

If you have questions regarding the content of this notice, please contact the Magellan RX Management Clinical Manager at (603) 892-2060 or the Magellan RX Management Clinical Call Center at (866) 675-7755. You may also access the NH Medicaid pharmacy program information at <http://newhampshire.magellanmedicaid.com>.