



New Hampshire

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 10, 2017
SUBJECT: NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/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.

PREFERRED DRUG LIST CHANGES:

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

- **GASTRINTESTINAL** – Hepatitis C – Epclusa®, Viekira XR™

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**.

- **ANALGESICS** – Antiinflammatory – Non-selective NSAIDS – Vivlodex™
- **ANALGESICS** – Long Acting Narcotics – Xtampza ER®
- **ANTICONVULSANTS** – Second Generation – Briviact®
- **BEHAVIORAL HEALTH** – Sedative/Hypnotic- zolpidem tartrate (generic for Intermezzo®)
- **CARDIOVASCULAR** – ACE Inhibitors & Combinations – Qbrelis®
- **CARDIOVASCULAR** – Angiotensin II Receptor Blockers & Combinations – Byvalson®
- **CARDIOVASCULAR** – High Potency Statins & Combinations – rosuvastatin (generic for Crestor®)
- **CENTRAL NERVOUS SYSTEM** – Multiple Sclerosis – Zinbryta®
- **CENTRAL NERVOUS SYSTEM** – Triptans – Migranow®, ONZETRA™ Xsail™, Zembrace SymTouch®
- **ENDOCRINOLOGY** – Growth Hormone – Zomacton™
- **ENDOCRINOLOGY** – Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations – Jentaduetto XR®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Taltz®, Zeljanz®
- **RESPIRATORY** - Nasal Corticosteroid – Ticanse®
- **SELF INJECTION EPINEPHRINE** – Epipen®/Jr.®
- **TOPICAL** – Topical Agentis for Psoriasis – Sernivo spray®

The following clinical Prior Authorizations revisions have also been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Cymbalta®
- Fibromyalgia
- Growth Hormone
- Hepatitis C
- Lyrica®
- Oral Isotretinoin
- Receptor Selective NSAIDS
- Symlin®
- Synagis®

- Systemic Immunomodulators

The most recent version of the NH FFS 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. In addition, the Magellan Rx Management Clinical Call Center is available at (866) 675-7755.

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 <http://newhampshire.magellanmedicaid.com>

E-mail Notifications

If you wish to receive e-mail notifications regarding New Hampshire FFS Medicaid Pharmacy Program changes, please enter your e-mail address at <http://newhampshire.magellanmedicaid.com> under the documentation tab, notifications, e-mail notification.