



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: March 12, 2021
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 effective April 15, 2021.

PREFERRED DRUG LIST CHANGES:

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

- **ANTICONVULSANTS – Other: Nasal**
- **CENTRAL NERVOUS SYSTEM – Movement Disorders**
- **ENDOCRINOLOGY – Glucagon Agents**
- **ENDOCRINOLOGY – Potassium Binders**

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

- **ANALGESICS-ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS:** naproxen/esomeprazole (generic for Vimovo®)
- **ANALGESICS-LONG-ACTING OPIOIDS:** hydrocodone ER (generic for Zohydro ER®)
- **ANTIBIOTICS-INHALED:** tobramycin (generic for Bethkis®)
- **ANTICONVULSANTS-SECOND GENERATION:** rufinamide suspension (generic for Banzel®)
- **ANTIFUNGALS-ONYCHOMYCOSIS:** tavaborole (generic for Kerydin®)
- **BEHAVIORAL HEALTH-ANTIHYPERKINESIS:** amphetamine ER suspension (generic for Adzenys® ER suspension), methylphenidate ER (generic for Aptensio XR®)
- **BEHAVIORAL HEALTH-ATYPICAL ANTIPSYCHOTICS AND COMBOS:** asenapine (generic for Saphris®)
- **BEHAVIORAL HEALTH-SEDATIVE HYPNOTICS:** doxepin (generic for Silenor®)
- **CARDIOVASCULAR-BETA-BLOCKERS AND COMBINATION:** carvedilol ER (generic for Coreg CR®)
- **CARDIOVASCULAR-TRIGLYCERIDE LOWERING AGENTS:** icosapent ethyl (generic for Vascepa®)
- **CENTRAL NERVOUS SYSTEM-MULTIPLE SCLEROSIS-DISEASE MODIFYING THERAPY:** dimethyl fumarate DR (generic for Tecfidera®)
- **ENDOCRINOLOGY-INSULINS-PREMIKED COMBINATIONS:** insulin aspart protamine vial/pen (generic for Novolog® Mix 70/30)
- **ENDOCRINOLOGY-INSULINS-RAPID ACTING:** insulin aspart vial/cartridge/pen (generic for Novolog®)
- **GASTROINTESTINAL-PROTON PUMP INHIBITORS AND COMBINATIONS:** pantoprazole suspension (generic for Protonix® suspension)
- **GASTROINTESTINAL-ULCERATIVE COLITIS-ORAL:** mesalamine ER (generic for Apriso®)
- **HIV/AIDS-ORAL PRODUCTS:** efavirenz-emtricitabine-tenofovir disoproxil fumarate (generic for Atripla®), efavirenz-lamivudine-tenofovir disoproxil fumarate (generic for Symfi®), efavirenz-lamivudine-tenofovir disoproxil fumarate (generic for Symfi® Lo), emtricitabine/tenofovir disoproxil fumarate (generic for Truvada®), emtricitabine (generic for Emtriva®), Rukobia®, Tivicay® PD Susp

- **OPHTHALMIC/ANTIBIOTIC-QUINOLONES:** moxifloxacin (generic for Moxeza®)
- **OPHTHALMIC/GLAUCOMA-BETA BLOCKER AGENTS:** timolol (generic for Timoptic® Ocudose)
- **OTIC/ANTIBIOTIC-QUINOLONES AND COMBINATIONS:** ciprofloxacin/dexamethasone (generic for Ciprodex Otic®)
- **RESPIRATORY-INHALED CORTICOSTEROIDS:** budesonide/formoterol fumarate (generic for Symbicort®)
- **RESPIRATORY-NASAL ANTIHISTAMINES:** azelastine/fluticasone (generic for Dymista®)
- **TOPICAL-ANTIPARASITICS:** ivermectin (generic for Sklice®)
- **TOPICAL-TOPICAL AGENTS FOR PSORIASIS:** calcipotriene foam (generic for Dovonex®)

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:** Fintepla®, Xcopri®
- **ANTIPARKINSON'S AGENTS-DOPAMINE RECEPTOR AGONISTS:** Kynmobi™
- **BEHAVIORAL HEALTH-ATYPICAL ANTIPSYCHOTICS AND COMBOS:** Caplyta®, Secuado®
- **BEHAVIORAL HEALTH-NOVEL ANTIDEPRESSANTS:** Drizalma Sprinkle®
- **BEHAVIORAL HEALTH-SEDATIVE HYPNOTICS:** Dayvigo™
- **CARDIOVASCULAR-CALCIUM CHANNEL BLOCKERS (DHP):** Katerzia®
- **CARDIOVASCULAR-HIGH POTENCY STATINS AND COMBINATIONS:** Ezallor Sprinkle®
- **CENTRAL NERVOUS SYSTEM-CALCITONIN GENE-RELATED PEPTIDE INHIBITORS-MIGRAINE AND CLUSTER HEADACHE PREVENTION:** Vyeptri®
- **CENTRAL NERVOUS SYSTEM-TRIPTANS:** Reyvow®
- **ENDOCRINOLOGY-BIGUANIDES AND COMBOS:** Riomet® ER Suspension, Trijardy XR®
- **GASTROINTESTINAL-HEPATITIS C AGENTS- DIRECT ACTING ANTIVIRAL PRODUCTS:** Harvoni® Pellet Pack, Sovaldi® Pellet Pack
- **IMMUNOLOGIC-SYSTEMIC IMMUNOMODULATORS:** Avsola®, Rinvoq®
- **ENDOCRINOLOGY-BIGUANIDES AND COMBOS:** Riomet® ER Suspension, Trijardy XR®
- **OPHTHALMIC/ANTIHISTAMINES-ANTIHISTAMINES:** Zerviate®
- **RESPIRATORY-SHORT ACTING BETA ADRENERGICS AND COMBINATIONS-INHALERS/NEBS:** ProAir Digihaler®
- **TOPICAL-STERIODS-VERY HIGH POTENCY:** Tovet Kit®
- **TOPICAL-TOPICAL RETINOIDS:** Arazlo®

The following clinical Prior Authorization updates have been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

1. Anti-Fungal Medication for Onychomycosis Criteria
2. Anti-Obesity Criteria
3. Atopic Dermatitis Criteria
4. Buprenorphine/Naloxone and Buprenorphine (Oral) Criteria
5. Calcitonin Gene-Related Peptide (CGRP) Inhibitors – Migraine and Cluster Headache Prevention Criteria
6. Carisoprodol and Combination Medication Criteria
7. Duloxetine Criteria
8. Dupixent Criteria
9. Hepatitis C Criteria
10. Hyaluronic Acid Derivatives Criteria
11. Long-Acting Opioid Analgesic Criteria
12. Lyrica Criteria
13. Methadone Criteria
14. MME Criteria
15. Movement Disorders Criteria

16. Oral Isotretinoin Criteria
17. Oral NSAIDs and Combinations Legend (RX Required) Criteria
18. Systemic Immunomodulators Criteria
19. Topical NSAIDs Legend (RX Required) Criteria

NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:

1. Adenosine triphosphate-citrate lyase (ACL) inhibitor Criteria
2. Duchenne Muscular Dystrophy Agents Criteria

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 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 (443) 201-6789. 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.

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>

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 <http://newhampshire.magellanmedicaid.com> under the documentation tab, notifications, e-mail notification.