



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 16, 2020  
**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 16, 2020.

The following clinical Prior Authorization updates have been made.

### **CLINICAL PRIOR AUTHORIZATION REVISIONS:**

1. Asthma/Allergy Immunomodulators Criteria
2. Atopic Dermatitis Criteria
3. Bowel Disorders/GI Motility, Chronic Criteria
4. Brand Name Multiple Source Prescription Drugs Criteria
5. buprenorphine-naloxone and buprenorphine oral Criteria
6. Calcitonin Gene-Related Peptide (CGRP ) Inhibitors Criteria
7. CNS Stimulants Criteria
8. Cymbalta® Criteria
9. Fibromyalgia Criteria
10. Hepatitis C Criteria
11. Human Growth Hormones Criteria
12. Hyaluronic Acid Derivatives Injection Criteria
13. Inhaled Insulin Criteria
14. Lyrica® Criteria
15. Methadone Criteria
16. Morphine Milligram Equivalent (MME) Criteria
17. New Drug Product Criteria
18. Oral Isotretinoin Criteria
19. Oral NSAIDs and Combination Legend Criteria
20. PCSK9\_Criteria
21. Restless Leg Syndrome Criteria
22. Rho Kinase Inhibitors Criteria
23. Symlin® Criteria
24. Synagis® Criteria
25. Systemic Immunomodulators Criteria
26. Topical NSAIDs Legend Criteria

### **NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:**

1. Psychotropic Meds - Children Under 5 Criteria
2. Psychotropic Meds - Duplicate Therapy Patients 6 and older Criteria
3. Zolgensma® Criteria

### **RETIRED CLINICAL CRITERIA:**

1. Proton Pump Inhibitors Criteria
2. Receptor-Selective NSAID 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 (603) 892-2060. In addition, the Magellan Rx Management Clinical Call Center is available at (866) 675-7755.

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### **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.**

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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 <http://newhampshire.magellanmedicaid.com>

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### **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.