



# NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



New Hampshire

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**TO:** New Hampshire Medicaid Providers  
**FROM:** New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration  
**DATE:** May 17, 2012  
**SUBJECT:** NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

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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 **June 26, 2012**.

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## NH Medicaid Preferred Drug List (PDL)/ Clinical Prior Authorization (PA) Update

### PREFERRED DRUG LIST CHANGES:

Effective **June 26, 2012**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **ANALGESIC** – Long Acting Narcotics - oxymorphone ER (generic for Opana ER®)
- **ANTIBIOTICS** – 3<sup>RD</sup> Generation Quinolones – levofloxacin (generic for Levaquin®)
- **ANTICONVULSANTS** – Second Generation – levetiracetam ER (generic for Keppra XR®)

The following medications have been added to the NH 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**.

- **CARDIOVASCULAR** - High Potency Statins & Combinations - atorvastatin (generic for Lipitor®)
- **ENDOCRINOLOGY**- Dipeptidyl Peptidase 4 Inhibitors and Combinations - Juvvisync®, Tradjenta®
- **ANALGESIC** – Long Acting Narcotics - morphine ER (generic for Kadian®)
- **ANALGESIC** - Tramadol and Tramadol Like Derivatives – Nucynta®, Conzip®
- **RESPIRATORY** - Long Acting Beta Adrenergics and Combinations – Arcapta®
- **RESPIRATORY** – Inhaled Corticosteroids - budesonide (generic for Pulmicort®)
- **RESPIRATORY** – Nasal Corticosteroids - triamcinolone (generic for Nasacort AQ®)
- **OPHTHALMIC** – Alpha 2 Adrenergic Agents - brimonidine P (generic for Alphagan P®)
- **OPHTHALMIC** – Antihistamine - epinastine (generic for Elestat®)
- **OPHTHALMIC** - Nonsteroidal Antiinflammatory – bromfenac (generic for Xibrom®)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – olanzepine (generic for Zyprexa®)
- **BEHAVIORAL HEALTH** – Antihyperkinesia - methylphenidate ER (generic for Concerta®), methylphenidate liquid (generic for Methylin®)
- **GENITOURINARY/RENAL** - Electrolyte Depleters – Phoslyra®
- **GENITOURINARY/RENAL** – Alpha Blockers for BPH - alfuzosin (generic for Uroxatrol®)
- **HEMATOLOGIC** – Anticoagulant- fondaparinox (generic for Arixtra®), Xarelto®
- **TOPICAL** - Steroids (Low Potency) - fluocinolone (generic for Derma Smoothe®)
- **MISC.-** Skeletal Muscle Relaxants - cyclobenzaprine ER (generic for Amrix®), Lorzone®

New clinical Prior Authorizations will also be implemented effective **June 26, 2012**. Prior Authorization fax forms will be available on the DHHS Medicaid or the Magellan Medicaid Administration websites.

**NEW CLINICAL PRIOR AUTHORIZATIONS:**

- Hepatitis C Medications
- Restless Leg Syndrome

Changes to current clinical Prior Authorizations have been made. To access the new fax forms for the following prior authorizations, please see the websites listed below.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

- CNS Stimulant & ADHD/ADD Medications Criteria
- Dipeptidyl Peptidase-4 Inhibitors & Combination Criteria
- Fibromyalgia
- Topical Combination Benzoyl Peroxide & Clindamycin Products renamed to Topical Combination Acne Products
- Transmucosal Analgesic Criteria

The most recent version of the NH Medicaid PDL is available on line, and may be obtained by visiting the DHHS Medicaid PDL website or the Magellan Medicaid Administration website at:

<http://www.dhhs.nh.gov/ombp/pharmacy/preferred.htm> OR  
<http://newhampshire.magellanmedicaid.com>

We hope this information will be helpful to you. Please remember, these changes are effective **June 26, 2012**. If you have questions regarding the content of this notice, please contact the Magellan Medicaid Administration Clinical Manager at (603) 892-2060. In addition, the Magellan Medicaid Administration Clinical Call Center is available at (866) 675-7755.

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## **New Hampshire Medicaid Web Portal**

The New Hampshire Medicaid web portal is now available. Prescribers and pharmacies have access to enhanced e-prescribing, NH 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**

The New Hampshire Medicaid Pharmacy Program can now send you e-mail notifications of changes being made to the program. If you wish to receive e-mail notifications please enter your e-mail address at <http://newhampshire.magellanmedicaid.com> under the documentation tab, notifications, e-mail notification.