



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: June 16, 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 effective July 17, 2017.

PREFERRED DRUG LIST CHANGES:

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

- **ANALGESICS** – Long Acting Narcotics – Embeda®
- **ANTIBIOTICS** – Macrolides - erythromycin base capsule (generic for Eryc®)
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents - rivastigmine capsule (generic for Exelon® capsule)
- **BEHAVIORAL HEALTH** – Antihyperkinesia - Focalin®, guanfacine ER (generic for Intuniv®)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics & Combos - Abilify Maintena®, aripiprazole (generic for Abilify®)
- **CARDIOVASCULAR** – Beta Blockers & Combinations – Inderal XL®
- **CARDIOVASCULAR** – Platelet Inhibitors – Brilinta®
- **CARDIOVASCULAR** – Triglycerides Lowering Agents – fenofibrate (generic for Tricor®, Trilipix®)
- **CENTRAL NERVOUS SYSTEM** – Multiple Sclerosis – Rebif®
- **ENDOCRINOLOGY** – Insulins – Long Acting – Lantus solostar®
- **ENDOCRINOLOGY** – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations – Farxiga®
- **HEMATOLOGIC** – Anticoagulants – Eliquis®
- **MISCELLANEOUS** – Topical Androgenic Agents – testosterone (generic for Androgel®, Fortesta® Testim®, Vogelxo®)
- **OPHTHALMIC/ANTIHISTAMINES** – Antihistamines – Pazeo®
- **OPHTHALMIC/GLAUCOMA** – Alpha 2 Adrenergic Agents – Simbrinza®
- **OPIATE DEPENDENCE TREATMENT** - buprenorphine (generic for Subutex®)
- **TOPICAL** – Antiparasitics – Sklice®
- **TOPICAL** – Steroids – Low Potency - alclometasone dipropionate
- **TOPICAL** – Steroids – Very High Potency - clobetasol foam (generic for Olux-E® foam), clobetasol cream/soln. (generic for Temovate® cream/soln.)

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** – Long Acting Narcotics – Kadian®
- **ANTIBIOTICS** – Macrolides - Ery-Tab®, erythromycin base tablet (generic for E-Mycin®)
- **ANTICONVULSANTS** – Carbamazepine Derivatives – Carbatrol®
- **ANTICONVULSANTS** – First Generation – Felbatol®
- **ANTICONVULSANTS** – Second Generation – lamotrigine ODT (generic for Lamictal ODT®)
- **ANTIPARKINSON’S AGENTS** –Dopamine Receptor Agonists - pramipexole ER(generic for Mirapex® ER)
- **ANTIVIRALS** – Treatment/Prophylaxis of Influenza - oseltamivir (generic for Tamiflu®)

- **BEHAVIORAL HEALTH** – Alzheimer’s Agents - rivastigmine patch (generic for Exelon® patch)
- **BEHAVIORAL HEALTH** – Antihyperkinesia - amphetamine salt combo (generic for Adderall XR®), dexamethylphenidate/XR (generic for Focalin/XR®), methylphenidate chewable (generic for Methylin® chew), methylphenidate ER (generic for Concerta®), Quillivant XR®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics & Combos - aripiprazole ODT/solution (generic for Abilify/DiscMelt®/oral solution), clozapine ODT (generic for Fazaclo®), Fanapt®, Latuda®, quetiapine ER (generic for Seroquel XR®)
- **CARDIOVASCULAR** – Angiotensin II Receptor Blockers & Combinations – amlodipine/olmesartan (generic for Azor®), amlodipine/olmesartan/HCTZ (generic for Tribenzor®), Prestalia®
- **CARDIOVASCULAR** – Beta Blockers & Combinations – betaxolol (generic for Kerlone®), Hemangeol®, Inderal LA®, metoprolol/HCTZ (generic for Lopressor HCT®), nadolol (generic for Corgard®), propranolol/HCTZ (generic for Inderide®), timolol (generic for Blocadren®)
- **CARDIOVASCULAR** – Cholesterol Absorption Inhibitors and Combinations - ezetimibe (generic for Zetia®)
- **CARDIOVASCULAR** – Platelet Inhibitors – aspirin/dipyridamole (generic for Aggrenox®), Durlaza®, Yosprala®, Zontivity®
- **CARDIOVASCULAR** – Triglycerides Lowering Agents – fenofibrate (generic for Antara®, Fenoglide®, Fibracor®, Lofibra®, Lipofen®), Tricor®, Trilipix®
- **CENTRAL NERVOUS SYSTEM** – Triptans – frovatriptan (generic for Frova®)
- **ENDOCRINOLOGY** – Alpha-Glucosidase Inhibitors - miglitol (generic for Glyset®)
- **ENDOCRINOLOGY** – Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations – alogliptin (generic for Nesina®), alogliptin/pioglitazone (generic for Oseni®), alogliptin/metformin (generic for Kazano®)
- **ENDOCRINOLOGY** – Glucagon-like Peptide-1 (GLP-1) Agonists and Combinations - Adlyxin®, Soliqua®, Xultophy®
- **ENDOCRINOLOGY** – Insulins – Long Acting – Basaglar pen®
- **ENDOCRINOLOGY** – Insulins – Premixed Combinations - Humulin 70/30 pen®
- **ENDOCRINOLOGY** – Insulins – Short Acting – Humulin R 500 pen®
- **ENDOCRINOLOGY** – Sodium Glucose Co-Transporter 2 Inhibitor and Combinations – Invokamet®
- **GASTROINTESTINAL** – Antiemetics - aprepitant/ pack (generic for Emend®/pack), Emend® pack, Sustol®
- **GASTROINTESTINAL** – Proton Pump Inhibitors & Combination - rabeprazole (generic for Aciphex®)
- **GENITOURINARY/RENAL** – Urinary Antispasmodics - darifenacin ER (generic for Enablex®)
- **HEMATOLOGIC** – Anticoagulants – Xarelto dose pack®
- **HEMATOLOGIC** – Hematopoietic Agents – Epogen®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Inflectra®
- **MISCELLANEOUS** – Topical Androgenic Agents – Testim®
- **OPHTHALMIC**- Nonsteroidal Antiinflammatory – BromSite®
- **OPHTHALMIC/ANTIHISTAMINES** – Antihistamines – olopatadine (generic for Patanol®)
- **OPHTHALMIC/GLAUCOMA** – Prostaglandin Agonists – bimatoprost (generic for Lumigan®)
- **RESPIRATORY** - Long Acting Beta Adrenergics & Combinations – Inhalers/Nebs – Bevespi Aerosphere®
- **TOPICAL** – Antiparasitics – Eurax®
- **TOPICAL** – Steroids –High Potency - Dermasorb TA®, fluocinonide/E, Sernivo®, Topicort®, Trianex®
- **TOPICAL** – Steroids – Low Potency - desonide
- **TOPICAL** – Steroids – Medium Potency – Locoid®
- **TOPICAL** – Steroids – Very High Potency - clobetasol gel/oint.(generic for Temovate® gel/oint.)
- **TOPICAL** – Topical Retinoids – clindamycin/tretinoin (generic for Veltin®)

The following clinical Prior Authorization revisions have also been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

1. Benign Prostatic Hyperplasia (currently Cialis only)
2. Brand Name Multiple Source Prescription Drug Product Criteria
3. Direct Renin Inhibitors
4. Hepatitis C
5. Huntington's Disease
6. Legend oral NSAIDS (RX only)
7. Legend topical NSAIDS
8. New Drug Product Criteria
9. Proton Pump Inhibitors
10. Weight loss

The following clinical criteria have been retired:

1. Topical combination benzoyl peroxide & clindamycin (retired)
2. Xenical for hypercholesterolemia (retired)

New clinical criteria was approved for the following:

1. Pulmonary Arterial Hypertension (Phosphodiesterase type 5 (PDE-5) inhibitors only)

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.