



# 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:** July 20, 2016  
**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. These changes are effective **August 15, 2016**.

### PREFERRED DRUG LIST CHANGES:

Effective **August 15, 2016**, the following additions of **preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- **ANTICONVULSANTS** – Carbamazepine Derivatives – carbamazepine ER (generic for Carbetrol®), Tegretol XR®
- **BEHAVIORAL HEALTH** – Alzheimer's Agent - memantine tablets/dose pack (generic for Namenda® tablets/dose pack)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – Invega Trinza®
- **CARDIOVASCULAR** –Angiotensin II receptor blockers & combinations – Entresto®
- **ENDOCRINOLOGY** – Growth Hormone – Genotropin®
- **ENDOCRINOLOGY** – Sodium glucose co-transporter 2 inhibitor and combinations – Invokamet®
- **GENITOURINARY/RENAL** –Androgen Hormone Inhibitors – dutasteride (generic for Avodart®), dutasteride/tamsulosin (generic for Jalyn®)
- **HEMATOLOGIC**- Anticoagulants – Xarelto® dose pack
- **MISCELLANEOUS** – Smoking Cessation – Chantix®
- **SELF INJECTION EPINEPHRINE** – Adrenaclick®, epinephrine
- **TOPICAL** – Topical Retinoids – Retin A® cream/gel

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 – Belbuca™
- **BEHAVIORAL HEALTH** – Alzheimer's Agent - memantine solution (generic for Namenda® solution)
- **BEHAVIORAL HEALTH** – Antihyperkinesia – Adzenys XR®, Aptensio XR®, Dyanavel XR®, Evekeo®, Quillichew ER®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – paliperidone (generic for Invega®)
- **ENDOCRINOLOGY** – Growth Hormone – Nutropin AQ®, Saizen®
- **GASTRINTESTINAL** – Hepatitis C – Daklinza™, Technivie ®, Zepatier™
- **HEMATOLOGIC**- Anticoagulants – Arixtra®
- **TOPICAL** – Antiparasitic – Sklice®
- **TOPICAL** – Topical Retinoids – tretinoin cream/gel/microsphere (generic for Retin A® cream/gel/microsphere)

The following clinical Prior Authorizations revisions will be implemented effective **August 15, 2016**.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

- Antiobesity
- Bowel disorder
- CNS Stimulants & ADHD/ADD Medications
- Hematopoietic Agents
- Hepatitis C
- Hyaluronic Acid
- Oxycontin® (name change to Long Acting Narcotic Analgesics)
- Suboxone®/buprenorphine
- Synagis®
- Systemic Immunomodulators
- Xolair® (name change to Asthma/Allergy Immunomodulators)

The following new clinical Prior Authorizations will be implemented **August 15, 2016**.

**NEW CLINICAL PRIOR AUTHORIZATIONS:**

- Methadone
- Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9) Medications

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.

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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>

**E-mail Notifications**

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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.