



# NEW HAMPSHIRE MEDICAID FEE FOR SERVICE PHARMACY PROGRAM



**TO:** New Hampshire Medicaid Providers  
**FROM:** New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration  
**DATE:** August 1, 2014  
**SUBJECT:** NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

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 **September 2, 2014**

**PREFERRED DRUG LIST CHANGES:**

Effective **September 2, 2014**, the following additions of **preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- **ANTIBIOTICS** – Macrolides – Biaxin® suspension
- **BEHAVIORAL HEALTH** – Antihyperkinesia – Quillivant XR®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – Invega Sustenna®, Risperdal Consta®
- **CENTRAL NERVOUS SYSTEM** - Triptans – rizatriptan (generic for Maxalt®)
- **ENDOCRINOLOGY** – Growth Hormone – Nutropin AQ®
- **ENDOCRINOLOGY** – Insulins – Humalog mix, Humulin 70/30, Levemir pen®
- **ENDOCRINOLOGY** – Sodium Glucose Co-Transporter 2 inhibitors – Invokana®
- **GASTROINTESTINAL** – Proton Pump Inhibitors – Nexium® suspension, Protonix® suspension
- **HEMATOLOGIC** – Anticoagulants- Eliquis®
- **MISC.** – Topical Androgenic Agents – Testim®
- **OPHTHALMIC/GLAUCOMA** – Beta Blocker agents – Combigan®
- **OPIATE DEPENDENCE TREATMENT** –Suboxone®
- **RESPIRATORY** – Inhaled Corticosteroids – Pulmicort® respules
- **RESPIRATORY** – Low Sedating Antihistamine & Combination – levocetirizine (generic for Xyzal®)
- **SELF INJECTION EPINEPHRINE** – Epipen®, Epipen Jr.®
- **TOPICAL** – Topical Antiparasitics – Natroba®, Sklice®

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**.

- **ANALGESIC** – Long Acting Narcotics – morphine ER (generic for Avinza®), Xartemis XR®, Zohydro ER®
- **ANTIBIOTIC** – 2<sup>ND</sup> generation quinolones – ofloxacin
- **ANTIBIOTIC** - 3rd generation cephalosporins – Suprax® chew/tab
- **ANTIBIOTIC** - 3rd generation quinolones – Avelox®, moxifloxacin (generic for Avelox®)
- **ANTIBIOTIC** – Macrolides – clarithromycin suspension (generic for Biaxin® suspension), Erythrocin, Ketek®
- **ANTICONVULSANTS** – Second Generation – Aptiom®, Fycompa®, Onfi®, Trokendi XR®
- **ANTIFUNGAL** – Onychomycosis – Luzu®, Pedipirox® 4 nail kit
- **BEHAVIORAL HEALTH** – Alzheimer's Agent – donepezil 23mg (generic for Aricept 23mg)
- **BEHAVIORAL HEALTH** – Antihyperkinesia – clonidine ER (generic for Kapvay), dextroamphetamine solution (generic for Procentra®), dexamethylphenidate XR (generic for Focalin XR), methamphetamine (generic for Desoxyn), Zenedi®

- **BEHAVIORAL HEALTH** – Novel Antidepressants – Brintellix®, desvenlafaxine ER (generic for Pristiq®), duloxetine (generic for Cymbalta®), Fetzima®, Khedezla®
- **BEHAVIORAL HEALTH** – SSRIs and Combos – Brisdelle®, escitalopram solution (generic Lexapro®), fluvoxamine ER (generic for Luvox CR®)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – Abilify Maintena®, Adasuve®, Seroquel XR®, Versacloz®
- **CARDIOVASCULAR**– Ace Inhibitors & Combinations – Epaned® (adults only), perindopril (generic for Aceon®)
- **CARDIOVASCULAR** –Angiotensin II receptor blockers & combinations – candesartan (generic for Atacand®, telmarsartan (generic for Micardis®), telmarsartan/HCTZ (generic for Micardis HCT®)
- **CARDIOVASCULAR** – Calcium Channel blockers – Nymalize®
- **CARDIOVASCULAR** – Oral Pulmonary Hypertension Agents – Adcirca®, Adempas®, Opsumit®, Orenitram®
- **CARDIOVASCULAR** – Statins & Combinations – Altrovev®, Lescol®, Lescol XL®, Liptruzet®
- **CENTRAL NERVOUS SYSTEM** – Triptans – , Maxalt® MLT, zolmitriptan (generic for Zomig®)
- **ENDOCRINOLOGY** – Biguanides & Combos – metformin ER (generic for Fortamet®)
- **ENDOCRINOLOGY** – DPP4 – Kazano®, Nesina®, Oseni®
- **ENDOCRINOLOGY** – Growth Hormone – Genotropin®
- **ENDOCRINOLOGY** – Insulin – Novolin 70/30, Novolog mix 70/30
- **ENDOCRINOLOGY** – Meglitinides – repaglinide (generic for Prandin®)
- **ENDOCRINOLOGY** – Sodium glucose co-transporter 2 inhibitor – Farxiga®
- **ENDOCRINOLOGY** – Thiazolidinediones & Combinations – Duetact®
- **GASTROINTESTINAL** – Antiemetic – Diclegis®
- **GASTROINTESTINAL** – Proton Pump Inhibitors – Aciphex sprinkles®, esomeprazole (generic for Nexium®, lansoprazole OTC (generic for Prevacid OTC®), omeprazole/sodium bicarbonate OTC (generic for Zegerid OTC®)
- **GASTROINTESTINAL** – Ulcerative Colitis – Uceris®
- **GENITOURINARY/RENAL** – Electrolyte Depletor - Renvela®, Velphoro®
- **HEPATITIS C** – Nucleotide Analog Inhibitor – Sovaldi®
- **HEPATITIS C** – Protease Inhibitor – Olysio®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Otezia®
- **MISCELLANEOUS** – Skeletal Muscle Relaxants – carisoprodol (generic for Soma®), carisoprodol compound (generic for Soma compound®), tizanidone (generic for Zanaflex®)
- **MISCELLANEOUS** – Topical Androgenic Agents – Androderm®
- **OPHTHALMIC** – Nonsteroidal Antiinflammatory- Prolensa®
- **OPHTHALMIC/GLAUCOMA** – Alpha 2 adrenergic agents – Simbrinza®
- **OPHTHALMIC/GLAUCOMA** – Prostaglandin Agonist – Rescula®, travoprost (generic for Travatan®)
- **OPIATE DEPENDENCE TREATMENT** – buprenorphine (generic for Subutex®), buprenorphine/naloxone (generic for Suboxone®), Zubsolv®
- **OSTEOPOROSIS** – Biphosphonates – etidronate disodium (generic for Didronel®), Fosamax D®, Fosamax sol®
- **RESPIRATORY** – Inhaled Corticosteroids – Aerospan®, Pulmicort® flexhaler
- **RESPIRATORY** - Inhaled Corticosteroids Adrenergic & Combinations – Breo Elipta®
- **RESPIRATORY** – Long Acting Beta Adrenergic & Combinations – Anoro Elipta®
- **RESPIRATORY** – Low Sedating Antihistamines & Combinations – desloratadine (generic for Clarinex®)
- **SELF INJECTION EPINEPHRINE** – Adrenaclick®, Auvi-Q®, epinephrine
- **TOPICAL** – Steroids High Potency – betamethasone dipropionate (augmented) generic for Diprolene AF®, Dermatop®, Diprolene®, Diprolene AF®
- **TOPICAL** – Steroids Medium Potency - – betamethasone valerate foam (generic for Luziq®), Elocon®, fluocinolone acetate (generic for Synalar®), hydrocortisone butyrate/valerate, Synalar®
- **TOPICAL** – Topical Agents for Psoriasis – – betamethasone/calcipotriene cream (generic for Taclonex®)
- **TOPICAL** – Topical Antibiotics – Altabax®
- **TOPICAL** – Topical Antiparasitics – Ulesfia®

- **TOPICAL** – Topical Antiviral – acyclovir (generic for Zovirax®)
- **TOPICAL** – Topical Retinoids – Fabior®

Clinical Prior Authorizations revisions will be implemented effective **September 1, 2014**.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

- Hepatitis C

**REMOVAL OF CLINICAL PRIOR AUTHORIZATIONS:**

- Chronic obstructive pulmonary disease
- Dipeptidyl peptidase-4 (DPP4) inhibitors and combinations
- Glucagon-like peptide 1 agonist
- Gout
- Multiple Sclerosis

The most recent version of the NH 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 Medicaid Administration 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 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**

Prescribers and pharmacies have access to 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**

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If you wish to receive e-mail notifications regarding New Hampshire Medicaid Pharmacy Program changes, please enter your e-mail address at <http://newhampshire.magellanmedicaid.com> under the documentation tab, notifications, e-mail notification.