



New Hampshire

# NEW HAMPSHIRE FEE-FOR-SERVICE MEDICAID PHARMACY PROGRAM




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**TO:** New Hampshire Medicaid Providers  
**FROM:** New Hampshire Department of Health and Human Services/ Magellan Rx Management  
**DATE:** August 1, 2022  
**SUBJECT:** NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

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This provides notice of changes being made to the New Hampshire Medicaid FFS Pharmacy program effective September 1, 2022.

### **PREFERRED DRUG LIST CHANGES:**

The following addition of new therapeutic drug classes have been made to the NH FFS Medicaid PDL.

- **HEMATOLOGIC** – Colony Stimulating Factors
- **IMMUNOLOGIC** – Asthma Immunomodulators
- **WEIGHT MANAGEMENT AGENTS**

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

- **ANALGESICS** – LONG-ACTING OPIOIDS: buprenorphine (generic for Belbuca®)
- **ANTICONVULSANTS** – OTHER-NASAL: Nayzilam®
- **BEHAVIORAL HEALTH** – ATYPICAL ANTIPSYCHOTICS AND COMBOS: Invega Hafyera™, Latuda®
- **CARDIOVASCULAR** – ACE INHIBITORS AND COMBINATIONS: enalapril solution (generic for Epaned®)
- **CARDIOVASCULAR** – BETA-BLOCKERS AND COMBINATIONS: nebivolol (generic for Bystolic®)
- **ENDOCRINOLOGY** – GLUCAGON AGENTS: Zegalogue®
- **ENDOCRINOLOGY** – PITUITARY SUPPRESSIVE AGENTS – LHRH: Camcevi™, Trelstar®
- **GASTROINTESTINAL** – PROTON PUMP INHIBITORS AND COMBINATIONS: dexlansoprazole (generic for Dexilant)
- **GASTROINTESTINAL** – ULCERATIVE COLITIS: mesalamine (generic for Pentasa®)
- **HEMATOLOGIC** – ANTICOAGULANTS: Xarelto® solution
- **HIV/AIDS** – ORAL PRODUCTS: etravirine (generic for Intelence®), maraviroc (generic for Selzentry®), Triumeq® PD
- **IMMUNOLOGIC** – SYSTEMIC IMMUNOMODULATORS: infliximab (generic for Remicade®), Xeljanz®
- **MISCELLANEOUS** – SMOKING CESSATION: varenicline (generic for Chantix®)
- **MOVEMENT DISORDERS:** Ingrezza®

- **OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATORS:** cyclosporine emulsion (generic for Restasis®)
- **OPHTHALMIC – GLAUCOMA – BETA BLOCKER AGENTS:** brimonidine/timolol (generic for Combigan®)
- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE:** Bevespi Aerosphere®, Spiriva Respimat®
- **RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS:** pirfenidone (generic for Esbriet®)
- **RESPIRATORY – INHALED CORTICOSTEROIDS:** fluticasone (generic for Flovent HFA)
- **RESPIRATORY – INHALED CORTICOSTEROIDS/ADRENERGIC COMBINATIONS:** fluticasone/vilanterol (generic for Breo Ellipta®)
- **SELF-INJECTION EPINEPHRINE:** EpiPen®, EpiPen Jr®
- **TOPICAL – TOPICAL RETINOIDS:** adapalene/benzoyl peroxide (generic for Epiduo® Forte)
- **UTERINE DISORDER TREATMENTS:** Myfembree®

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**.

- **ANTIBIOTICS – VAGINAL:** Vandazole®
- **ANTICONSULTANTS – SECOND GENERATION:** Elepsia XR
- **ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA:** Tamiflu®
- **BEHAVIORAL HEALTH – ANTIHYPERKINESIS:** Azstarys™, Qelbree™
- **BEHAVIORAL HEALTH – ANXIOLYTICS:** Loreev XR®
- **BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS:** Lybalvi™
- **CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS:** Diovan®
- **CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION:** Qulipta™
- **CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS:** Ponvory®, Tecfidera®
- **GENITOURINARY/RENAL – URINARY SPASMODICS:** Myrbetriq® granules, Vesicare LS™
- **HIV/AIDS – ORAL PRODUCTS:** Selzentry® tablet
- **OPIATE DEPENDENCE TREATMENT – BUPRENORPHINE-CONTAINING ORAL:** Suboxone®
- **TOPICAL – ATOPIC DERMATITIS:** Opzelura™

The following clinical Prior Authorization updates have been made.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

1. Adenosine Triphosphate Citrate Lyase Inhibitor
2. Anti-Fungal Medications for Onychomycosis
3. Asthma/Allergy Immunomodulator
4. Atopic Dermatitis
5. Brand Name Multiple Source Prescription Drug Product
6. Buprenorphine/Naloxone and Buprenorphine (Oral)
7. Carisoprodol and Combination

8. CNS Stimulant and ADHD/ADD Medications
9. Duloxetine
10. Fibromyalgia
11. Hetlioz®
12. Horizant®
13. Human Growth Hormone
14. Inhaled Insulin
15. Long-Acting Opioid Analgesic
16. Methadone
17. Morphine Milligram Equivalent
18. Movement Disorders
19. New Drug Product
20. Oral Isotretinoin
21. Pregabalin
22. Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)
23. Psychoactive Medication for Children (5 years and younger)
24. Psychotropic Medication Duplicate Therapy (Patients 6 years and older)
25. Symlin®
26. Synagis®
27. Systemic Immunomodulators
28. Zolgensma®

**NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:**

1. Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease
2. Second-Line Antifungal
3. Verquvo®
4. Vuity™

**RETIRED CLINICAL PRIOR AUTHORIZATION CRITERIA:**

1. Oral NSAIDs and Combinations Legend
2. Topical NSAIDs Legend

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 Magellan Rx Management website at: <http://newhampshire.magellanmedicaid.com>.

If you have questions regarding the content of this notice, please contact the Magellan Rx Management Clinical Manager at (443) 201-6789. 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**

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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**

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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.