
TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration
DATE: August 4, 2013
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 4, 2013**.

PREFERRED DRUG LIST CHANGES:

Effective **September 4, 2013**, the following additions of **preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- **ANALGESIC** – Long Acting Narcotics – fentanyl patch (generic for Duragesic®)
- **BEHAVIORAL HEALTH** – Antihyperkinesia – methylphenidate ER (generic for Concerta®)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – clozapine ODT (generic for Fazaclon®), Fanapt®, Latuda®, olanzapine (generic for Zyprexa®)
- **BEHAVIORAL HEALTH** – Serotonin Reuptake Inhibitors & Combos – escitalopram (generic for Lexapro®)
- **CARDIOVASCULAR** – Oral Pulmonary Hypertension Agents – sildenafil (generic for Revatio®)
- **ENDOCRINOLOGY** – 2nd Generation Sulfonylureas & Combinations – glyburide-metformin (generic for Glucovance®)
- **ENDOCRINOLOGY** – Thiazolidinediones & Combinations – pioglitazone (generic for Actos®)
- **GENITOURINARY/RENAL** – Alpha Blockers for Benign Prostatic Hyperplasia – alfuzosin (generic for Uroxatral®)
- **HEMATOLOGIC** – Anticoagulants- Pradaxa®, Xarelto®
- **RESPIRATORY** – Leukotriene Modifiers – montelukast (generic for Singulair®)
- **TOPICAL** – Topical Agents for Psoriasis – calcipotriene solution (generic for Dovonex®)
- **TOPICAL** – Topical Antiparasitics – Ulesfia®

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 – Duragesic®, oxycodone ER (generic for Opana ER®)
- **ANTICONVULSANTS** – Carbamazepine derivatives – Oxtellar ER®
- **ANTICONVULSANTS** – First Generation – phenytoin chewable tabs (generic for Dilantin chewable tabs®)
- **ANTICONVULSANTS** – Second Generation – lamotrigine XR (generic for Lamictal XR®), Potiga®, tiagabine (generic for Gabitril®)
- **ANTIFUNGAL** – Onychomycosis – Onmel®
- **ANTIPARKINSON'S AGENTS** – Dopamine Receptor Agonists – Neupro®
- **BEHAVIORAL HEALTH** – Antihyperkinesia – Concerta®, methylphenidate CD (generic for Metadate CD®), Quillivant XR®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – Geodon®, Seroquel®
- **BEHAVIORAL HEALTH** – Novel Antidepressants – Forfivo XL®
- **BEHAVIORAL HEALTH** – Sedative Hypnotics – Intermezzo®
- **CARDIOVASCULAR** – Angiotensin II Receptor Blockers & Combinations – candesartan/HCTZ (generic for Atacand HCT®), valsartan/HCTZ (generic for Diovan HCT®)

- **CARDIOVASCULAR** – Oral Pulmonary Hypertension Agents – Revatio®
- **CARDIOVASCULAR** – Triglyceride Lowering Agents – Vascepa®
- **CENTRAL NERVOUS SYSTEM** – Triptans – Alsuma®, rizatriptan (generic for Maxalt®)
- **ENDOCRINOLOGY** – Thiazolidinediones & Combinations – Actos®, pioglitazone/glimepiride (generic for Duetact®), pioglitazone/metformin (generic for Actoplus Met®)
- **GASTROINTESTINAL** – Ulcerative Colitis – Delzicol®, Giaso®
- **GENITOURINARY/RENAL** – Alpha Blockers for Benign Prostatic Hyperplasia – Uroxatral®
- **GENITOURINARY/RENAL** – Androgen Hormone Inhibitors – Avodart®
- **GENITOURINARY/RENAL** – Urinary Antispasmodics – Myrbetriq®, tolterodine (generic for Detrol®), trospium ER (generic for Sanctura XR®)
- **HEMATOLOGIC** – Anticoagulants- Arixtra®, Eliquis®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Xeljanz®
- **MISCELLANEOUS** – Pancreatic Enzymes – Ultresa®, Viokace®
- **OPHTHALMIC** – Nonsteroidal Antiinflammatory – Ilevro®
- **OSTEOPOROSIS** – Biphosphonates – Binosto®
- **RESPIRATORY** – Leukotriene Modifiers – Singulair®
- **RESPIRATORY** – Low Sedating Antihistamines & Combinations – desloratadine (generic for Clarinex®)
- **TOPICAL** – Steroids Very High Potency – Apexicon E®, clobetasol foam/lotion/solution (generic for Clobex®), Ultravate X cream/oint®
- **TOPICAL** – Topical Agents for Psoriasis – calcipotriene cream (generic for Dovonex®), Calcitrene®, calcitriol oint (generic for Vectical®), Sorilux®, Vectical®
- **TOPICAL** – Topical Antibiotics – mupirocin cream (generic for Bactroban cream®)
- **TOPICAL** – Topical Antiparasitics – Sklice®, spinosad (generic for Natroba®)
- **TOPICAL** – Topical Combination Benzoyl Peroxide & Clindamycin - clindamycin 1%/benzoyl 2.5% (generic for Duac®)

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/index.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.

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

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.