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**TO:** New Hampshire Medicaid Providers  
**FROM:** New Hampshire Department of Health and Human Services/ Magellan Rx Management  
**DATE:** August 24, 2015  
**SUBJECT:** NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

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The purpose of this notice is to provide a thirty (30) day notice of changes being made to the New Hampshire Medicaid Fee-for-Service Pharmacy program.

**PREFERRED DRUG LIST CHANGES:**

Effective **October 1, 2015**, the following additions of **preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- **BEHAVIORAL HEALTH** - Novel Antidepressants - venlafaxine ER (generic for Effexor XR®)
- **CARDIOVASCULAR** – Triglyceride lowering agent –Trilipix®
- **CENTRAL NERVOUS SYSTEM** - Multiple Sclerosis – Gilenya®
- **ENDOCRINOLOGY** – Biguanides & Combinations - metformin/glyburide (generic for Glucovance®)
- **ENDOCRINOLOGY** - Dipeptidyl Peptidase-4 Inhibitors and Combinations – Janumet XR®, Jentadueto®, Tradjenta®
- **ENDOCRINOLOGY** - Glucagon-like Peptide-1 (GLP-1) Receptor Agonist & Combination – Bydureon®, Byetta®
- **ENDOCRINOLOGY** - Insulins (intermediate acting) – Humulin N®
- **ENDOCRINOLOGY** - Insulins (rapid acting) – Humalog®
- **ENDOCRINOLOGY** - Insulins (short acting) – Humulin R®
- **GASTROINTESTINAL** – Hepatitis C agents – Combinations – Viekira Pak®
- **GASTROINTESTINAL** – Ulcerative Colitis – Delzicol®
- **HEMATOLOGIC** – Anticoagulants – Arixtra®, enoxaprin (generic for Lovenox®),
- **OPHTHALMIC** – Non-steroidal anti-inflammatory – Ilvero®
- **RESPIRATORY** – Nasal Antihistamines – Patanase®
- **TOPICAL** – Steroids- hydrocortisone acetate
- **TOPICAL** - Topical agents for psoriasis - calcipotriene cream/solution/oint. (generic for Dovonex®)

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** - Anti-inflammatory - Non-selective NSAIDS– celecoxib (generic for Celebrex®)
- **ANALGESIC** - Long acting narcotics - Hysingla ER®
- **BEHAVIORAL HEALTH** – Antihyperkinesia - guanfacine ER (generic for Intuniv®)
- **BEHAVIORAL HEALTH** - Novel Antidepressants - nefazodone (generic for Serzone®)
- **BEHAVIORAL HEALTH** – Sedative Hypnotic – Belsomra®
- **CARDIOVASCULAR** - Angiotensin II Receptor Blockers & Combinations - telmisartan/amlodipine (generic for Twynsta®)
- **CARDIOVASCULAR** - Cardiovascular - Beta-Blockers & Combinations – Sotylize®
- **CENTRAL NERVOUS SYSTEM** - Multiple Sclerosis – Plegridy®, Lemtrada®, Ampyra®, Aubagio®, Tecfidera®
- **ENDOCRINOLOGY** - Dipeptidyl Peptidase-4 Inhibitors and Combinations – Onglyza®, Glyxambi®

- **ENDOCRINOLOGY** - Glucagon-like Peptide-1 (GLP-1) Receptor Agonist & Combination – Tanzeum®, Trulicity®, Victoza®
- **ENDOCRINOLOGY** - Insulins (intermediate acting) – Humulin® N pen, Novolin® N
- **ENDOCRINOLOGY** - Insulins (long acting) – Toujeo®, Humalog® cartridge/pen
- **ENDOCRINOLOGY** - Insulins (rapid acting) – Afrezza®
- **ENDOCRINOLOGY** - Insulins (short acting) – Novolin® R, Humulin® R 500
- **ENDOCRINOLOGY** - Sodium glucose co-transporter 2 inhibitor – Invokamet®, Glyxambi®, Xigduo XR®
- **GASTROINTESTINAL** – Ulcerative Colitis – mesalamine kit (generic for Rowasa kit®)
- **GENITOURINARY/RENAL** – Electrolyte Depletter – Auryxia® (formerly ferric citrate)
- **HEMATOLOGIC** – Anticoagulants – Eliquis®, Savaysa®, Xarelto® dose pack, Jantoven®, Lovenox®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Arava®, Arcalyst®, Cosentyx®, Entyvio®, Ilaris®, Simponi Aria®
- **OPHTHALMIC** – Antihistamines – Pazeo®
- **RESPIRATORY** – Inhaled Corticosteroids – Arnuity Ellipta®
- **RESPIRATORY** – Nasal Antihistamines - olopatadine (generic for Patanase®)
- **TOPICAL** – Topical agents for psoriasis – Dovonex®
- **TOPICAL** - Topical combination benzoyl peroxide & clindamycin products – Onexton®
- **TOPICAL** – Topical Steroids - alclometasone dipropionate, Aqua Glycolic® HC, Desowen®, Hytone®, Pediaderm TA®

Clinical Prior Authorizations revisions will be implemented effective **September 24, 2015**.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

- Antifungal
- Antiobesity
- Bowel Disorder
- Hepatitis C
- Inhaled Insulin
- Systemic Immunomodulator
- Transmucosal Analgesic

**NEW CLINICAL PRIOR AUTHORIZATION:**

- Allergan Extract

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.

**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>

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### **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.

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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 the dispensing of at least a 72-hour supply for some drugs requiring prior authorizations in an emergency situation 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 Care Management health plan.