



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:** September 1, 2020  
**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 October 1, 2020.

The following clinical Prior Authorization updates have been made.

**CLINICAL PRIOR AUTHORIZATION REVISIONS:**

1. Allergen Extract
2. Anti-Fungal Medication for Onychomycosis
3. Anti-Obesity
4. Asthma/Allergy Immunomodulators Criteria
5. Atopic Dermatitis Criteria
6. Bowel Disorders/GI Motility, Chronic Criteria
7. Calcitonin Gene-Related Peptide (CGRP ) Inhibitors Criteria
8. Carisoprodol and Combination Medication
9. CNS Stimulants Criteria
10. Direct Renin Inhibitor and Combination
11. Hematopoietic Agent
12. Hepatitis C Criteria
13. Huntington’s Disease
14. Long-Acting Opioid Analgesics
15. Pulmonary Arterial Hypertension (Phosphodiesterase Type 5 (PDE-5) Inhibitors)
16. Rho Kinase Inhibitors Criteria
17. Short Acting Fentanyl
18. Spinraza®
19. Syndros™ (dronabinol)
20. Systemic Immunomodulators Criteria

**NEW CLINICAL PRIOR AUTHORIZATION CRITERIA ADDITIONS:**

1. Dupixent®

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 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.

## 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

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

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.