



New Hampshire

NEW HAMPSHIRE FEE-FOR-SERVICE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan Rx Management
DATE: November 28, 2018
SUBJECT: NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/E-mail Notifications

This provides notice of changes being made to the New Hampshire Medicaid FFS Pharmacy program effective December 1, 2018.

PREFERRED DRUG LIST CHANGES:

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

- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

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

- **BEHAVIORAL HEALTH – ANTIHYPERKINESIS** - amphetamine sulfate (generic Evekeo®)
- **BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS** – bupropion HCL XL 450 MG TABLET (generic Forfivo® XL)
- **CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS** - tadalafil (generic Adcirca®)
- **CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS** - dalfampridine (generic for Ampyra®)
- **ENDOCRINOLOGY – BIGUANIDES & COMBOS** – metformin solution (generic Riomet®)
- **GASTROINTESTINAL – ULCERATIVE COLITIS Oral** - budesonide ER 9mg tabs (generic Uceris®)
- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)** - Atrovent HFA®, Bevespi Aerosphere®, Combivent Respimat®, Ipratropium/Albuterol (generic for DuoNeb®), Ipratropium Nebulizer, Spiriva HandiHaler®, Stiolto Respimat®
- **TOPICAL – STEROIDS Medium Potency** - hydrocortisone butyr lotion 0.1% (generic Locoid)

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**.

- **ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS** - Ozempic® (semaglutide)
- **ENDOCRINOLOGY – INSULINS Rapid Acting** - Admelog® (insulin lispro) /solostar
- **ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS** - Steglatro® (ertugliflozin), Segluromet® (ertugliflozin and metformin hydrochloride)
- **ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS** - Steglujan® (ertugliflozin and sitagliptin)
- **RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)** - Anoro Ellipta®, Daliresp®, Incrusse Ellipta®, Lonhala Magnair®, Seebri Neohaler®, Spiriva Respimat®, Tudorza Pressair®, Utibron Neohaler®

The following clinical Prior Authorization revisions have also been made.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

1. Asthma/Allergy Immunomodulators
2. Drugs for Bowel Disorders
3. CNS Stimulants & ADHD/ADD Medications
4. Cymbalta ®
5. Fibromyalgia
6. Human Growth Hormones
7. Hematopoietic Agents
8. Hepatitis C
9. Hyaluronic Acid Derivatives
10. Inhaled Insulin
11. Long Acting Opioid Analgesic
12. Lyrica ®
13. Methadone (Pain Management only)
14. Oral Isotretinoin
15. Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)
16. Receptor-Selective NSAID Medications Or NSAID Combinations
17. Restless Leg Syndrome
18. Suboxone®/buprenorphine (oral)
19. Symlin ®
20. Synagis ®

The most recent version of the NH FFS 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 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.

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>

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.