



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: December 1, 2021
SUBJECT: NH Fee-for-Service (FFS) Medicaid Preferred Drug List (PDL)/Web Portal Information/E-mail Notifications

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

PREFERRED DRUG LIST CHANGES:

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

- **CENTRAL NERVOUS SYSTEM** – Calcitonin Gene-Related Peptide Inhibitors – Migraine and Cluster Headache Treatment
- **ENDOCRINOLOGY** – Pituitary Suppressive Agents - LHRH
- **OPHTHALMIC** – Anti-inflammatory/Immunomodulators
- **OPIATE DEPENDENCE TREATMENT** – Buprenorphine-Containing Injectables
- **RESPIRATORY** – Idiopathic Pulmonary Fibrosis

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

- **ANALGESICS-ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS:** meloxicam (generic for Vivlodex®)
- **ANALGESICS-LONG-ACTING OPIOIDS:** Butrans®, hydrocodone ER (generic for Hysingla®)
- **ANTIBIOTICS-INHALED:** Tobi Podhaler®
- **ANTICONVULSANTS-CARBAMAZEPINE DERIVATIVES:** Carbatrol®, Tegretol XR®, Trileptal® Suspension
- **ANTICONVULSANTS-OTHER- RECTAL:** Diastat®, Diastat® Acudial™
- **ANTICONVULSANTS-SECOND GENERATION:** Epidiolex®, rufinamide tablet (generic for Banzel®), Sabril®, Topamax® Sprinkle
- **BEHAVIORAL HEALTH-ATYPICAL ANTIPSYCHOTICS AND COMBOS:** Aristada Initio®
- **CARDIOVASCULAR-ORAL PULMONARY HYPERTENSION AGENTS:** Letairis®
- **CENTRAL NERVOUS SYSTEM-MULTIPLE SCLEROSIS-DISEASE MODIFYING THERAPY:** Kesimpta®
- **ENDOCRINOLOGY-DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS:** Nesina®, Oseni®
- **ENDOCRINOLOGY-GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS:** Trulicity®
- **ENDOCRINOLOGY-INSULINS-PREMIKED COMBINATIONS:** Humulin 70/30 Kwikpen®
- **ENDOCRINOLOGY- SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS:** Invokamet®, Synjardy®, Xigduo XR®
- **GASTROINTESTINAL-BOWEL DISORDERS/GI MOTILITY, CHRONIC:** Amitiza®
- **GENITOURINARY/RENAL-ELECTROLYTE DEPLETERS:** Renagel®, Renvela®
- **OPHTHALMIC/ANTIHISTAMINES-ANTIHISTAMINES:** bepotastine (generic for Bepreve®)
- **OPHTHALMIC/GLAUCOMA-CARBONIC ANHYDRASE INHIBITORS:** brinzolamide (generic for Azopt®)
- **RESPIRATORY-CHRONIC OBSTRUCTIVE PULMONARY DISEASE:** Anoro Ellipta

- **RESPIRATORY-LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS:** arformoterol (generic for Brovana®), formoterol (generic for Perforomist®)
- **TOPICAL-ATOPIC DERMATITIS:** Elidel®, Eucrisa®
- **TOPICAL-TOPICAL RETINOIDS:** tazarotene foam (generic for Fabior®)
- **UTERINE DISORDER TREATMENTS:** Oriahnn®

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**.

- **ANALGESICS-TRAMADOL AND TRAMADOL-LIKE DERIVATIVES:** Qdolo™
- **BEHAVIORAL HEALTH-ANTIHYPERKINESIS:** Aptensio XR™, Focalin®
- **CENTRAL NERVOUS SYSTEM-CALCITONIN GENE-RELATED PEPTIDE INHIBITORS-MIGRAINE AND CLUSTER HEADACHE PREVENTION:** Emgality® 100mg Syringe
- **CENTRAL NERVOUS SYSTEM-MULTIPLE SCLEROSIS – DISEASE MODIFYING THERAPY:** Bafiertam™, Gilenya®, Plegridy® IM
- **ENDOCRINOLOGY-INSULINS-LONG ACTING:** Semglee™
- **GENITOURINARY/RENAL-URINARY SPASMODICS:** Gemtesa®
- **IMMUNOLOGIC-SYSTEMIC IMMUNOMODULATORS:** Xeljanz™ Solution
- **OPHTHALMIC -NONSTEROIDAL ANTIINFLAMMATORY:** Ilevro®
- **OPHTHALMIC/ANTIBIOTICS-QUINOLONES:** Vigamox®
- **PROGESTATIONAL AGENTS TO PREVENT PRETERM BIRTH:** Makena®
- **RESPIRATORY-CHRONIC OBSTRUCTIVE PULMONARY DISEASE:** Bevespi Aerosphere®
- **RESPIRATORY-INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS:** Armonair® Digihaler, Breztri Aerosphere™
- **RESPIRATORY- SHORT ACTING BETA ADRENERGICS AND COMBINATIONS:** Proventil HFA®

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 (443) 201-6789. 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.