



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 15, 2017  
**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 January 15, 2018.

### PREFERRED DRUG LIST CHANGES:

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

- **GASTROINTESTINAL** – Hepatitis C agents – Direct Acting Antiviral Products - Mavyret™, Vosevi®

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** – Long Acting Narcotics – Arymo ER®, buprenorphine patch (generic for Butrans®)
- **ANTICONVULSANTS** – Carbamazepine Derivatives – Tegretol XR®
- **ANTIFUNGAL** – Onychomycosis – Oxistat®
- **CARDIOVASCULAR** – Platelet Inhibitors – prasugrel (generic for Effient®)
- **BEHAVIORAL HEALTH** – Antihyperkinesia – Adzenys® XR-ODT, atomoxetine (generic for Strattera®), Cotelpla XR-ODT®, Mydayis®
- **GASTROINTESTINAL** – Hepatitis C agents – Direct Acting Antiviral Products – Viekira Pak™/XR™
- **GENITOURINARY/RENAL** – Electrolyte Depletor – sevelamer (generic for Renvela®)
- **IMMUNOLOGIC** – Systemic Immunomodulators – Inflectra®, Kevzara®, Renflexis®, Siliq®, Tremfya®
- **RESPIRATORY** - Inhaled Corticosteroids – ArmonAir RespiClick®
- **RESPIRATORY** - Inhaled Corticosteroids Adrenergics & Combinations – AirDuo RespiClick®, fluticasone propionate and salmeterol (generic for AirDuo RespiClick®)
- **TOPICAL** – Atopic Dermatitis – Dupixent®, Eucrisa®
- **TOPICAL** – Topical Retinoids – adapalene/bezoyl peroxide (generic for Epiduo®)

The following clinical Prior Authorization revisions have also been made.

### CLINICAL PRIOR AUTHORIZATION REVISIONS:

1. Hepatitis C
2. Huntington’s Chorea
3. Onychomycosis
4. Pollen Allergen Extract
5. Systemic Immunomodulators
6. Atopic Dermatitis
7. Short Acting Fentanyl Analgesics

## **NEW CLINICAL PRIOR AUTHORIZATION CRITERIA**

1. Morphine Equivalent Dose
2. Spinriza
3. Syndros

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.

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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 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.

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